

State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

1.OBBYISTS (Sec. 67-6619)

			learly in black ink) at buttom of page					S	ECRETA	t(Y	UP STA	ATE
Lobbyis	i's name and p	ermanent busine	ess address			De	te pr	epared	TUME	Period o	covered	
Micha	el M. Sto	ddard, Hawl	ley Troxell Ennis &	Hawley	LLP	1					year endir	g
	Box 1617		•	•				January 28,	2005	(Mo.)	(Day)	(Yr.)
Boise	, ID 8370	1-1617								12	31	05
Item 1	Totals	of all reportab	le expenditures made or	incurred b	y Lobb	yist o	by	Lobbyist's Emple	oyer on behalf o	of Lobby	yist's Emplo	yer.
	tegory of Ex							buted by each empi	loyer (Identify et	nployer	, under	
	ed Personal Livi Pertaining to Lo	ing and Travel obbying Activity	* Total Amount for All Employers	Item 3, at	bottom	of pay	e.)					
Do	Not Have to b	e Reported	All Elliployers	Emplo	yer No.	1	E	mployer No. 2	Employer N	lo. 3	Employe	T No. 4
	inment nd Refreshr	ient	\$0.00	s		_	s _		s		\$	
Living	Accommoda	etions	0.00			_	_					
Advert	ising		0.00				_					
Travel			0.00			_	_					
Teleph	one		0.00			_	_					
Other I	expenses or	Services	0.00				_					
		Total	\$ 0.00	s	0.	00	\$_	0.00	\$	0.00	\$	0.00
4.	When the num	ber of employers	 s you are reporting for requi	 ires multiple	L-2 for	ms to b	e file	ed a total amount fo	 c all employers sh	ould be	entered on Pa	ze 1.
Item	The totals	of each expend	iture of more than fifty	dollars (\$50	0) for a	legisl	ator					
2	Date		Place		Ап	nount		Names o	Legislators & P	ublic Of	ficials in Grou	P
			None									
	Continued on	attached page(s)				70						
		INST	RUCTIONS			Ite:		En	nployer(s) Name(s) and Ac	ddress(es)	
	o shouid file 617 Idaho (ny lobbyist registered u	nder Secti	on			ho Health Fac)7 W. Jeffersc				
Füir	ng deadline	: Annual repo	ort is due on January 31	st.		No.2	5	icn Cor 185 E. F	Idaho	, LI	LC	
то	BE FILED	WITH:				_	7	05 2.1	riveside	- 51	<u>e 300</u>	
.0		В	en Y sursa			No. 3	٤	eagle,	ID 83	361	4	
			etary of State			No.3		()				
			Box 83720 ID 83720-0080			-	-				 _	
	Pho		2852 Fax: (208) 334-2	282		No.4						



-	Date	personal property to any Legislator, or for or on behalf of									
	Date	Attiount		Name of Logislator Receiving or Benefited							
		None									
			1								
			1								
		!	1								
Sub	ect matter	of proposed legislat	ion, the number of the	Sonate	LEGISLATIVE SU	RJECT	IDENTIFICATION				
or H	or House Bill, Resolution or other legislative activity in which										
the		ne supporting or of	· •		Subject		Subject				
ect Code			Appropriation Bill N	ennines 1	Agriculture, horticulture, farming, and livestock	17	Health service, medicine, drugs and controlled substances, health				
m table)	Logislat	ive Ident, Number	and Section Num	Der 02	Amusements, games, athletics		insurance, hospitals				
					and sports	18					
				03	Banking, finance, credit and investments	19 20					
	1			04		20	insurance)				
	1				senior citizens	21	,				
	1			05		22	collective bargaining Law enforcement, courts,				
					Boology, environment, pollution,	**	judges, crimes, prisons				
	1	1		1	conservation, zoning, land and	23	License, permits				
	{	ì		08	water use Education	24 25	Liquor				
	[09		23	Manufecturing, distribution and services				
					political parties	26	Natural resources, forest and				
	1			10	Equal rights, civil rights,		forest products, fisherics, mining				
	1			111	minority affairs Government, financing,	27	and mining products Public lands, parks, recreation				
	1	1		"	taxation, revenue, budget,		Social insurance, unemployment				
		1		١.,	appropriations, bids, fees, funds		insurance, public assistence,				
		1			Government, county Government, federal	29	workmen's compensation Transportation, highways,				
		i		14	Government, municipal		streets and roads				
				15		30	Utilities, communications,				
		- 1		16	Government, state		televisions, radio, newspaper, power, CATV, gas				
		- 1		1		31	Other (please specify)				
		i									
	1			Ì	20 - 1		1/2/2				
		- 1			colo- play	9-	25//25				
					Lobbyist signature		Date '				
	1	1					16.10				
	1			1		COP	20 1611				
					Employer No. 1 signature		. 1780				
					Employer No. 2 signature		Dete				
					Employer No. 3 signature		Date				