State of Idaho

Ben Ysursa Secretary of State

LOBBYIST ANNUAL REPORT FORM

To Be Filed By:

L-2 LOBBYISTS (Sec. 67-6619)

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06 FEB - 2 PM 12: 55

SECRETARY OF STATE STATE OF IDAHO

(Type or print clear					i			
See instructions a Lobbyist's name and permanent business Control Control	s address			repared	1	1	overed year endi	ing
Borse, id 8370	E, SIE 24 E		C2	2/02/2	X6	(Mo.)	(Day)	(Ar)
Item Totals of all reportable	expenditures made or	incurred by Lobb	yist or by	Lobbyist's Empl	oyer on t	ehalf of Lobb	yist's Emplo	oyer.
Category of Expenditure Reimbursed Personal Living and Travel	* Total Amount for	'	Proportionale amounts contributed by each employer (Identify employed Item 3, at bottom of page.)					
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	All Employers	Employer No	. 1 E	Employer No. 2 E		Employer No. 3 Emplo		er No. 4
Entertainment Food and Refreshment	\$	s	s		s		s	
Living Accommodations			-					
Advertising			-					
Travel			- -				<u> </u>	
Telephone			-					
Other Expenses or Services	5.00	5.00	-					
Total	\$ <u>0.00</u>	s <u>5.00</u>	\s		\$		s	
*When the number of employers y Item The totals of each expendit							entered on Pa	ige I.
2 Date	Place	Aı	mount	Names	of Legislat	ors & Public Of	ficials in Gro	up
Continued on attached page(s)				l				
INSTRUCTIONS			Hem 3	En	nployer(s)	Name(s) and A	ddress(es)	
SV/handardd Olashia Carras Au			No.1 김	en laca	160	7 124,5ta	214	
Who should file this form: An 67-6617 Idaho Code.	y loonyist registered t	inder Section		30150,10				
Filing deadline: Annual repor	rt is due on January 31	st.	No.2					
TO BE FILED WITH:	m Veurea		<u> </u>					
Ben Ysursa Secretary of State PO Box 83720			No.3					
Boise, Il	D 83720-0080 852 Fax: (208) 334-2	282	No.4					
								Contract of the Contract of th

· -		stator, or for or on behalf of	by the lobbyist's employer in the nature of contributions of money or other tangible or intangi- for or on behalf of any legislator.						
Subject Code from table)	ect matter of proposed legisle suse Bill, Resolution or othe obbyiet was supporting or o	ation, the number of the Senate or legislative activity in which opposing. Appropriation Bill Number	Name of Legislator Receiving	BJECT IDENTIFICATION Code Subject 17 Health service, medicine, drugs and controlled substances, health insurance, hospitals 18 Higher education 19 Housing, construction, codes 20 Insurance (excluding health insurance) 21 Labor, salaries and wages, collective bargaining 22 Law enforcement, courts, judges, crimes, prisons 23 License, permits 24 Liquor 25 Manufacturing, distribution and services 26 Natural resources, forest and forest products, fisheries, mining and mining products 27 Public lands, parks, recreation 28 Social insurance, unemployment insurance, public assistance, workmen's compensation 29 Transportation, highways, streets and roads 30 Utilities, communications, televisions, radio, newspaper,					
ERTIFICATI	ON: I hereby certify that th	e above is a line, complete and	Employer No. 2 signature Employer No. 3 signature	power, CATV, gas 31 Other (please specify) 2-2-06 Date Date Date					