

LOBBYIST REGISTRATION

L1
 (12/14)

THIS SPACE FOR OFFICE USE
DATE FILED PDC
MAR 07 2018

1 Lobbyist Name
LISA THATCHER

Permanent Business Address
522 NORTH E ST

City State Zip
TAZEWELL WA 98403

Business Telephone Numbers
 Permanent ()
 Temporary ()
 Cell Phone (206) 688 8746
 or Pager

2 Temporary Thurston County address during legislative session

E-Mail Address

3 Employer's name and address (person or group for which you lobby)
Spark Therapeutics Inc.
3737 Market Place Philadelphia PA 19104

Employer's occupation business or description of purpose of organization
Bio Technology

4 Name and address of person having custody of accounts receipts books or other documents which substantiate lobbyist reports (Person responsible for producing the lobbyist employer's annual L-3 report)
Jon Hawayek

E-Mail Address
Jonathan.hawayek@sparktx.com

5 What is your pay (compensation) for lobbying?
 \$ **6,250** per (hour day month year)
 Other Explain

Description of employment (check one or more boxes)
 Full time employee
 Part time or temporary employee
 Contractor retainer or similar agreement
 Unsalaried officer or member of group
 Sole duty is lobbying
 Lobbying is only a part of other duties

6 Are you reimbursed for lobbying expenses? Explain which expenses
 Yes \$ per
 Yes I am reimbursed for expenses
 No I am not reimbursed for expenses

Does employer pay any of your lobbying expenses directly?
 If yes explain which ones

7 How long do you expect to lobby for this organization?
 Permanent lobbyist
 Only during legislative session
 Other Explain **Contract term**

8 Is your employer a business or trade association or organization which lobbies on behalf of its members or a representative entity which lobbies on behalf of businesses groups associations or organizations? If yes attach a list showing the name and address of each member or funder who has paid fees dues or other payments over \$1450 during either of the past two years or is expected to pay over \$1450 this year
 No
 Yes However no member or funder has paid pays or is expected to pay over \$1450
 Yes The list is of parties attached

9 Does your employer have a connected related or closely affiliated political action committee which will provide funds for you to make political contributions including purchase tickets to fund raising events? If so list the name of that political action committee
 No
 Yes Name of the committee is

10 If lobbyist is a company partnership or similar business entity which employs others to perform actual lobbying duties list name of each person who will lobby (See WAC 390 20-143 and 144 for instructions)
Lisa Thatcher

11 Areas of interest Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects

01 <input type="checkbox"/> Agriculture	09 <input checked="" type="checkbox"/> Health Care
02 <input type="checkbox"/> Business and consumer affairs	10 <input type="checkbox"/> Higher education
03 <input type="checkbox"/> Constitutions and elections	11 <input type="checkbox"/> Human services
04 <input type="checkbox"/> Education	12 <input type="checkbox"/> Labor
05 <input type="checkbox"/> Energy and utilities	13 <input type="checkbox"/> Law and justice
06 <input type="checkbox"/> Environmental affairs - natural resources - parks	14 <input type="checkbox"/> Local government
07 <input type="checkbox"/> Financial institutions and insurance	15 <input type="checkbox"/> State government
08 <input checked="" type="checkbox"/> Fiscal	16 <input type="checkbox"/> Technology
	17 <input type="checkbox"/> Transportation
	18 <input type="checkbox"/> Other - Specify

Remarks

CERTIFICATION I hereby certify that the above is a true complete and correct statement

EMPLOYER'S AUTHORIZATION Confirming the employment authority to lobby described in this registration statement

12 LOBBYIST'S SIGNATURE
[Signature] DATE **2/21/18**

EMPLOYER'S SIGNATURE NAME TYPED OR PRINTED AND TITLE DATE
[Signature] **Jeremy Allen**
Head of Govt Affairs **2/21/18**