



State of Idaho

Ben Yursa
Secretary of State

LOBBYIST ANNUAL REPORT FORM

To Be Filed By:
L-2 LOBBYISTS
(Sec. 67-6619)

THIS SPACE FOR OFFICE USE ONLY

04 FEB -3 AM 10:06
SECRETARY OF STATE
STATE OF IDAHO

(Type or print clearly)
See instructions at bottom of page

Lobbyist's name and permanent business address
Mitch Silveis, Wolf Education Center
111 Main St, Room 150
Lewiston, ID 83501

Date prepared
2-3-04

Period covered
 year ending
(Mo.) (Day) (Yr.)
12 | 31 | 03

Category of Expenditure <small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activities Do Not Have to be Reported</small>	Total Expenditure	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment	\$ 0	\$	\$	\$	\$
Food and Refreshment	\$ 0	\$	\$	\$	\$
Living Accommodations	\$ 0	\$	\$	\$	\$
Advertising	\$ 0	\$	\$	\$	\$
Travel	\$ 0	\$	\$	\$	\$
Telephone	\$ 0	\$	\$	\$	\$
Office Expenses	\$ 0	\$	\$	\$	\$
Other Expenses or Services	\$ 0	\$	\$	\$	\$
Total	\$ 0	\$	\$	\$	\$

Item 2 The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.

Date	Place	Amount	Names of Legislators & Public Officials in Group

Continued on attached page(s)

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)
<p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code</p> <p>Filing deadline: Annual report is due on January 31st.</p> <p>TO BE FILED WITH:</p> <p>Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2842 Fax: (208) 334-2282</p>	No. 1	
	No. 2	
	No. 3	
	No. 4	

Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.		
	Date	Amount	Name of Legislator Receiving or Benefited

Item 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.

Subject Code (from table)	Bill, Resolution or Legislative Item	Other Number	Appropriation Bill Number and Section Number

LEGISLATIVE SUBJECT IDENTIFICATION

- | | |
|--|---|
| 01 Agriculture, horticulture, farming, and livestock | 17 Health service, medicine, drugs and controlled substances, health insurance, hospitals |
| 02 Amusements, games, athletics and sports | 18 Higher education |
| 03 Banking, finance, credit and investments | 19 Housing, construction, codes |
| 04 Children, minors, youth, senior citizens | 20 Insurance (excluding health insurance) |
| 05 Church and religion | 21 Labor, salaries and wages, collective bargaining |
| 06 Consumer affairs | 22 Law enforcement, courts, judges, crimes, prisons |
| 07 Ecology, environment, pollution, conservation, zoning, land and water use | 23 License, permits |
| 08 Education | 24 Liquor |
| 09 Elections, campaigns, voting, political parties | 25 Manufacturing, distribution and services |
| 10 Equal rights, civil rights, minority affairs | 26 Natural resources, forest and forest products, fisheries, mining and mining products |
| 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds | 27 Public lands, parks, recreation |
| 12 Government, county | 28 Social insurance, unemployment insurance, public assistance, workmen's compensation |
| 13 Government, federal | 29 Transportation, highways, streets and roads |
| 14 Government, municipal | 30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas |
| 15 Government, special districts | 31 Other (please specify) |
| 16 Government, state | |

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

Lobbyist signature: Mitch Salmer Date: 2-3-04

Employer No. 1 signature _____ Date _____

Employer No. 2 signature _____ Date _____

Employer No. 3 signature _____ Date _____

Employer No. 4 signature _____ Date _____