



State of Idaho
Ben Yarsa
Secretary of State

LOBBYIST ANNUAL REPORT FORM

Page _____ of _____ Pages
THIS SPACE FOR OFFICE USE ONLY

To Be Filed By:
L-2 LOBBYISTS
(Sec. 67-6619)

05 APR 19 AM 9:44
SECRETARY OF STATE
STATE OF IDAHO

Employment Terminated 2/28/05
(Type or print clearly in black ink)
See instructions at bottom of page

Lobbyist's name and permanent business address
**Roger Seiber, CapitolWest
P. O. Box 953
Boise, ID 83701**

Date prepared
2/28/05

Period covered
 year ending
(Mo.) (Day) (Yr)
2 | 28 | 05

Item	Total of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.	Category of Expenditure Required Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	* Total Amount for All Employers	Proportionate 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			\$ 0					
Food and Refreshment			\$ 0					
Living Accommodations								
Advertising								
Travel								
Telephone								
Other Expenses or Services								
Total			\$ 0		\$ 0			

*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.

Item	The total of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.	Amount	Names of Legislators & Public Officials in Group
2	Date	Place	
<p>Continued on attached page(s)</p> <p>INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code</p> <p>Filing deadline: Annual report is due on January 31st.</p> <p>TO BE FILED WITH:</p> <p>Ben Yarsa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>			

INSTRUCTIONS

From 3
Employer(s) Name(s) and Address(es)

No. 1
GTECH Corporation
55 Technology Way
West Greenwich, RI 02817

No. 2

No. 3

No. 4

Item 4 Expenditures made by the lobbyist or by the lobbyist's employer in the name of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.

Name of Legislator Receiving or Benefited

Item	Date	Amount
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 1 Bill, Resolution or Other Legislative Ident. Number and Section Number

Appropriation Bill Number

LEGISLATIVE SUBJECT IDENTIFICATION

01 Agriculture, horticulture, farming, and livestock	17 Health service, medicine, drugs and controlled substances, health insurance, hospitals
02 Amusement, games, amusements 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, crime, prisons
07 Ecology, environment, pollution, conservation, zoning, land and water use	23 License, permits
08 Education	24 Labor
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, revenues, budget, appropriations, bids, fees, funds	27 Public lands, parks, 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, television, radio, newspaper, power, CATV, gas
15 Government, special districts	31 Other (please specify)
16 Government, state	

Lobbyist signature: *Steve A. Soboy* Date: *2/28/05*

Employer No. 1 signature: *Michael Kula* Date: *3/1/05*

Employer No. 2 signature _____ Date _____

Employer No. 3 signature _____ Date _____

Employer No. 4 signature _____ Date _____

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6604 Idaho Code.