## LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

(Type or print clearly in black ink)

To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)

Page	of	_Page(s)
THIS SPA	CE FOR OFFICE	USE ONLY

2003 HAR -8 PH 12: 18

28

2007

02

See instructions at bottom of page				
Lobbyist's name and permanent business address	Date prepared	Period co	vered	
Deanne Calvert 1122 East Pike Street	March 6, 2007	V	month en	nding
Suite 1002 Seattle, Washington 98112		(Mo.)	(Day)	(Yr.)
Country Tracting Con Co T L		1 00	1 00	1 0007

Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity	*Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)					
Do Not Have to be Reported	An Employers	Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4		
Entertainment Food and Refreshment	\$0.00	s0.00	\$	s	s		
Living Accommodations	0.00	0.00					
Advertising	0.00	0.00					
Travel	0.00	0.00					
Telephone	0.00	0.00					
Other Expenses or Services	0.00	0.00					
Total	<b>s</b> 0.00	s0.00	s	\$	\$		

\*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.

Item	The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.						
2	Date	Date Place		Names of Legislators, Public and Executive Officials in Group			
N/A							
,,							

Continued on attached page(s)

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)			
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code		sanofi-aventis No. 1 55 Corporate Drive, Mail Stop 55B-230C Bridgewater, New Jersey 08807			
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.					
TO BE FILED WITH:  Ben Ysursa  Secretary of State	No. 3				
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282					

Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intan personal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.						olic or Executive Official.	
	Date	Amount Nam		ne of Legislator, Public or Executive Official Receiving or Benefiting				
N/A  Item 5	or House Bill,		n, the number of the Senate gislative activity in which ssing.	Cod	LEGISLATIVE SUB		IDENTIFICATION  Subject	
Subjec			ppropriation Bill Number	01	Agriculture, horticulture, farming, and livestock	17	Health service, medicine, drugs and controlled substances, health	
(from 17	HJM 1	104	and Section Number	02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, special districts Government, special districts Government, state	18 19 20 21 22 23 24 25 26 27 28 29 30	insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)	
	bid or bid proc supporting or	ess, financial services opposing.  he Pharmacy and			CERTIFICATION: I hereby certificorrect statement in accordance we have a continuous cont	rith Sec		