

Rev. 12/2016



State of Idaho

Lawrence Denney  
Secretary of State

**LOBBYIST REPORT FORM**

ANNUAL  SEMI-ANNUAL

**SCANNER**

To Be Filed By:

**L-2** LOBBYISTS  
(Sec. 67-6619)

FILED  
2-2-18 DCD

Page \_\_\_ of Page(s)  
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10 Feb 1 AM 9:54

SECRETARY OF STATE  
STATE OF IDAHO

(Type or print clearly in black ink.)  
See instructions at bottom of page

|  |                                 |   |
|--|---------------------------------|---|
| Lobbyist's name and permanent business address<br><b>Pfizer Inc. (Jerianne Gerloff, Designated Lobbyist)<br/>c/o 28 Liberty Ship Way, Suite 2815<br/>Sausalito, CA 94965</b> | Date prepared<br><b>1/31/18</b> | Period covered<br><input checked="" type="checkbox"/> year ending<br>(Mo) (Day) (Yr)<br><b>12 31 2017</b> |
|--|---------------------------------|---|

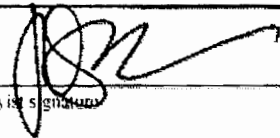
| Item 1<br>Category of Expenditure<br><small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small> | *Total Amount for All Employers | Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.) |                |                |                |
|---|---------------------------------|---|----------------|----------------|----------------|
|   |                                 | Employer No. 1  | Employer No. 2 | Employer No. 3 | Employer No. 4 |
| Entertainment   | \$ 0.00                         | \$  | \$             | \$             | \$             |
| Food and Refreshment  | 0.00                            |   |                |                |                |
| Living Accommodations   | 0.00                            |   |                |                |                |
| Advertising   | 0.00                            |   |                |                |                |
| Travel  | 0.00                            |   |                |                |                |
| Telephone   | 0.00                            |   |                |                |                |
| Other Expenses or Services  | 0.00                            |   |                |                |                |
| <b>Total</b>  | <b>\$ 0.00</b>                  | <b>\$ 0.00</b>  | <b>\$ 0.00</b> | <b>\$ 0.00</b> | <b>\$ 0.00</b> |

\*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1

| Item 2 | The totals of each expenditure of more than one hundred ten dollars (\$110) for a legislator, other holder of public office, executive officials and member(s) of their household |       |        |   |
|--------|---|-------|--------|---|
|        | Date  | Place | Amount | Names of Legislators, Public and Executive Officials and Household Members in Group |
| None   |   |       |        |   |

Continued on attached page(s)

|  |        |   |
|--|--------|---|
| <p><b>INSTRUCTIONS</b></p> <p><b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code</p> <p><b>Filing deadline:</b> Annual report is due on January 31st.<br/>Executive Lobbyist semi-annual report due July 31st.</p> <p><b>TO BE FILED WITH</b></p> <p>Lawrence Denney<br/>Secretary of State<br/>PO Box 83720<br/>Boise, ID 83720-0080<br/>elections@sos.idaho.gov<br/>Phone (208) 334-2852 Fax: (208) 334-2282</p> | Item 3 | Employer(s) Name(s) and Address(es)                                       |
|  | No. 1  | Pfizer Inc.<br>c/o 28 Liberty Ship Way, Suite 2815<br>Sausalito, CA 94965 |
|  | No. 2  |   |
|  | No. 3  |   |
|  | No. 4  |   |

| Item 4                    | Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing |  |   | LEGISLATIVE SUBJECT IDENTIFICATION  |         |
|---------------------------|---|--|---|---|---------|
| Subject Code (from table) | Bill, Resolution or Other Legislative Ident. Number   | Appropriation Bill Number and Section Number | Code Subject  | Code Subject  |         |
| 17                        |   |  | 01 Agriculture, horticulture, farming, and livestock<br>02 Amusements, games, athletics and sports<br>03 Banking, finance, credit and investments<br>04 Children, minors, youth, senior citizens<br>05 Church and religion<br>06 Consumer affairs<br>07 Ecology, environment, pollution, conservation, zoning, land and water use<br>08 Education<br>09 Elections, campaigns, voting, political parties<br>10 Equal rights, civil rights, minority affairs<br>11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds<br>12 Government, county<br>13 Government, federal<br>14 Government, municipal<br>15 Government, special districts<br>16 Government, state | 17 Health service, medicine, drugs and controlled substances, health insurance, hospitals<br>18 Higher education<br>19 Housing, construction, codes<br>20 Insurance (excluding health insurance)<br>21 Labor, salaries and wages, collective bargaining<br>22 Law enforcement, courts, judges, crimes, prisons<br>23 License, permits<br>24 Liquor<br>25 Manufacturing, distribution and services<br>26 Natural resources, forest and forest products, fisheries, mining and mining products<br>27 Public lands, parks, recreation<br>28 Social insurance, unemployment insurance, public assistance, workmen's compensation<br>29 Transportation, highways, streets and roads<br>30 Utilities, communications, televisions, radio, newspaper, power, CAT V, gas<br>31 Other (please specify) |         |
| Item 5                    | Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing                |  |   | CERTIFICATION I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.  | 1/31/18 |
|                           |   |  |   |   | Date    |
|                           |   |  |   | Employer No. 1 signature  | Date    |
|                           |   |  |   | Employer No. 2 signature  | Date    |
|                           |   |  |   | Employer No. 3 signature  | Date    |
|                           |   |  |   | Employer No. 4 signature  | Date    |