

Clerk of the House of Representatives  
Legislative Resource Center  
135 Cannon Building  
Washington, DC 20515  
<http://lobbyingdisclosure.house.gov>

Secretary of the Senate  
Office of Public Records  
232 Hart Building  
Washington, DC 20510  
<http://www.senate.gov/lobby>

# LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

<b>1. Registrant Name</b> <input checked="" type="checkbox"/> Organization/Lobbying Firm <input type="checkbox"/> Self Employed Individual <u>Walgreen Company</u>			
<b>2. Address</b> Address1 <u>1399 NEW YORK AVE, NW, SUITE 725</u> Address2 _____ City <u>WASHINGTON</u> State <u>DC</u> Zip Code <u>20005</u> Country <u>USA</u>			
<b>3. Principal place of business (if different than line 2)</b> City _____ State _____ Zip Code _____ Country _____			
<b>4a. Contact Name</b> Mr. <u>G. Joel Baise</u>	<b>b. Telephone Number</b> <u>8473156829</u>	<b>c. E-mail</b> <u>joel.baise@walgreens.com</u>	<b>5. Senate ID#</b> <u>309071-12</u>
<b>7. Client Name</b> <input checked="" type="checkbox"/> Self <input type="checkbox"/> Check if client is a state or local government or instrumentality <u>Walgreen Company</u>			<b>6. House ID#</b> <u>384420000</u>

## TYPE OF REPORT

8. Year 2020 Q1 (1/1 - 3/31)  Q2 (4/1 - 6/30)  Q3 (7/1 - 9/30)  Q4 (10/1 - 12/31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  Termination Date \_\_\_\_\_ 11. No Lobbying Issue Activity

## INCOME OR EXPENSES - YOU MUST complete either Line 12 or Line 13

12. Lobbying	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was: <u>Less than \$5,000</u> <input type="checkbox"/> <u>\$5,000 or more</u> <input type="checkbox"/> \$ _____ Provide a good faith estimate, rounded to the nearest \$10,000, of all lobbying related income for the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	<b>EXPENSE</b> relating to lobbying activities for this reporting period were: <u>Less than \$5,000</u> <input type="checkbox"/> <u>\$5,000 or more</u> <input checked="" type="checkbox"/> \$ <u>1,100,000.00</u> <b>14. REPORTING</b> Check box to indicate expense accounting method. See instructions for description of options. <input checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code

Signature Digitally Signed By: G. Joel Baise, Director, Government Relations

Date 4/20/2020  
6:38:00 PM

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

15. General issue area code PHA

16. Specific lobbying issues

Issues related to pharmacy, pharmacist provider status, and taxes in H.R. 748 - the CARES Act (Pub.L. 116–136), H.R. 6201 - Families First Coronavirus Response Act (Pub.L. 116 –127), H.R. 6379 - Take Responsibility for Workers and Families Act.

17. House(s) of Congress and Federal agencies  Check if None

U.S. SENATE, U.S. HOUSE OF REPRESENTATIVES

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Ed	Kaleta			<input type="checkbox"/>
Alethia	Jackson			<input type="checkbox"/>
Samantha	Elleson			<input checked="" type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

15. General issue area code TAX

16. Specific lobbying issues

Issues related to pharmacies and pharmacists, and Medicare reimbursement; Issues regarding Section 965 - Treatment of Deferred Foreign Income.

17. House(s) of Congress and Federal agencies  Check if None

U.S. SENATE, U.S. HOUSE OF REPRESENTATIVES, Centers For Medicare and Medicaid Services (CMS)

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Ed	Kaleta			<input type="checkbox"/>
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Samantha	Elleson			<input checked="" type="checkbox"/>

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15. General issue area code CSP

16. Specific lobbying issues

S. 3431: INFORM Consumers Act; provisions related to online marketplace transparency.

17. House(s) of Congress and Federal agencies  Check if None

U.S. SENATE, U.S. HOUSE OF REPRESENTATIVES, White House Office

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Ed	Kaleta			<input type="checkbox"/>
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Elizabeth	Hunger			<input checked="" type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

21. Client new principal place of business (if different than line 20)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

22. New General description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

First Name	Last Name	Suffix	First Name	Last Name	Suffix
<b>1</b> _____	_____	_____	<b>3</b> _____	_____	_____
<b>2</b> _____	_____	_____	<b>4</b> _____	_____	_____

**ISSUE UPDATE**

24. General lobbying issue that no longer pertains

## AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Internet Address:

Name	Address				Principal Place of Business (city and state or country)		
	Street Address City	State/Province	Zip	Country	City	State	Country

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

1	2	3
---	---	---

## FOREIGN ENTITIES

27. Add the following foreign entities:

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client
	Street Address City	State/Province	Country			
				City State Country		%

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization

1	3	5
2	4	6

## CONVICTIONS DISCLOSURE

29. Have any of the lobbyists listed on this report been convicted in a Federal or State Court of an offense involving bribery, extortion, embezzlement, an illegal kickback, tax evasion, fraud, a conflict of interest, making a false statement, perjury, or money laundering?

No  Yes

Lobbyist Name	Description of Offense(s)
---------------	---------------------------

Clerk of the House of Representatives Legislative Resource Center 135 Cannon Building Washington, DC 20515 <a href="http://lobbyingdisclosure.house.gov">http://lobbyingdisclosure.house.gov</a>	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510 <a href="http://www.senate.gov/lobby">http://www.senate.gov/lobby</a>
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# LOBBYING REPORT

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<b>3. Principal place of business (if different than line 2)</b> City _____ State _____ Zip Code _____ Country _____			
<b>4a. Contact Name</b> Mr. <u>G. Joel Baise</u>	<b>b. Telephone Number</b> <u>8473156829</u>	<b>c. E-mail</b> <u>joel.baise@walgreens.com</u>	<b>5. Senate ID#</b> <u>309071-12</u>
<b>7. Client Name</b> <input checked="" type="checkbox"/> Self <input type="checkbox"/> Check if client is a state or local government or instrumentality Walgreen Company			<b>6. House ID#</b> <u>384420000</u>

**TYPE OF REPORT** 8. Year 2020 Q1 (1/1 - 3/31)  Q2 (4/1 - 6/30)  Q3 (7/1 - 9/30)  Q4 (10/1 - 12/31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  Termination Date \_\_\_\_\_ 11. No Lobbying Issue Activity

INCOME OR EXPENSES - YOU MUST complete either Line 12 or Line 13	
<p align="center"><b>12. Lobbying</b></p> <p><b>INCOME</b> relating to lobbying activities for this reporting period was:</p> <p>Less than \$5,000 <input type="checkbox"/></p> <p>\$5,000 or more <input type="checkbox"/> \$ _____</p> <p>Provide a good faith estimate, rounded to the nearest \$10,000, of all lobbying related income for the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center"><b>13. Organizations</b></p> <p><b>EXPENSE</b> relating to lobbying activities for this reporting period were:</p> <p>Less than \$5,000 <input type="checkbox"/></p> <p>\$5,000 or more <input checked="" type="checkbox"/> \$ <u>490,000.00</u></p> <p><b>14. REPORTING</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>

**Signature** Digitally Signed By: G. Joel Baise, Director, Government Relations

**Date** 7/20/2020  
2:18:02 PM

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

15. General issue area code PHA

16. Specific lobbying issues

Issues related to pharmacy, pharmacist provider status, and taxes in H.R. 748 - the CARES Act (Pub.L. 116–136), H.R. 6201 - Families First Coronavirus Response Act (Pub.L. 116 –127), H.R. 6379 - Take Responsibility for Workers and Families Act.

S.2543, The Prescription Drug Pricing Reduction Act of 2019; issues related to pharmacy, pharmacist provider status, and Medicare reimbursement.

H.R. 6573, Help Our Heroes Access Medicine Act of 2020; issues related to pharmacy co-pays.

17. House(s) of Congress and Federal agencies  Check if None

U.S. SENATE, U.S. HOUSE OF REPRESENTATIVES

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Ed	Kaleta			<input type="checkbox"/>
Alethia	Jackson			<input type="checkbox"/>
Samantha	Elleson			<input checked="" type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

15. General issue area code TAX

16. Specific lobbying issues

Issues related to pharmacies and pharmacists, and Medicare reimbursement; Issues regarding Section 965 - Treatment of Deferred Foreign Income, and other tax issues.

17. House(s) of Congress and Federal agencies  Check if None

U.S. SENATE, U.S. HOUSE OF REPRESENTATIVES, Centers For Medicare and Medicaid Services (CMS)

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Ed	Kaleta			<input type="checkbox"/>
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15. General issue area code CSP

16. Specific lobbying issues

S. 3431: INFORM Consumers Act; provisions related to online marketplace transparency.

17. House(s) of Congress and Federal agencies  Check if None

U.S. SENATE, U.S. HOUSE OF REPRESENTATIVES, White House Office

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
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**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

21. Client new principal place of business (if different than line 20)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

22. New General description of client's business or activities

\_\_\_\_\_  
\_\_\_\_\_

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

First Name	Last Name	Suffix	First Name	Last Name	Suffix
<b>1</b>	_____	_____	<b>3</b>	_____	_____
<b>2</b>	_____	_____	<b>4</b>	_____	_____

**ISSUE UPDATE**

24. General lobbying issue that no longer pertains

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Internet Address:

Name	Address				Principal Place of Business (city and state or country)			
	Street Address	City	State/Province	Zip	Country	City	State	Country

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

1	2	3
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**FOREIGN ENTITIES**

27. Add the following foreign entities:

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client
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1	3	5
2	4	6

**CONVICTIONS DISCLOSURE**

29. Have any of the lobbyists listed on this report been convicted in a Federal or State Court of an offense involving bribery, extortion, embezzlement, an illegal kickback, tax evasion, fraud, a conflict of interest, making a false statement, perjury, or money laundering?

No  Yes

Lobbyist Name	Description of Offense(s)

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# LOBBYING REPORT

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<b>4a. Contact Name</b> Mr. <u>G. Joel Baise</u>	<b>b. Telephone Number</b> <u>8473156829</u>	<b>c. E-mail</b> <u>joel.baise@walgreens.com</u>	<b>5. Senate ID#</b> <u>309071-12</u>
<b>7. Client Name</b> <input checked="" type="checkbox"/> Self <input type="checkbox"/> Check if client is a state or local government or instrumentality Walgreen Company			<b>6. House ID#</b> <u>384420000</u>

**TYPE OF REPORT** 8. Year 2020 Q1 (1/1 - 3/31)  Q2 (4/1 - 6/30)  Q3 (7/1 - 9/30)  Q4 (10/1 - 12/31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  Termination Date \_\_\_\_\_ 11. No Lobbying Issue Activity

INCOME OR EXPENSES - YOU MUST complete either Line 12 or Line 13	
<p align="center"><b>12. Lobbying</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$5,000 <input type="checkbox"/></p> <p>\$5,000 or more <input type="checkbox"/> \$ _____</p> <p>Provide a good faith estimate, rounded to the nearest \$10,000, of all lobbying related income for the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center"><b>13. Organizations</b></p> <p>EXPENSE relating to lobbying activities for this reporting period were:</p> <p>Less than \$5,000 <input type="checkbox"/></p> <p>\$5,000 or more <input checked="" type="checkbox"/> \$ <u>380,000.00</u></p> <p><b>14. REPORTING</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature Digitally Signed By: G. Joel Baise, Director, Government Relations Date 10/20/2020 4:34:20 PM

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15. General issue area code PHA

16. Specific lobbying issues

Issues related to pharmacy provider status.

17. House(s) of Congress and Federal agencies  Check if None

U.S. SENATE, U.S. HOUSE OF REPRESENTATIVES

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Ed	Kaleta			<input type="checkbox"/>
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15. General issue area code TAX

16. Specific lobbying issues

Issues related to pharmacies and pharmacists, and Medicare reimbursement; Issues regarding Section 965 - Treatment of Deferred Foreign Income, and other tax issues.

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18. Name of each individual who acted as a lobbyist in this issue area

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15. General issue area code CSP

16. Specific lobbying issues

S. 3431: INFORM Consumers Act; provisions related to online marketplace transparency.  
 H. R. 7756: To require online marketplaces to verify and disclose certain information regarding high-volume third-party sellers of consumer products to inform consumers.

17. House(s) of Congress and Federal agencies  Check if None

U.S. SENATE, U.S. HOUSE OF REPRESENTATIVES

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
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**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

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22. New General description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

First Name	Last Name	Suffix	First Name	Last Name	Suffix
1	_____	_____	3	_____	_____
2	_____	_____	4	_____	_____

**ISSUE UPDATE**

24. General lobbying issue that no longer pertains

## AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Internet Address:

Name	Address				Principal Place of Business (city and state or country)	
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1 2 3

## FOREIGN ENTITIES

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1 2 3 4 5 6

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No  Yes

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<b>7. Client Name</b> <input checked="" type="checkbox"/> Self <input type="checkbox"/> Check if client is a state or local government or instrumentality Walgreen Company			<b>6. House ID#</b> 384420000

## TYPE OF REPORT

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<b>INCOME</b> relating to lobbying activities for this reporting period was: Less than \$5,000 <input type="checkbox"/> \$5,000 or more <input type="checkbox"/> \$ _____ Provide a good faith estimate, rounded to the nearest \$10,000, of all lobbying related income for the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	<b>EXPENSE</b> relating to lobbying activities for this reporting period were: Less than \$5,000 <input type="checkbox"/> \$5,000 or more <input checked="" type="checkbox"/> \$ <u>1,360,000.00</u>
	<b>14. REPORTING</b> Check box to indicate expense accounting method. See instructions for description of options. <input checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code

Signature Digitally Signed By: G. Joel Baise, Director, Government Relations

Date 6/23/2021  
2:48:43 PM



**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

15. General issue area code PHA

16. Specific lobbying issues

Issues related to pharmacy provider status.
Issues related to direct and indirect remuneration.

17. House(s) of Congress and Federal agencies  Check if None

U.S. SENATE, U.S. HOUSE OF REPRESENTATIVES
--

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Ed	Kaleta			<input type="checkbox"/>
Alethia	Jackson			<input type="checkbox"/>
Samantha	Elleson			<input checked="" type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

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**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

15. General issue area code TAX

16. Specific lobbying issues

Issues related to pharmacies and pharmacists, and Medicare reimbursement; Issues regarding Section 965 - Treatment of Deferred Foreign Income, and other tax issues.

17. House(s) of Congress and Federal agencies  Check if None

U.S. SENATE, U.S. HOUSE OF REPRESENTATIVES, Centers For Medicare and Medicaid Services (CMS)

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Ed	Kaleta			<input type="checkbox"/>
Alethia	Jackson			<input type="checkbox"/>
Samantha	Elleson			<input checked="" type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

15. General issue area code CSP

16. Specific lobbying issues

S. 3431: INFORM Consumers Act; provisions related to online marketplace transparency.  
 H.R. 7756: To require online marketplaces to verify and disclose certain information regarding high-volume third-party sellers of consumer products to inform consumers.

17. House(s) of Congress and Federal agencies  Check if None

U.S. SENATE, U.S. HOUSE OF REPRESENTATIVES

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Ed	Kaleta			<input type="checkbox"/>
Alethia	Jackson			<input type="checkbox"/>
Samantha	Elleson			<input checked="" type="checkbox"/>
Elizabeth	Hunger			<input checked="" type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

21. Client new principal place of business (if different than line 20)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

22. New General description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

First Name	Last Name	Suffix	First Name	Last Name	Suffix
1	_____	_____	3	_____	_____
2	_____	_____	4	_____	_____

**ISSUE UPDATE**

24. General lobbying issue that no longer pertains

## AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Internet Address:

Name	Address				Principal Place of Business (city and state or country)	
	Street Address	City	State/Province	Zip	Country	
						City State Country

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

1 2 3

## FOREIGN ENTITIES

27. Add the following foreign entities:

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client
	Street Address	City	State/Province			
				City State Country		%

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization

1 2 3 4 5 6

## CONVICTIONS DISCLOSURE

29. Have any of the lobbyists listed on this report been convicted in a Federal or State Court of an offense involving bribery, extortion, embezzlement, an illegal kickback, tax evasion, fraud, a conflict of interest, making a false statement, perjury, or money laundering?

No  Yes

Lobbyist Name	Description of Offense(s)