Rev. 12/2012

5252

LOBBYIST MONTHLY REPORT FORM



State of Idaho Lawerence Denney Secretary of State

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

Page____of___Page(s) THIS SPACE FOR OFFICE USE ONLY

15 JUN 10 AM 11:38

SECRETARY OF STATE STATE OF IDAHO

Phone: (208) 334-2852 Fax: (208) 334-2282

	(Type or print clear See instructions at										
Emily 5538 \$'s name and permanent busine McClure S. Zonetailed Way ID 83716				1 -	orepared 0/2015			covered month en		
Doise,	10 037 10				(Mo.)	(Day)	(Yr.) 2015				
Item 1	Totals of all reporta	ble expenditures made	or incurred b	y Lobb	yist or by	/ Lobbyist's Empl	loyer on behalf	of Lobb	yist's Emplo	yer.	
Ca Reimbu	tegory of Expenditure ursed Personal Living and Travel s Pertaining to Lobbying Activity	*Total Amount for All Employers	Proportiona Item 3, at 1			buted by each empl	oyer (Identify en	nployers	s, under		
	Not Have to be Reported		Employ	er No. 1	1	Employer No. 2	Employer N	Jo. 3	Employer	No. 4	
Entertai Food an	nment d Refreshment	\$_\$0.00	\$_\$0.00)	\$_	\$0.00	\$ \$0.00		\$_\$0.00		
Living A	Accommodations	\$0.00	\$0.00)	_	\$0.00	\$0.00		\$0.00		
Advertis	sing	\$0.00	\$0.00)	_	\$0.00	\$0.00	\$0.00 \$0.0			
Travel		\$0.00	\$0.00)	_	\$0.00	\$0.00	\$0.00 \$0.00		\$0.00	
Telepho	ne	\$0.00	\$0.00)	_	\$0.00	\$0.00				
Other E	xpenses or Services	\$0.00	\$0.00)		\$0.00	\$0.00		\$0.00		
	Total	\$_\$0.00	\$_\$0.00			\$0.00	\$_\$0.00		\$_\$0.00		
	The totals of each expendand member(s) of their h	diture of more than one								ve official	
Item-	Date	Place		A	mount		f Legislators, Pub and Household M			eials	
~	Continued on attached page(s)										
	INST	TRUCTIONS			Item 3	Е	mployer(s) Name((s) and A	ddress(es)		
	o should file this form: A 67 ag deadline: Monthly repo	ny lobbyist registered u 7-6617 Idaho Code	15) days of tl		No. 1	mgen Inc ne Amgen Center laho Charter Scho	ool Network		91320 USA		
ТОІ	BE FILED WITH: Lawe Secr PC	erence Denney retary of State D Box 83720 ID 83720-0080			No. 3	laho Medical Asso 05 W Jefferson St larch of Dimes		! USA			

800 W Main, Suite 1330 Boise ID 83702 USA

	Subie	ect matter of proposed legislat	ion, the number of the Senate	Τ	LEGISLATIVE SUI	BJECT	IDENTIFICATION
Item 4 Subjec (from	or Ho the L	ect matter of proposed legislat buse Bill, Resolution or other obbyist was supporting or opp Bill, Resolution or Other Legislative Ident. Number	legislative activity in which	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		Subject 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 5	bid or	fy any rule, ratemaking decision bid process, financial services opposing.	on, procurement, contract, s or bond lobbyist was support-	-	CERTIFICATION: I hereby certify correct statement in accordance with Electronically signed Lobbyist signature		, 1

Lobbyist Report Form Attachment

Lobbyist's name and permanent business address

Emily McClure 5538 S. Zonetailed Way Boise, ID 83716

Employer No.	Entertainment Food & Refreshment	Living Accommodations	Advertising	Travel	Telephone	Other Expenses or Services	Employer Total
No.5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No.6	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No.7	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Employer No.	Employer Name(s)	Employer Address(es)
No.5	Novartis Pharmaceuticals Corporation	One Health Plaza, 701/433 East Hanover NJ 07936
No.6	Riley & Associates, L.L.C.	10392 Morris Road Hayden Lake ID 83835 USA
No.7	Upstart (Waterford Institute)	1590 East 9400 Sandy UT 84093 USA

Date	Place	Amount	Names of Legislators, Public and Executive Officials and Household Members in Group