

State of Idaho

Ben Ysursa Secretary of State

LOBBYIST	REPORT FORM
ANNUAL	☐ SEMI-ANNUAL

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HIS	SPACE FOR	OFFICE	USE	ONLY

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

LOBBYISTS L-2 (Sec. 67-6619)

To Be Filed By:

2009 JAN -9 AM 8: 26

(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared HOIMAM MIL 9005, B MYL year ending AAA OREGON/IDAHU 7155 W. DENTON SI (Mo.) (Day) (Yr.) DEC 31 BOUE, 10 83704 200B Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. 1 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 All Employers Expenses Pertaining to Lobbying Activity Employer No. 4 Do Not Have to be Reported Employer No. 1 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. 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. ltem-Names of Legislators, Public and Executive Officials 2 Place Amount and Household Members in Group Date Continued on attached page(s) ltem Employer(s) Name(s) and Address(es) INSTRUCTIONS AAA OREGON/IDAHO TISS W. DENTON ST. Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code BOISE 10 83704 Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. No. 2 TO BE FILED WITH: No. 3 Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 No. 4

4	proper	rty to an	y, for any or on be	ehalf of any Legislator, Pub	egislator, Public or Executive Official or Household Member(s). Name of Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting			
Item 5	Subjector Ho	•		ion, the number of the Senate legislative activity in which posing. Appropriation Bill Number	LEGISLATIVE SUBJECT IDENTIFICATION Code Subject Code Subject 17 Health service, medicine, and controlled substances insurance, hospitals Higher education 20 Insurance (excluding hea insurance) collective bargaining 66 Consumer affairs 21 Consumer affairs 22 Law enforcement, courts judges, crimes, prisons conservation, zoning, land and water use 24 Liquor 25 Manufacturing, distributions conservations, conservation, con	ECT IDENTIFICATION Code Subject 17 Health service, medicine, drugs and controlled substances, health insurance, hospitals 18 Higher education 19 Housing, construction, codes 20 Insurance (excluding health insurance) 21 Labor, salaries and wages, collective bargaining 22 Law enforcement, courts, judges, crimes, prisons 23 License, permits 24 Liquor 25 Manufacturing, distribution and services 26 Natural resources, forest and forest products, fisheries, mining and mining products 27 Public lands, parks, recreation 28 Social insurance, unemployment insurance, public assistance, workmen's compensation 29 Transportation, highways, streets and roads 30 Utilities, communications, televisions, radio, newspaper,		
Item 6	contra	et bid or l	e, ratemaking decisi bid process, financia vas supporting or op	l services agreement or	CERTIFICATION: I hereby certify that correct statement in accordance with Secondary Steward Employer No. Vignature	, ,		
					Employer No. 2 signature Employer No. 3 signature	Date		
					Employer No. 4 signature	Date		