Ben Ysursa

Secretary of State



LOBBYIST ANNUAL REPORT FORM

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LOBBYISTS (Sec. 67-6619) PAGE OF TO AHO

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| Lubb | | permanent busine | | Date prepared | | | Per | Period covered | | | |
| Brit | on Holdawa | ay, ASBSU | Lobbyist | | i | | | year ending | | | |
| Boi | e State Un | iversity | | | . | 3/9/0 | 5 0 | (Mo.) (Day) (Yr.) | | | |
| 191 | 1910 University Drive | | | | | | `` | 3 9 2005 | | | |
| $\overline{}$ | e. ID 8372 | 5-1335 | | | L | | , | 3 3 2003 | | | |
| Item 1 | Totals | of all reportab | le expenditures made or | r incurred by L | obbyist o | or by Lobbyist's Emp | oloyer on behalf of L | obbyist's Employer. | | | |
| Reimb | ategory of Ex | penditure | * Total Amount for | Proportionate amounts contributed by each employer (Identify employers, ander Item 3, at bottom of page.) | | | | | | | |
| | a Pertaining to Le to Not Have to b | abbying Activity | All Employers | Employer | | Employer No. 2 | Employer No. 3 | Employer No. 4 | | | |
| | taiament | | 0.00 | Languages | | Europoyer No. 2 | Zanproyer ster. | ampasyer no. 4 | | | |
| | and Refreshn | tent | \$ | \$ | | \$ | _ | _ \$ | | | |
| Livi | g Accommod | ations | | | | | | | | | |
| Adv | rtising | | | | | | | | | | |
| Trav | | | | | | | | | | | |
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| ıaq | hone | | | | | · | - | -1 | | | |
| Othe | Expenses or | Services | | | | | _ | | | | |
| | | Total | \$0.00 | \$ | 0.00 | \$0.00 | \$ 0.00 | 0.00 | | | |
| | *When the nun | iber of employer | i s you are reporting for requ | tizes multiple L-2 | form t to | be filed a total amount: | j for ati emplevers should | t be entered on Page 1. | | | |
| Res | | | iture of more than fifty | | | | | | | | |
| _2 | Date | | Place | | Amoun | t. Neurse | of Logistanes & Publi | e Officials in Group | | | |
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| f | Continued on | attached page(s) | | | | ŀ | | | | | |
| | | | | | | erna . | Employer(s) Name(s) and Address(es) | | | | |
| | Circles. | INST | RUCTIONS | | 3 | | | | | | |
| Ţ | ho should fil -6617 Idaho | | ny lobbyist registered | under Section | No. | | nt Government, E 0 University Dr., | Boise State Boise, ID 83725 | | | |
| | | | and to the own the same of | 1 | | | | | | | |
| | | · · · | ort is due on January 3 | 1 26. | No. | | | | | | |
| 1 | D BE FILED | | len Ysursa | | | —————————————————————————————————————— | | | | | |
| | Secretary of State PO Box 83720 Boise, ID 83720-0086 Phone: (208) 334-2852 Fax: (208) 334-2282 | | | | No. | No.3 | | | | | |
| | | | | | No | No.4 | | | | | |
| 1 | | | | | | , <u> </u> | | | | | |

| | late | Amount | · · · · · · · · · · · · · · · · · · · | Nursa of Lagislator Receiving or Bonefited | | | | | |
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| or H | ouse Bill, i obbyist we Bill, Ro | Leschition or other is supporting or op | on, the number of the Senate legislative activity in which posing. Appropriation Bill Number and Section Number | 04 02 03 04 05 06 07 09 10 11 | Subject Agriculture, hordouliers, farming, and livestock Annecements, games, addictics and sports Benking, flaunce, credit and investments Childen, misors, youth, senior citizens Church and religion Consenter affairs Boplogy, sevinosment, pollution, conservation, zoning, land and water use Education Elections, compaigns, voting, policied parties Equal rights, civil rights, minority affa is Government, floancing, taxation, revenue, badget, appropriations, tide, face, funds Government, foderal Government, foderal Government, funcional | Code 17 19 20 21 22 23 24 25 26 27 | and controlled substances, health insurance, hospitals Higher education Heasing, nonstruction, codes Insurance (excluding health insurance) Labor, salaries and enges, collective hazgaining Law enforcement, tourts, judges, orines, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and focus products, flaberies, mining and mining products public lands, parise, recreation Social insurance, unemployment insurance, public sentimence, workness and roads Utilities, communications, steers and roads Utilities, communications, televisions, radio, newspapers, power, CATV, gas | | |
| | | - | | | Lobbyist signature Exployer No. 1 signature | fol | Sausy 3/9 | | |
| | | | | | Employer No. 2 signature | : | Date | | |
| TCAT | ON: Chen | oby certify that the | sbove is a true, complete and | | Ensployer No. 3 signature | | Date | | |