

# LOBBYIST ANNUAL REPORT FORM

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State of Idaho  
Ben Yursa  
Secretary of State

To Be Filed By:

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

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

Lobbyist's name and permanent business address <b>Mary Linda Clovis</b> 1801 N Government Way Suite 2A Coeur D Alene, ID 83814-3447	Date prepared <i>Jan 28, 2005</i>	Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) <b>12   31   05</b>
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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	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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Advertising	<i>130<sup>00</sup></i>	\$ _____	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Expenses or Services	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

\*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)

INSTRUCTIONS	Item 3 Employer(s) Name(s) and Address(es)
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.	No.1 North Idaho Farmers Association 1801 N Government Way Suite 2A Coeur D Alene, ID 83814-3447
Filing deadline: Annual report is due on January 31st.	No.2
TO BE FILED WITH:	No.3
Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2882	No.4

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 Other Legislative Ident. Number	Appropriation Bill Number and Section Number

**LEGISLATIVE SUBJECT IDENTIFICATION**

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

  
 Lobbyist signature Date

Employer No. 1 signature Date

Employer No. 2 signature Date

Employer No. 3 signature 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.