

## State of Idaho

Ben Ysursa Secretary of State

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## LOBBYIST REPORT FORM

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To Be Filed By.

L-2 LOBBYISTS
(Sec. 67-6619)

See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered Robert H. Campbell year ending 701 5th Avenue, Ste. 7101 (Mo.) (Day) (Yr.) Seattle, WA 98104 10/8/2008 09 2008 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 0.00 0.00 0.00 0.00 0.00 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 The totals of each expenditure of more than seventy-five dollars (\$75) for a legislator, other holder of public office, executive officials and member(s) of their household. Item-Names of Legislators, Public and Executive Officials 2 Place Date Amount and Household Members in Group Continued on attached page(s) Item 3 INSTRUCTIONS Employer(s) Name(s) and Address(es) Lehman Brothers, Inc. Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code 701 5th Avenue, Ste. 7101 Seattle, WA 98104 Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. No. 2 TO BE FILED WITH: Ben Ysursa No. 3 Secretary of State PO Box 83720 Boise, ID 83720-0080 No. 4 Phone: (208) 334-2852 Fax: (208) 334-2282

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	Date	Amount	Name of Legis	Name of Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting			
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co	ontract bid or	le, ratemaking decision bid process, financial was supporting or opp	services agreement or	CERTIFICATION: I hereby certify the correct statement in accordance with S			
				Employer No. 3 signature		Date	
				Employer No. 4 signature		Date	

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## State of Idaho

Ben Ysursa Secretary of State

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LOBBYISTS (Sec. 67-6619) 09 JAN 30 PM 1: 03

STATE OF IDAHO (Type or print clearly in black ink) See instructions at bottom of page Period covered Lobbyist's name and permanent business address Date prepared Robert H. Campbell year ending 701 Fifth Avenue (Mo.) (Day) (Yt) Suite 7101 1/25/2009 Seattle, WA 98104 12 31 08 ltem Totals of all reportable expenditures made or incurred by Lobby ist or by Lobby ist's Employer on behalf of Lobby ist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure Reimbused Personal Living and Travel \*Total Amount for Item 3, at bottom of page.) Expenses Pertaining to I obbying Activity
Do Not Have to be Reported All Employers Employer No. 3 Employer No. 2 Imployer No. 3 Lumbover No. 4 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services 0.00 0.00 0.00 0.00 0.00 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 The totals of each expenditure of more than seventy-five dollars (\$75) for a legislator, other holder of public office, executive officials and member(s) of their household. Item-Names of Legislators, Public and Executive Officials 2 Amount Date Place and Household Members in Group Continued on attached page(s) ltem INSTRUCTIONS Employer(s) Name(s) and Address(es) Barclays Capital Inc. Who should file this form: Any lobby ist registered under Section 67-6617 Idaho Code 701 Fifth Ave. Ste 7101 / Seattle, WA 98104 Filing deadline: Annual report is due on January 31st. Executive Lobby ist semi-annual report due July 31st. No 2 TO BE FILLD WITH: No 3 Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 No 4 Phone: (208) 334-2852 Fax: (208) 334-2282

Item 4	proper	rty to any, for any or on	behalf of any Legislator, Put	over in the nature of contributions of mo plic or Executive Official or Household	Member(s),	nal
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Item 5	or Hos		inon, the number of the Senate regulative activity in which oposing	The state of the s	BJECT IDENTIFICATION  Code Subject	
	(able)	Bill Resolution or Other Legislative Ident, Number	Apprepriation Bill Number and Section Number	Code Subject  Agriculture, horticulture, farming and livestock  Amusements, games, arlictues and sports  Banking, finance, credit and investments  Children, minors, vouth senar citizons  Church and religion  Consumer affairs  Feology environment, pollution conservation zoung fond and water use  Education  Lections, campangus, voting political parties  In bigal rights civil rights, minority affairs  Government, financing acceptage appropriations, bids, fees, finds  Government, federal  Government, federal  Government, federal  Government, federal  Government municipal  Government municipal  Government special districts	17 Health service medicine, drugs and controlled substances, bealth insurance, hospitals 18 Higher education 19 Housing, construction codes trisorance (excluding health insurance) 21 Labor, salaries and wages, collective bargaining 22 Law enforcement, courts judges, connect, prisons 23 Leense permis 24 Lequoi 25 Manufacturing, distribution and services 26 Natural resources, forest and torest products hisbories numinical mining products 27 Public kinds, parks, recreation 28 Social insurance, unemployment fusiciance, public assistance, workmen's compensation 29 Transportation highway's streets and roads 30 Unities, communications, televisions radio newspaper power CATV, gas 31 Other (please specify)	
liem 6	contract	cany rate, ratemasing decis it bid or bid process, Bianci abborst was supporting or ny	al services auteoment or	CERTIFICATION 1 hereby certify it correct statement in accordance with 3 Laborita gunature  Employer No. 1 signature  Employer No. 2 signature  Employer No. 3 signature	01/26/09	nel •
to the transfer				Employer No. 4 signature	Dare	

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