

### LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa  
Secretary of State

To Be Filed By:

**L-2** LOBBYISTS  
(Sec. 67-6619)

Page \_\_\_\_\_ of \_\_\_\_\_ Page(s)  
THIS SPACE FOR OFFICE USE ONLY

05 JAN 14 10:37  
STATE OF IDAHO

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

Lobbyist's name and permanent business address Thomas Bassler P.O. Box 7408 Boise, ID 83707-1408	Date prepared 1/10/05	Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) 12 31 04
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Item 1 Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	* Total Amount for All Employers	Proportional 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	\$ 0.00	\$ 85.86	\$	\$	\$
Food and Refreshment					
Living Accommodations	0.00				
Advertising	0.00				
Travel	0.00				
Telephone	0.00				
Other Expenses or Services	0.00				
<b>Total</b>	\$ 0.00	\$ 85.86	\$ 0.00	\$ 0.00	\$ 0.00

\*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.

Item 2	Date	Place	Amount	Names of Legislators & Public Officials in Group

Continued on attached page(s)

<b>INSTRUCTIONS</b>  <b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code.  <b>Filing deadline:</b> Annual report is due on January 31st.  <b>TO BE FILED WITH:</b> Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	Item 3	Employer(s) Name(s) and Address(es)
	No.1	Blue Cross of Idaho Health Service, Inc. 3000 E. Pine Ave., Meridian, ID 83642-5995
	No.2	
	No.3	
	No.4	

Item #	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 #	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 Other Legislative Ident. Number	Appropriation Bill Number and Section Number
17		S1283 H757 H808 H835	

LEGISLATIVE SUBJECT IDENTIFICATION			
Code	Subject	Code	Subject
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, officers, 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, television, radio, newspaper, power, CATV, gas
15	Government, special districts	31	Other (please specify)
16	Government, state		

Thomas B. Bauler 1/10/05  
 Lobbyist signature Date  
[Signature] 1/12/05  
 Employer No. 1 signature Date  
 \_\_\_\_\_ Date  
 Employer No. 2 signature Date  
 \_\_\_\_\_ Date  
 Employer No. 3 signature Date  
 \_\_\_\_\_ Date  
 Employer No. 4 signature Date

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