

## Louisiana Board of Ethics: Lobbyist Registration Form

Registration Year: 2014 Lobbying Type(s): Executive

| Demographic Information:  |   |                |                  |                       |                          |
|---|---|----------------|------------------|-----------------------|--------------------------|
| Lobbyist's Name:  | IMOTHY CLEMONS                            |                |                  | Lobbyist ID:          | LB001626                 |
| Name Change:  |   |                |                  |                       |                          |
| Address:           Street:         C/O 2350 KERNER BLVD., STE. 250           City:         SAN RAFAEL         State: California         Zip: 94901  |   |                |                  |                       | _                        |
| -   | Ext:                                      |                |                  | _ <b>Zip</b> : _94901 | _                        |
| Fax: 415-388-6874   |   | -              |                  |                       |                          |
| Employer Information:   |   |                |                  |                       |                          |
| Employer Name: N  | ovartis Vaccines and Diagnostics          |                |                  |                       |                          |
| Employer Address:   | eet: <u>c/o 2350 Kerner Blvd., Ste. 2</u> | 250            |                  |                       |                          |
| Cit   | y: San Rafael                             | s              | tate: California |                       | <b>Zip</b> : 94901       |
| Domintustion Dataile.   |   |                |                  |                       |                          |
| Registration Details:   |   |                |                  |                       |                          |
| Lobbying Type: Executive Branch Lobbying  |   |                |                  |                       |                          |
| Date of the first action which required your registration as a lobbyist:  (The date in which lobbying became part of your principal duties or the date in which you acted in a representative capacity and made and expenditure on a Legislator.) |   |                |                  |                       |                          |
| Information about persons, groups, or organizations represented:  |   |                |                  |                       |                          |
| Representative Name:  | Novartis Vaccines and Diagnos             | tics           |                  |                       |                          |
| Description: Devel  | opment of Preventative Treatment          | S              |                  |                       |                          |
| Street:   | erner Blvd., Ste. 250                     | 21.1           | 0-1:4            |                       | . 04004                  |
| City: San Rafael  Branch: Executive   | Employme                                  |                |                  |                       | ip: 94901<br>: 2/19/2013 |
| Paid by Representat   | tion: Yes Payment Cate                    |                | 24,999 or less   | End Date              |                          |
| Subject Matters:  Health care; pharmaceutical and medical devices; research; development; sales  Health care; physicians; nurse practitioners; nurses   |   |                |                  |                       |                          |
|   | Information                               | about Business | Relationships    |                       |                          |
| Not Applicable  |   |                |                  |                       |                          |

Date Submitted: 12/6/2013 Page 1 of 1 **Lobbyist ID:** LB001626