

## State of Idaho

LOBBYIST REPORT FORM MANNUAL

SEMI-ANNUAL

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Ben Ysursa Secretary of State

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Phone: (208) 334-2852 Fax: (208) 334-2282

To Be Filed By:

LOBBYISTS (Sec. 67-6619) D8 JAN 29 PM 12: 29

CRETARY OF STATE STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page SCANNED Lobbyist's name and permanent business address Date prepared Period covered MARK HENRY ESTESS
1655 North Fort Meyer DRIVE, #700 year ending ARlington, VirginiA (Day) (Mo.) (Yr.) 31 nec 2007 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure \*Total Amount for Item 3, at bottom of page.) Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity All Employers Do Not Have to be Reported Employer No. 1 Employer No. 4 Employer No. 2 Employer No. 3 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services **Total** \*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 totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials. 2 Date Names of Legislators, Public and Executive Officials in Group Amount Continued on attached page(s) Item INSTRUCTIONS Employer(s) Name(s) and Address(es) Who should file this form: Any lobbyist registered under Section No. 1 999 300 Avenue, Suite SCATTLE, WAShington 9 67-6617 Idaho Code Filing deadline: Annual report is due on January 31st. No. 2 Executive Lobbyist semi-annual report due July 31st. TO BE FILED WITH: Ben Ysursa No. 3 Secretary of State

No. 4

## OSTED

Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.					
	Date Amount		Na	Name of Legislator, Public or Executive Official Receiving or Benefiting		
NEMBELL	2/5,2007	\$1,000	L.t.	GOUERNOR JAMES	Teisch	
Item 5 Subject (from t	or House Bil the Lobbyist	l, Resolution or other was supporting or op	on, the number of the Senate legislative activity in which posing.  Appropriation Bill Number and Section Number	Code Subject O1 Agriculture, horticulture, farming, and livestock	BJECT IDENTIFICATION  Code Subject  17 Health service, medicine, drugs and controlled substances, health incompany heavitale.	
11314623590				O2 Amusements, games, athletics and sports O3 Banking, finance, credit and investments O4 Children, minors, youth, senior citizens O5 Church and religion O6 Consumer affairs O7 Ecology, environment, pollution, conservation, zoning, land and water use O8 Education O9 Elections, campaigns, voting, political parties O6 Equal rights, civil rights, minority affairs O7 Tovernment, financing, taxation, revenue, budget, appropriations, bids, fees, funds O7 Government, county O7 Government, federal O7 Government, municipal O7 Government, special districts O7 Government, state	insurance, hospitals  Higher education Housing, construction, codes Insurance (excluding health insurance)  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)	
Item 6	contract bi	ny rule, ratemaking d d or bid process, fina ist was supporting or	ncial services agreement or	CERTIFICATION: I hereby certify the correct statement in accordance with  Lobbyist signature  Employer No. 1 signature  Employer No. 2 signature  Employer No. 3 signature		
				Employer No. 4 signature	Date	