

State of Idaho

Ben Ysursa Secretary of State

LOBBYIST REPORT FORM

☑ ANNUAL ☐ SEMI-ANNUAL

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LOBBYISTS (Sec. 67-6619) CARape of Page(s)
THIS SHACE FOR OFFICE OSE, ONLY

(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered year ending Sarah Michael 533 Kirkland Ave. 01/20/2012 (Mo.) (Day) (Yr.) Kirkland, WA 98033 12 31 2011 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Category of Expenditure Proportionate amounts contributed by each employer (Identify employers, under *Total Amount for Item 3, at bottom of page.) Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity All Employers Do Not Have to be Reported Employer No. 1 Employer No 2 Employer No. 3 Employer No. 4 Entertainment 0.00 Food and Refreshment 0.00 Living Accommodations 0.00 Advertising 0.00 Travel 0.00 Telephone 0.00 Other Expenses or Services 0.00 0.00 0.00 0.00 0.00 Total 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. The totals of each expenditure of more than one hundred (\$100) for a legislator, other holder of public office, executive officials and member(s) of their household. Item-Names of Legislators, Public and Executive Officials 2 Place Date Amount and Household Members in Group none Continued on attached page(s) INSTRUCTIONS Employer(s) Name(s) and Address(cs) Who should file this form: Any lobbyist registered under Section Sanofi Pasteur 67-6617 Idaho Code 1 Discovery Drive, Swiftwater, PA 18370 Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. No. 2 TO BE FILED WITH: Ben Ysursa No. 3 Secretary of State PO Box 83720 Boise, ID 83720-0080 No. 4 Phone: (208) 334-2852 Fax: (208) 334-2282

	Subject matter of proposed legislation, the number of the Senate		LEGISLATIVE SUBJECT IDENTIFICATION				
	or House Bill. Resolution or other legislative activity in which		1				
the Lobbyist was supporting or opposing.		Code	Subject	Code	Subject		
				01	Agriculture, horticulture,	17	Health service, medicine, drugs
Subject		Bill, Resolution or Other	Appropriation Bill Number		farming, and livestock		and controlled substances, health
(from	table)	Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals
					and sports	18	Higher education
nor	ne			03	Banking, finance, credit and	19	Housing, construction, codes
	1			1	investments	20	Insurance (excluding health
				04	Children, minors, youth,		insurance)
				J	senior citizens	21	Labor, salaries and wages,
				05	Church and religion		collective bargaining
	ĺ			06	Consumer affairs	22	Law enforcement, courts,
	J			07	Ecology, environment, pollution,		judges, crimes, prisons
					conservation, zoning, land and	23	License, pennits
				1	water use	24	1.iquor
			1	08	Education	25	Manufacturing, distribution and
				09	Elections, campaigns, voting,		services
					political parties	26	Natural resources, forest and
				10	Equal rights, civil rights,		forest products, fisheries, mining
				1	minority affairs		and mining products
				- 11	Government, financing,	27	Public lands, parks, recreation
					taxation, revenue, budget,	28	Social insurance, unemployment
					appropriations, bids, fees, funds		insurance, public assistance,
				12	Government, county		workmen's compensation
				13	Government, federal	29	Transportation, highways,
				14	Government, municipal		streets and roads
				15	Government, special districts	30	Utilities, communications,
			1	16	Government, state	30	televisions, radio, newspaper,
				10	Government, state		power, CATV, gas
						31	Other (please specify)
				ł		31	Other (piease spectry)
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					ERTIFICATION: I hereby certify t		
				C	orrect statement in accordance with	Section 6	7-6624 Idaho Code.
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5		et bid or bid process, financia		\ /~	- Municha W.	11	V = 1 - 2I
	bond k	obbyist was supporting or op	posing.	1	Show I 10	4/UU	<i>L</i> 1 2 2 2
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none	9			l			
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				E E	mployer No. 2 signature		Date
				<u> </u>	mployer No. 3 signature		Date
	_			E	mployer No. 4 signature		Date