Rev. 06/2006	LOBBYI	IST ANNUAI	L REPO	ORT FORM	Pa;	ge	of P	age(s)	
State of Idal Ben Ysurs. Secretary of S	a State	To Be Filed By:	BYISTS 67-6619)		OB AN 2	8 AM	0:48	ONLY	
See instructions a Lobbyist's name and permanent busin		Date pr	Date prepared			Period covered			
James Hoover						year ending			
2636 Southwest Brooklane	Drive			01/18/08			(Mo.) (Day) (Yr.)		
Corvallis, OR 97333						(Mo.)	31	2007	
						12	31	2001	
Totals of all reporta	ble expenditures made o	r incurred by Lobb	yist or by	Lobbyist's Empl	oyer on behalf o	of Lobby	ist's Employ	yer.	
Category of Expenditure	*T-4-1 A		outed by each emp	loyer (Identify e	mployers	, under			
Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity *Total Amount for All Employers		Item 3, at bottom							
Do Not Have to be Reported		Employer No.	1 1	Employer No. 2	Employer No. 3		Employer No. 4		
Entertainment Food and Refreshment	\$	\$	\$ _		s		\$		
Living Accommodations			_ _					<u>.</u>	
Advertising		-A	_	America di America					
Travel			_ _						
Telephone	534.00	534.0	00 _						
Other Expenses or Services	108.00	108.0	00 _	AAR-			*****		
Total	\$ 642.00	\$642.0	00 \$_	0.00	s	0.00	\$	0.00	
*When the number of employers yo	ou are reporting for require	es multiple L-2 form	ns to be fil	ed a total amount	for all employer	rs should	be entered of	on Page 1	
Item The totals of each expend									
2 Date	Place	A	mount	Names of Legis	slators, Public and	1 Executi	ive Officials	in Group	
none Continued on attached page(s)									
INST	Item								
Who should file this form:	3 E	Bayer Corp. Pharm. Div, Bayer Healthcare LLC							

INSTRUCTIONS

Item 3

Employer(s) Name(s) and Address(es)

Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code

No. 1

Bayer Corp. Pharm. Div, Bayer Healthcare LLC 400 Morgan Lane, West Haven, CT 06516

No. 2

TO BE FILED WITH:

Ben Ysursa Secretary of State PO Box 83720
Boise, ID 83720-0080
Phone: (208) 334-2852 Fax: (208) 334-2282

Ben Ysursa Secretary of State Po Box 83720-0080
Phone: (208) 334-2852 Fax: (208) 334-2282

Item 4		xpenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible ersonal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.										
				ne of Legislator, Public or Executive Official Receiving or Benefiting								
11	/21/20	07 \$250.00	John McGee Ca	ampa	ign Contribution							
Item 5	or House Bill. Resolution or other legislative activity in which		LEGISLATIVE SUBJECT IDENTIFICATION Code Subject									
Subject (from 17 28	Code table)	Bill, Resolution or Other Legislative Ident. Number No specific bills	manima .	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	farming, and livestock O2 Amusements, games, athletics and sports O3 Banking, finance, credit and investments O4 Children, minors, youth, senior citizens O5 Church and religion O6 Consumer affairs O7 Ecology, environment, pollution conservation, zoning, land and water use O8 Education O9 Elections, campaigns, voting, political parties 10 Equal rights, civil rights, minority affairs 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds 12 Government, county 13 Government, federal 14 Government, municipal 15 Government, special districts	Code Subject 17 Health service, medicine, drugs and controlled substances, health insurance, hospitals 18 Higher education 19 Housing, construction, codes 20 Insurance (excluding health insurance) 21 Labor, salaries and wages, collective bargaining 22 Law enforcement, courts, judges, crimes, prisons 23 License, permits 24 Liquor 25 Manufacturing, distribution and services 26 Natural resources, forest and forest products, fisheries, mining and mining products 27 Public lands, parks, recreation 28 Social insurance, unemployment insurance, public assistance, workmen's compensation 29 Transportation, highways, streets and roads 30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas 31 Other (please specify)						
Item 6	contr		ancial services agreement or	C	ERTIFICATION: I hereby certify the correct statement in accordance with st							
bond lobbyist was supporting or opposing.			Eı	mployer No. 1 signature	9	20 08						
				E	mployer No. 2 signature		Date					
				Eı	mployer No. 3 signature		Date					
				E1	mployer No. 4 signature		Date					