

## LOBBYIST REGISTRATION L1

THIS SPACE FOR OFFICE USE

<b>—</b>			(12/14)	·
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,				DATE FILED POC
PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY PO BOX 40908 OLYMPIA WA 9850 (360) 753-1111				DEC 2 1 2018
TOLL FREE 1-877-6  1. Lobbyist Name	01-2929			
Rob Makin Consulting				
Permanent Business Address			Business Tel	ephone Numbers
1940 5 <sup>th</sup> Avenue West			Permanent (206) 282.5700	
			Temporary (	)
City Seattle	State WA	Zip 98119	Cell Phone ( or Pager	)
2. Temporary Thurston County address during legislative session			E-Mail Address rob@rgmakin.com	
			TODWIGHTAKII	.com
Employer's name and address (person or group for which you lobby)     Boehringer Ingelheim Pharmaceuticals, Inc.			Employer's occupation, business or description of purpose of organization	
ATTN: Stacie Phan 900 Ridgebury Road Ridgefield, CT 06877			Pharmaceutical Manufacturer	
<ol> <li>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.)</li> </ol>			E-Mail Addres	SS
Stacle Phan			Stacie.phan@	boehringer-ingelheim.com
5. What is your pay (compensation) for lobbying	)?	Description of employment (check one	or more boxes)	
\$ 3,000 per month (hour, day, month, year)  Other: Explain:		□ Full time employee □ Sole duty is lobbying □ Part time or temporary employee x Lobbying is only a part x Contractor, retainer or similar agreement of other duties □ Unsalaried officer or member of group		
6. Are you reimbursed for lobbying expenses?  ☐ Yes: \$ per	Does employer pay any of your lobbyin If yes, explain which ones.		ectly?	
x Yes: I am reimbursed for expenses.  I am not reimbursed for expense	<b>95.</b>			
7. How long do you expect to lobby for this orga	nization?	<u></u>		· · · · · · · · · · · · · · · · · · ·
	Only during legislative session	Other, Explain:		
<ol> <li>Is your employer a business or trade associations, or organizations? If "yes," attach a \$500 during either of the past two years or is experienced.</li> </ol>	ected to pay over \$500 this year.	r each member or funder (excluding Individ	luais) who has p	bies on behalf of businesses, groups, paid fees, dues or other payments over
in tes. The list is of parties attached		aid, pays, or is expected to pay over \$1,45		
<ol><li>Does your employer have a connected, relate tickets to fund raising events? If so, list the name</li></ol>	d or closely affiliated political action of that political action committee.	committee which will provide funds for you	to make politic	al contributions including purchase
x No ☐ Yes. Name of the committee is:				
10. If lobbyist is a company, partnership or similar 143 and 144 for instructions.)	business entity which employs other	rs to perform actual lobbying duties, list na	me of each per	son who will lobby. (See WAC 390-20-
Rob Makin				
<ol> <li>Areas of Interest. Lobbying is most frequent to members or state agencies concerned with following.</li> </ol>	pefore legislative committee	Remarks:	<del></del>	
CODE SUBJECT	CODE SUBJECT			
01   Agriculture 02x   Business and consumer affairs	09x Health Care 10 ☐ Higher education			
03 Constitutions and elections 04 Education	11 ☐ Human services 12 ☐ Labor	İ		
05 D Energy and utilities 06 D Environmental affairs - natural	13 ☐ Law and justice 14 ☐ Local government	1		
resources - parks 07  Financial Institutions and	15x State government 16 □ Technology			
insurance 08 x Fiscal	17 ☐ Transportation 18 ☐ Other - Specify:			

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

12. LOPBYIST'S SIGNATURE

DATE

DATE

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

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE

DATE

12 Stacie Phan, Director, State Government Affairs & Public Policy

NOT VALID UNLESS SIGNED BY BOTH