Rev. 05	5/2008		LO	BBYIST	_				i n	age_ HIS SPACE	of FOR OFFICE U	Page(s) se only
		State of Idal		ANNUA]s	EMI-A	.NNUAL				
		Secretary of S		· ·		BBYISTS c. 67-6619)			9399 Jani -		-7 Fil4:18	
		(Type or print clea See instructions a					SEGF.			ENANTE SATE		
Lobbyis	si's name a	nd permanent husine	ss address			Dat	e prepared		TOTAL	Périod	covered	
Kurt Stembridge											year end	ıng
	295 East 450 North					1/05/2009			20	(Mo.) (Day) (Yr.) 12 31 2008		
Lindon, UT 84042) 9							
												J
Itena 1	To	otals of all reportal	ble expenditures made o	or incurred t	by Lobb	oyist or	by Lobb	yist's Empl	oyer on behalf o	of Lobb	yist's Empl	oyer.
Reint	Category of Expenditure Reunbursed Personal Living and Travel *Total Amount for Item 3, at bottom.							y each emplo	oyer (ldentify en	nployers	i, upder	
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			7th Employers	Employer No.		I Employer No. 2		yer No. 2	Employer No. 3		Employer No. 4	
	inment nd Refres	ihment	\$	ss		\$. \$		S		
Living	Accomm	odations										
Advert	ising											
Travel												
Teleph	one											
-		or Services					_					
		or sorvees										
		Total	s0.00	s	0.0	0 :	S	0.00	s	0.00	s	0.00
*When	the number	r of employers you a	 re reporting for requires m	 ultiple L~2 fo	orms to b	e filed a	i total amo	unt for all cr	 nolovers should b	oe entere	d on Page 1.	
Item-	The tot		liture of more than seve								-	fficials and
2	Date		Place		Amount			Names of Legislators, Public and Executive Officials and Household Members in Group				
	Late		T race		711	Amount and Hous			na muschota wa	enoid Members in Croup		
					i.							
					1							
<u></u>	Continued	on attached page(s)										
INSTRUCTIONS						Iten 3	- 	Employer(s) Name(s) and Address(es)				
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code						No. 1 GlaxoSmithKline Five Moore Drive						
Fili	ng deadli		is due on January 31st. obyist semi-annual repo		3 Ist.	No. 2						4
TO	RE FILE	D WITH:			ŀ							
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							No. 4					

Item 4	property to any, for any or on behalf of any Legislator, Public of Executive Official or Flodsenoid Member(s).										
	О	ate	Amount	Name of Legis	elator, Pr	ablic or Executive Official and House	ehold Me	mber(s) Receiving or Benefiting			
ltem 5	Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.				LEGISLATIVE SUBJECT IDENTIFICATION Code Subject Code Subject						
Subject (from			solution or Other ive Ident. Number	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	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	17 18 19 20 21 22 23 24 25 26 27 28 29 30	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			, ratemaking decisio	on, procurement, services agreement or	4	ERTIFICATION: I hereby certify the prect statement in accordance with Subbyist signature					
bond lobbyist was supporting or opposing.						nployer No. 1 signature		Date			
					En	nployer No. 2 signature		Date			
					En	nployer No. 3 signature		Date			
					En	nployer No. 4 signature		Date			