Rev. 12/2016

9010

State of Idaho

Lawerence Denney

LOBBYIST REPORT FORM	N
----------------------	---

NN	TIAT

٦	SEMI-	AN	NU	AL

Page	of	Page(s)
THIS SPAC	E FOR OFFIC	TELISE ONLY

L-2

To Be Filed By:

LOBBYISTS (Sec. 67-6619) 19 JAN 23 PM 04:11

SECRETARY OF STATE STATE OF IDAHO

Secretary of State

(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered Paul Nielsen 1/19/2019 year ending 15104 NE 209th Place Brush Prairie, WA 98606 (Mo.) (Day) (Yr.) 12 31 2018 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure Reimbursed Personal Living and Travel *Total Amount for Item 3, at bottom of page.) Expenses Pertaining to Lobbying Activity All Employers Employer No. 4 Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Entertainment Food and Refreshment \$ \$0.00 \$_\$0.00 Living Accommodations \$0.00 \$0.00 Advertising \$0.00 \$0.00 Travel \$0.00 \$0.00 Telephone \$0.00 \$0.00 Other Expenses or Services \$0.00 \$0.00 **Total** \$ \$0.00 \$_\$0.00 *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. The totals of each expenditure of more than one hundred ten dollars (\$110) for a legislator, other holder of public office, executive offi cials and member(s) of their household. Item-Names of Legislators, Public and Executive Officials 2 Place Date Amount and Household Members in Group Continued on attached page(s) Item INSTRUCTIONS Employer(s) Name(s) and Address(es) Alkermes Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code 852 Winter Street Waltham MA 02451 USA Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. No. 2 TO BE FILED WITH: Lawerence Denney Secretary of State No. 3 PO Box 83720 Boise, ID 83720-0080 elections@sos.idaho.gov No. 4 Phone: (208) 334-2852 Fax: (208) 334-2282

Ti	Subje	ect matter of proposed legislat	ion, the number of the Senate	e LEGISLATIVE SUBJECT IDENTIFICATION			IDENTIFICATION
Item	or House Bill, Resolution or other legislative activity in which						
4		obbyist was supporting or opp		Code	Subject	Code	Subject
				01	Agriculture, horticulture,	17	Health service, medicine, drugs
Subject		Bill, Resolution or Other	Appropriation Bill Number		farming, and livestock		and controlled substances, health
(from t	able)	Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals
17, 2	2				and sports	18	Higher education
,	_			03	Banking, finance, credit and	19	Housing, construction, codes
					investments	20	Insurance (excluding health
				04	Children, minors, youth,		insurance)
					senior citizens	21	Labor, salaries and wages,
				05	Church and religion		collective bargaining
				06	Consumer affairs	22	Law enforcement, courts,
				07	Ecology, environment, pollution,		judges, crimes, prisons
					conservation, zoning, land and	23	License, permits
					water use	24	Liquor
				08	Education	25	Manufacturing, distribution and
				09	Elections, campaigns, voting,		services
					political parties	26	Natural resources, forest and
				10	Equal rights, civil rights,		forest products, fisheries, mining
					minority affairs		and mining products
				11	Government, financing,	27	Public lands, parks, recreation
					taxation, revenue, budget,	28	Social insurance, unemployment
					appropriations, bids, fees, funds		insurance, public assistance,
				12	Government, county	20	workmen's compensation
				13	Government, federal	29	Transportation, highways,
				14	Government, municipal	20	streets and roads
				15	Government, special districts	30	Utilities, communications,
				16	Government, state		televisions, radio, newspaper,
						2.1	power, CATV, gas
						31	Other (please specify)
					ERTIFICATION: I hereby certify the	at the ab	ove is a true, complete and
					orrect statement in accordance with S		
				E	Electronically signed		1/19/2019
5	contrac	y any rule, ratemaking decision of bid or bid process, financial obbyist was supporting or opp	l services agreement or	Lo	obbyist signature		Date
Public Health Budget, Substance Use Disorder and Mental Health Treatment policies.		Er	nployer No. 1 signature		Date		
·		Er	mployer No. 2 signature		Date		
		Fr.	mployer No. 3 signature		Date		
				EI	nproyer 110. 3 signature		Daic
				J Er	mployer No. 4 signature		Date