To: 12083342282 From: 14156107604 Date: 01/31/19 Time: 9:55 AM Page: 01/02

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A CONTRACTOR OF THE PROPERTY O	Secretary

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LOBBYIST REPORT FORM

☑ ANNUAL ☐ SEMI-ANNUAL

Page of Page(s) THIS SPACE FOR OFFICE USE ONLY

To Be Filed By

9 JAN 31 AM 10: 58

439	;	L-2		BYIST: . 67-6 61	_	SECRE STA	TAR TE C	Y OF S OF IDA	TATE HO		
(Type or print clear See instructions at		L									
Lobbyist's name and permanent business address			Date		Date prepared		Period covered				
Spark Therapeutics, Inc.			•		1/25/19		year ending				
(Designated Lobbyist: Si							(Mo) (Day)	(Yr)		
c/o 28 Liberty Ship Way, Sausalito, CA 94965	Suite 2815						12	31	2018		
Item Totals of all reportal	ble expenditures made	or incurred	by Lobb	yist or by	Lobbyist's Empl	oyer on behalf	of Lobb		oyer		
Category of Expenditure Reimbursed Personal Living and Travel *Total Amount for		Proportionate amounts contributed by each employer (Identify employers, under teen 3, at bottom of page.)									
Expenses Perfaming to Emblying Activity Do Not Have to be Reported	All Employers	Employer No. 1			Employer No 2	Employer No. 3		Employer No. 4			
Entertainment	\$0.00	50.00							**		
Food and Refreshment Living Accommodations	0.00	0.00		S	Philadelph A., and the same and	\$	-	S	***************************************		
Advertising	0.00	0.00							2010		
Travel	0.00	0.00									
Telephone	0.00	0.00			And the second s	***************************************					
Other Expenses or Services	0.00	0.00				***************************************		COLUMN TO THE SAME AND A SAME AND A SAME AS A SAME A S	Francisco A. Maria		
Total	s <u>0</u>	s <u>0</u>		s_0)	s <u>0</u>		s <u>0</u>			
*When the number of employers you a											
The totals of each expend and member(s) of their he		hundred to	n dollars	(\$110)	or a legislator, o	ther holder of p	ublic of	Tice, execu	tive officials		
1tcm- 2 Date	Place			۸۱		neunt	Names of Legislators, Public and Execu- ount and Household Members in Gr				licuels
None											
Continued on attached page(s)											
INSTRUCTIONS				licm 3	Employer(s) Name(s) and Addre		(ddress(es)				
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code			on	Spark Therapeutics, Inc. No c/o 28 Uberty Ship Way, Suite 2815 Sausalito, CA 94965							
Filing deadline: Annual repor Executive Lo	t is due on January 31st bbyist semi-annual rep		- 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					**************************************						
I'hone: (208) 334	2852 Fax. (208) 334	-7197			·						

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[tam	Subje	er matter of proposed legislat	ion, the number of the Senate	LEGISLATIVE SUBJECT IDENTIFICATION			
item	orlic	use Bill, Resolution or other	legislative activity in which				
4	the L	obbyist was supporting or op-	posing.	Code	Subject	Code	Sulvicet
		· · · · · · · · · · · · · · · · · · ·		01	Agriculture, horticulture.	17	Health service, medicine, drugs
Subject		Bill, Resolution or Other	Appropriation Bill Number	l	farming, and livestock		and controlled substances, health
((tom	iable)	Legislative Ident, Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals
				!	and sports	1 B	Higher education
Non	e			03	Banking, finance, credit and	19	Housing, construction, codes
			ļ		Brestments	20	Insurance (excluding health
				04	Children minors, youth,		insurance)
					senior citizens	21	Labor, salaries and wages,
			i	05	Church and religion		collective bargaining
				06	Consumer affairs	22	i.aw enforcement, courts,
				07	Ecology, environment, pollution,		judges, enines, prisons
			1		conservation, zoning, land and	23	License, permits
					water use	24	Liquor
				08	Education	25	Manufacturing distribution and
				09	Elections, campaigns, voting		services
			İ		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
		İ		1	taxation, revenue, budget	38	Social insurance, unemployment
			Ì		appropriations, bids, fees, funds		insurance, public assistance,
		(1	12	Government, county	•	workmen's compensation
				13	Government, federal	29	Transportation, highways,
				14	Government, municipal	7.0	streets and roads
			ł	15	Government, special districts	30	Utilities, communications,
				16	Government, state		televisions, radio, newspaper,
			l .				power, CATV, gas
			1			31	Other (please specify)
					ERTHICATION. I hereby certify the orrect statement in accordance with 5		
	.,			_	MR		1/29/2019
1tem 5 ———	contra	fy any rule, ratemaking decisi et bid or bid process, financia obbyist was supporting or op	al services agreement or	i	opy ist signalike		* Date
No	ne			la la	mployer No. Esignature		Date
				To	mployer No. 2 signature		Date
			1	E	mployer No. 3 signature		Date
				J	mployer No. 4 signature		Date