

Rev. 05/2008

LOBBYIST REPORT FORM

ANNUAL  SEMI-ANNUAL

Page 1 of 1 Page(s)  
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SECRETARY OF STATE  
STATE OF IDAHO



State of Idaho

Ben Ysursa  
Secretary of State

To Be Filed By:

**L-2** LOBBYISTS  
(Sec. 67-6619)

SC NE

(Type or print clearly in black ink)  
See instructions at bottom of page

Lobbyist's name and permanent business address	Date prepared	Period covered
Erika E. Malmen, Esq. Perkins Coie LLP 251 East Front Street, Suite 400 Boise, Idaho 83702	02/04/09	<input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) 2008

Item 1 Category of Expenditure Reimbursed 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					
Food and Refreshment	\$	\$	\$	\$	\$
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
<b>Total</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

\*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 2	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.			
	Date	Place	Amount	Names of Legislators, Public and Executive Officials and Household Members in Group

Continued on attached page(s)

INSTRUCTIONS	Item 3 Employer(s) Name(s) and Address(es)
<b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code	No. 1 Easter Seals - Goodwill Northern Rocky Mountain, Inc.
<b>Filing deadline:</b> Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st.	No. 2 4400 Central Avenue Great Falls, Montana 59405-1641
<b>TO BE FILED WITH:</b> Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	No. 3
	No. 4


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, for any or on behalf of any Legislator, Public or Executive Official or Household Member(s).		
	Date	Amount	Name of Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting

Item 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 (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number						
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%; text-align: center;">11</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">28</td> <td></td> <td></td> </tr> </table>				11			28		
11									
28									

**LEGISLATIVE SUBJECT IDENTIFICATION**

Code	Subject	Code	Subject
01	Agriculture, horticulture, farming, and livestock	17	Health service, medicine, drugs and controlled substances, health insurance, hospitals
02	Amusements, games, athletics 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, crimes, prisons
07	Ecology, environment, pollution, conservation, zoning, land and water use	23	License, permits
08	Education	24	Liquor
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, revenue, 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, televisions, radio, newspaper, power, CATV, gas
15	Government, special districts	31	Other (please specify) _____
16	Government, state		

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.


2/5/09  
 \_\_\_\_\_  
 Lobbyist signature Date

\_\_\_\_\_  
Employer No. 1 signature Date

\_\_\_\_\_  
Employer No. 2 signature Date

\_\_\_\_\_  
Employer No. 3 signature Date

\_\_\_\_\_  
Employer No. 4 signature Date

Item 6	Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing.

# ORIGINAL LOBBYIST REPORT FORM

**POSTED**



State of Idaho

ANNUAL     SEMI-ANNUAL

Ben Yursa  
Secretary of State

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

(Type or print clearly in black ink)  
See instructions at bottom of page

Lobbyist's name and permanent business address Erika E. Malmen, Esq. Perkins Coie LLP 251 East Front Street, Suite 400 Boise, Idaho 83702	Date prepared 02/04/09	Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) 2008
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<b>Item 1</b>	Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.				
Category of Expenditure Reimbursed 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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
<b>Total</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

\*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.

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		No. 2	4800 Hampden Lane, Suite 1100 Bethesda, Maryland 20814
		No. 3	
		No. 4	

<b>Item 4</b>	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, for any or on behalf of any Legislator, Public or Executive Official or Household Member(s).		
	Date	Amount	Name of Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting

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Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number
07		
11		

**LEGISLATIVE SUBJECT IDENTIFICATION**

<b>Code Subject</b>	<b>Code Subject</b>
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02 Amusements, games, athletics 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, crimes, prisons
07 Ecology, environment, pollution, conservation, zoning, land and water use	23 License, permits
08 Education	24 Liquor
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, revenue, budget, appropriations, bids, fees, funds	27 Public lands, parks, recreation
12 Government, county	28 Social insurance, unemployment insurance, public assistance, workmen's compensation
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*Ganherick* 2/5/09  
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 Lobbyist signature Date

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 Employer No. 1 signature Date

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 Employer No. 2 signature Date

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 Employer No. 4 signature Date

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