Rev. 05/2008



## State of Idaho

Ben Ysursa Secretary of State

## LOBBYIST REPORT FORM

ANNUAL

To Be Filed By:

☐ SEMI-ANNUAL

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(Type or print cle See instructions a				<del></del>	j	) 5	IAIL	OF IDAH	U
Lobbyist's name and permanent busine				Date prepared	<del></del>		Period c	covered	
Heather Hoob 6901 W Evendest S Busse ID 83	- 107			215	(05		Į.	year endin	В
6901 W Townalds 5	TC. >0 1						(Mo.)	(Day)	(Yr.)
BUBA 1D 83	3704						12	3 (	08
Totals of all reporta	ble expenditures made o	r incurred b	y Lobbyis	t or by Lobb	yist's Emp	loyer on behalf o	f Lobby	ist's Employ	er.
Category of Expenditure  Reimbursed Personal Living and Travel  Expenses Pertaining to Lobbying Activity  All Employers			Proportionate amounts contributed by each employer (Identify employers, under item 3, at bottom of page.)			under			
Do Not Have to be Reported		Employer N		o. I Employer No. 2		Employer No. 3		Employer No. 4	
Entertainment Food and Refreshment	s	s		_ s		s		\$	
Living Accommodations									
Advertising				_					
Travel									
Telephone	. 0			_					
Other Expenses or Services	0	l							
Total	s	5(	)	s	)	s 0		sO_	
*When the number of employers you a		l I		lad a tatal ama	65 511			P 1	
The totals of each expend								•	cials and
Item- member(s) of their housel									
2 Date	Place		Amou	nt		Legislators, Public and Household Me			ls
ions									
Continued on attached page(s)									
	DUCTIONS			tem		. 1(-) 21(-)			
INSTRUCTIONS				Employer(s) Name(s) and Address(es)					
Who should file this form: An 67-6617 Idaho Code	ıy lobbyist registered un	der Section	No	11 Hca	ther	Hook	2		
Filing deadline: Annual report Executive Lob	is due on January 31st. byist semi-annual report	due July 3	lst. No	.2 Nat	iona (	MS	500	ciety	
TO BE FILED WITH:  Ben Ysursa  Secretary of State  PO Box 83720  Boise, ID 83720-0080				. 3					

No. 4

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

<b>-</b>		Amount		islator, Public or Executive Official or Household Member(s). me of Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting				
Item Subjor H	ject matter of propose louse Bill, Resolution Lobbyist was support	d legislation, the right or other legislating or opposing.	Name of Legis	lator, Public or Executive Official and Hous	BJECT Code 17  18 19 20 21 22 23 24	IDENTIFICATION  Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals		
6 contra	fy any rule, ratemakin ct bid or bid process, obbyist was supportin	financial services ng or opposing.		Government, federal Government, municipal Government, special districts Government, state  CERTIFICATION: I hereby certify the correct statement in accordance with State  Lobbyist signature  Employer No. 1 signature  Employer No. 2 signature  Employer No. 3 signature	30 31 nat the abo	Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)		
				Employer No. 4 signature		Date		