

LOBBYIST ANNUAL REPORT FORM

THIS SPACE FOR OFFICE USE ONLY



State of Idaho

Secretary of State

To Be Filed By:

L-2 LOBBYISTS (Sec. 67-6619)

04 MAR 24 PM 1:08
SECRETARY OF STATE
STATE OF IDAHO

(Type or print clearly)

See instructions at bottom of page

Lobbyist's name and permanent business address <i>James Sherman ABBE 1910 University Dr. 1953 S. Vista Boise ID Boise, ID 83705</i>	Date prepared <i>3-29-2004</i>	Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) <i>3 29 2004</i>
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Item 1 Category of Expenditure <small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small>	Total Expenditure	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	\$ <i>0</i>	\$	\$	\$	\$
Food and Refreshment	\$ <i>0</i>	\$	\$	\$	\$
Living Accommodations	\$ <i>0</i>	\$	\$	\$	\$
Advertising	\$ <i>0</i>	\$	\$	\$	\$
Travel	\$ <i>0</i>	\$	\$	\$	\$
Telephone	\$ <i>0</i>	\$	\$	\$	\$
Office Expenses	\$ <i>0</i>	\$	\$	\$	\$
Other Expenses or Services	\$ <i>0</i>	\$	\$	\$	\$
Total	\$ <i>0</i>	\$ <i>0</i>	\$ <i>0</i>	\$ <i>0</i>	\$ <i>0</i>

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

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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 <i>Boise State University Student Government</i>
Filing deadline: Annual report is due on January 31st.	No. 2 <i>1910 University Dr.</i>
TO BE FILED WITH: Ben Yearsa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	No. 3 <i>Boise, ID 83725-1335</i>
	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 Other Legislative Item Number	Appropriation Bill Number and Section Number

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, 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, ticks, fees, funds | 27 Public lands, public 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: Jana Shlauer Date: 3-24-2004

Employer No. 1 signature: [Signature] Date: 3/24/04

Employer No. 2 signature: _____ Date: _____

Employer No. 3 signature: _____ Date: _____

Employer No. 4 signature: _____ Date: _____