Rev. 12/2012

LOBBYIST MONTHLY REPORT FORM

A	NI SEAL
GY.	
Post	75 TO 13

3456

State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

Page___of__Page(s)
THIS SPACE FOR OFFICE USE ONLY

14 APR 14 PM 02:51

SECRETARY OF STATE STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page

	300	msu uctions at	bottom of page								
	-	ermanent busines	ss address				prepared		Period	covered	
	d Stecher	. D.:				4/	14/2014		ļ [,	/ month end	ing
	Rivers Edg Oswego, C									· ~ `	
Lane	Jawego, C	11 37 054							(Mo.		(Yr.)
									3	31	2014
Item 1	Totals	of all reportab	ole expenditures made of	or incurred b	y Lobb	yist or	by Lobbyist's Emp	loyer on behalf	of Lobb	yist's Employ	er.
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported		*Total Amount for	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)								
			All Employers	Employer No. 1		1	Employer No. 2	Employer No. 3 Emplo		Employer 1	No. 4
Entertai	nment										
Food an	d Refreshme	nt	\$_\$0.00	\$_\$0.00)	\	<u> </u>	\		\ \\$	
Living Accommodations			\$0.00	\$0.00		_					
Advertis	sing		\$0.00	\$0.00		_					
Travel		\$0.00	\$0.00		_						
Telephone		\$0.00	\$0.00		_						
Other E	xpenses or S	ervices	\$0.00	\$0.00)			-			
		Total	\$ \$0.00	\$ \$0.00)		3	\$		\$	
*When t			re reporting for requires m								
			liture of more than one	hundred fiv	e dollar	rs (\$10:	5) for a legislator, of	other holder of p	oublic of	ffice, executiv	e official
Item- and member(s) of their			Juschold.		Names of Legislat			ors, Public and Executive Officials			
2	Date		Place		Aı	mount		and Household M			
_											
	Continued on a	ttached page(s)									
INSTRUCTIONS					Item 3	E	Employer(s) Name(s) and Address(es)				
							Novartis Pharmace	uticals Corporat	ion		
Who	should file		ny lobbyist registered un	nder Section	1	No. 1	One Health Plaza E			ver N I 07936	ΙΙςΔ
		07	-6617 Idaho Code				One ricalitri laza i	nag 7017-100 La		VOI 140 07 000	00/1
Filin	ng deadline:		orts due within fifteen (1 civities of the past mont		he	No. 2					
ТО Е	BE FILED W	/ITH:									
TO BE FILED WITH: Ben Ysursa				No. 3							
			etary of State Box 83720								
			ID 83720-0080			No. 4					
	Phon	e: (208) 334-2	852 Fax: (208) 334-2	2282							

	ect matter of proposed legislat		LEGISLATIVE SUBJECT IDENTIFICATION					
4 01 11	ouse Bill, Resolution or other Lobbyist was supporting or opposed Bill, Resolution or Other Legislative Ident. Number		Code 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Subject Agriculture, horticulture, farming, and livestock 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, municipal Government, special districts Government, state	Code 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Health service, medicine, drugs and controlled substances, health 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)		
ITem	fy any rule, ratemaking decisi- bid process, financial services opposing.	on, procurement, contract, s or bond lobbyist was support-	1	CERTIFICATION: I hereby certify to correct statement in accordance with Electronically signed		, 1		