Rev. 05/2008

LOBBYIST MONTHLY REPORT FORM



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

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ECRETARY OF STATE STATE OF IDAHO

		pe or print clear e instructions at										911	11 =	
Lobbvist's name and permanent business address							Date prepared					Period covered		
Kurt Stembridge												month ending		
295 East 450 North													(Dav)	(1/-)
Lindon, UT 84042								2/13/2009				(Mo.)	1	(Yr) 1
												01	31	2009
ltem I	Totals	s of all reportal	ole expenditures ma		_							_		yer.
	tegory of Ex		*Total Amount fo		•				uted by each emple	oyer (lde	ntify em	ployers.	under	
Expense	s Pertaining to L	iving and Travel Jobbying Activity	All Employers		Item 3, at bottom of				Caralana Na 2			Foreform No. 1		
Do Not Have to be Reported					Employer No. J		Employer No. 2		Employer No. 3		0.3	Employer No. 4		
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Living A	Accommodat	tions					-							
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Other E	xpenses or S	ervices					_							
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*When t			re reporting for requir		<u> </u>		_					_		
		of cach expend of their housel	liture of more than	sevent	ty-five do	llars (\$75) to	ral	egislator, other	nolder o	public	office,	executive o	fficials and
ltem-	member(s)	of their nouse	1010.						Names of	Legislate	ors Publi	c and Ex	ecutive Offic	inls
2	Date	Date Place		An		unount		Names of Legislators, Public and Executive Officials and Household Members in Group						
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INSTRUCTIONS							3					dress(es)		
							No. I GlaxoSmithKline Five Moore Drive, RTP NC							
Who should file this form: Any lobbyist registered under Section														
67-6	617 Idaho Co	ode				-								
		Monthly reports of the past r	orts due within fifte nonth.	en (15	i) days of	the No	o. 2							
TO BE FILED WITH:														
Ben Ysursa							, 3							
Secretary of State PO Box 83720														
Boise, ID 83720-0080							s. 4							
Phone: (208) 334-2852 Fax: (208) 334-2282														

ltem 4						byer in the nature of contributions of money or other tangible or intangible personal plic or Executive Official or Household Member(s).						
	1	Date	Amount	Name of Legi	slator, P	ublic or Executive Official and Hou	sehold M	ember(s) Receiving or Benefiting				
Subject (from 1	or Ho the L Code table)	ouse Bill, I obbyist wa Bill, Re		ion, the number of the Senate legislative activity in which posting Appropriation Bill Number and Section Number	Code 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	LEGISLATIVE SUI 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, taxution, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state		IDENTIFICATION 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 Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.						CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code. 2-13-09 Lobbyist signature Date						