## Rev. 12/2012

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## State of Idaho

Ben Ysursa Secretary of State

<b>LOBBYIST</b>	REPORT	FORM
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SECRETARY OF STATE STATE OF IDAHO

To Be Filed By:

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LOBBYISTS (Sec. 67-6619)

		Type or print clear See instructions at										
Lobbyist's name and permanent business address					Da	te prepared			Period	covered		
Charissa Anne 2816 E Northwood Rd						1/27/2014				year ending		
Holla	day, UT 8 <sup>2</sup>	4117								(Mo.	) (Day)	) (Yr.)
										12	31	2013
Item 1	Total	s of all reportat	ole expenditures made of	or incurred l	by Lobb	byist or	by Lobbyi	st's Employe	er on behalf of	of Lobb	yist's Emp	loyer.
Reimb	ntegory of Exursed Personal L	xpenditure Living and Travel Lobbying Activity	*Total Amount for All Employers	Proportionate amounts  Item 3, at bottom of p				each employe	r ( <b>Identify en</b>	nployers	, under	
	o Not Have to b		r system	Employer No. 1		1	1 Employer No. 2		Employer No. 3		Employer No. 4	
Enterta Food a	inment nd Refreshm	ent	\$_\$0.00	\$_\$0.00			\$					
Living	Accommoda	tions	\$0.00	\$0.0	00							
Adverti	ising		\$0.00	\$0.0	00							
Travel			\$0.00	\$0.0	00							
Telepho	one		\$0.00	\$0.0	00			-				
Other E	Expenses or S	Services	\$0.00	\$0.0	00							
		Total	\$_\$0.00	\$_\$0.0	00		\$		S		\$	
*When t	the number of	employers you a	re reporting for requires m	ultiple L-2 fo	orms to b	be filed	a total amou	nt for all empl	overs should b	e entere	d on Page 1	
	The totals of	of each expendi	ture of more than one hi	-				_	-		_	
Item-	and membe	er(s) of their ho	usehold.					Names of Le	gislators, Publ	ic and E	xecutive Of	ficials
2	Date		Place		A	Amount and Household Members in Group						
	Continued on a	nttached page(s)				_						
INSTRUCTIONS						Iter 3		Employer(s) Name(s) and Address(es)				
<b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code					n	Johnson & Johnson Health Care System Inc						
						No. 1 2321 Camino Robledo Carlsbad CA 92009 USA						
Filing deadline: Annual report is due on January 31st.  Executive Lobbyist semi-annual report due July 31st.			31st.	No. 2								
TO BE FILED WITH:					$\vdash$							
Ben Ysursa Secretary of State						No. 3						
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282					No. 4							

<b>-</b> .	Subje	ect matter of proposed legislat	ion, the number of the Senate	E LEGISLATIVE SUBJECT IDENTIFICATION				
Item		ouse Bill, Resolution or other						
4		obbyist was supporting or op		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 t	able)	Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals	
					and sports	18	Higher education	
				03	Banking, finance, credit and	19	Housing, construction, codes	
				05	investments	20	Insurance (excluding health	
				04	Children, minors, youth,		insurance)	
				"	senior citizens	21	Labor, salaries and wages,	
				05	Church and religion		collective bargaining	
				06	Consumer affairs	22	Law enforcement, courts,	
				07	Ecology, environment, pollution,		judges, crimes, prisons	
					conservation, zoning, land and	23	License, permits	
					water use	24	Liquor	
				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	
					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,	
				16	Government, state		televisions, radio, newspaper,	
							power, CATV, gas	
						31	Other (please specify)	
				1	ERTIFICATION: I hereby certify the prrect statement in accordance with S		, 1	
	Idontif	y any rule, ratemaking decisi			Electronically signed		1/27/2014	
5	contrac	ot bid or bid process, financial obbyist was supporting or oppositions.	l services agreement or	L	obbyist signature		Date	
				Er	nployer No. 1 signature		Date	
				Er	mployer No. 2 signature		Date	
				Er	nployer No. 3 signature		Date	
				Er	nployer No. 4 signature		Date	