

## State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS L-3 (Sec. 67-6619)



2004 APR -8 05 PM 2: 42

		print clearly)						.0,,,,	0		
See instructions at bottom of page Lobbyist's name and permanent business address						Date prepared			Period covered		
6240	ennings Woodard Bay Road, l pia, Washington 9850			April 2, 2004			(Mo	· 1	(Yr.)		
								03	31	2004	
Item 1	Totals of all reportal	ole expenditures made or	r incurred by	y Lobbyi:	st or by	Lobbyist's Empl	oyer on bel	half of Lobl	oyist's Empl	oyer.	
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity		Total Expenditure	Item 3, at bottom of							N. 4	
Do	Not Have to be Reported		Employer No. 1		Employer No. 2		Employer No. 3		Employer No. 4		
ood ar	inment ad Refreshment	s <u>0.00</u>	\$ 0.00		\$		\$	\$ \$			
	Accommodations	0.00	0.00		-						
Adverti	sing	0.00	0.00		-						
Travel		0.00	0.00		-   -	1,341,9					
Telepho		0.00	0.00		-   -						
	Expenses	0.00	0.00		-   -						
Other E	Expenses or Services	0.00	0.00		-   -						
		0.00	0.00				+				
	Total	<b>4</b>	\$ <u>0.00</u>		_   \$ -		\$		. \$		
Item 2	The totals of each expend		dollars (\$50						Officials in Gr	0118	
	Date	Place		Amo	uni	Names	of Legislator	s & Tublic C	Afficials in Gr	oup	
N/A											
							15	OOT	T D		
							ľ	POST	tIJ		
								001			
	Continued on attached page(s	3)	•			· <del></del>					
INSTRUCTIONS					Item 3	E	Employer(s) Name(s) and Address(es)				
						nofi-Synthela	ibo				
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code  Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.					No. 1 90 Park Avenue New York, New York 10016						
					No. 2						
то	TO BE FILED WITH:										
Ben Ysursa Secretary of State					No. 3						
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282					No. 4						

Item 4	Exper	ditures	made by the lobb erty to any Legisla	yist or by the lobbyist's en ator, or for or on behalf of a	islator.	ne nature of contributions of money or other tangible or intangible or.						
*	Date		Amount		Name of Legislator Receiving or Benefited							
N/A				the school file Species		LEGISLATIVE SUB	IFCT	IDENTIFICATION				
Item	Subje	et matter	of proposed legislat	ion, the number of the Senate legislative activity in which		EEGISLATIVE SCD	JECI	IDE. VIII IOATION				
5	the L	obbyist v	was supporting or of	oposing.	Code	Subject		Subject				
Subject	t Code	Bill. R	esolution or Other	Appropriation Bill Number	01	Agriculture, horticulture,	17	Health service, medicine, drugs and controlled substances, health				
	table)		tive Ident, Number	and Section Number	02	farming, and livestock Amusements, games, athletics		insurance, hospitals				
					1 02	and sports	18	Higher education				
N/A					03	Banking, finance, credit and	19	Housing, construction, codes				
,, .					04	Children minars youth	20	Insurance (excluding health insurance)				
				ne above is a true, complete an	04 05 06 07 08 09 10 11 12 13 14 15 16	Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, municipal Government, special districts Government, state	21 22 23 24 25 26 27 28 29 30 31	Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)				

Jay Jennings: Lobbyist signature