

State of Idaho

Ben Ysursa Secretary of State

LOBBYIST	REPORT	FORM
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ANNUAL	SEMI-ANNUAI

To Be Filed By:

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LOBBYISTS (Sec. 67-6619)

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		Type or print clea ee instructions a	•					J	3	THE	2015	UF ST	ATE
Lobbyis	s name and p	ermanent busines	ss address			D	ate prepare	ed			Period c	overed	
	all C. Budo Box 1391	ge									Z.	year end	ling
Pocatello, ID 83204-1391								1/20/00			(Mo.)	(Day)	(Yr.)
Focatello, 1D 63204-1391							1/30/09				12	31	08
Item								. .					1
1			ole expenditures made o										oyer.
					Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)								
Expense	es Pertaining to	Lobbying Activity	All Employers				1 -						
D	o Not Have to b	e Reported		Emplo	yer No.	1	Empl	oyer No. 2	Emp	loyer No	0. 3	Employ	er No. 4
Enterta	inment nd Refreshm	ant	0.00	•							1	¢	
			0.00	\$			\$		\$			\$	
	Accommoda	tions											
Adverti	ising		0.00							_			
Travel			0.00		_								
Telepho	one		0.00										
Other E	Expenses or S	Services	0.00										
			-	-		_			_		_		
		Total	\$ 0.00	s	0.0	0	s	0.00	\$	0	.00	\$	0.00
		20					*					<u> </u>	
*When			re reporting for requires m										
		of each expend of their housel	liture of more than seve	enty-five do	llars (\$	75) f	or a legis	lator, other h	older of	public o	office, e	xecutive	officials and
Item- 2		or their nouser							_			ecutive Off	icials
	Date	-	Place		A	mount			nd House	hold Me	mbers in	Group	
							1						
							1						
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	Continued on	attached page(s)											
		INST	TRUCTIONS			It	em 3	Er	mployer(s)	Name(s) and Ad	dress(es)	
	o should file 6617 Idaho (ny lobbyist registered u	nder Section	n	No.	1 Idaho	Ground V	Vater A	ppropr	iators,	Inc.	
Fili	ng deadline	: Annual report	t is due on January 31st.			\vdash		D 4004	D- 1		0000	1 4004	
	Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st.					No. 2 P.O. Box 1391, Pocatello, ID 83204-1391							
то	BE FILED	WITH:											
Ben Ysursa						No. 3							
	Secretary of State PO Box 83720												
	Boise, ID 83720-0080 Phone: (208) 334-2852					No. 4							

Item 4	property to any, for any or on behalf of any Legislator, Public or Executive Official or Household							Member(s).					
	<u> </u>	ate	Amount O	Name of Legis	slator, P	ublic or Executive Official and House	ehold M	ember(s) Receiving or Benefiting					
-	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.			Code 01	LEGISLATIVE SUB- Subject Agriculture, horticulture, farming, and livestock								
(from	<i>(au)e)</i>	Legisia	tive Ident. Number	and Section Number	02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Amusements, games, athletics and sports Banking, finance, credit and investments 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, federal Government, municipal Government, special districts Government, state	18 19 20 21 22 23 24 25 26 27 28 29 30	and controlled substances, health 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	contra	ct bid or l	e, ratemaking decisi bid process, financia as supporting or op	l services agreement or	- -	CERTIFICATION: 1 hereby certify the correct statement in accordance with Statement Statement of Statement Control		· •					
					_	mployer No. 1 signature		Date					
					E	mployer No. 3 signature		Date					
					\overline{E}	mployer No. 4 signature		Date					