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LOBBYIST	REPO	RT	FORM	1
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П	CITATE ADDITION
	SEMI-ANNUAL

Page_	1	of_	$2_{Page(s)}$
THIS SP	ACE	FOR OI	FICE USE ONLY



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Ben Ysursa Secretary of State

(Type or print clearly in black ink)

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

2009 JAN -9 AM 9: 10 SECRETARY OF STATE

See instructions at bottom of page		CTATE OF STATE
Lobbyist's name and permanent business address	Date prepared	OTA Heriod ed Greff
JENNIFOR MAJOSKE 2058 N. FARWELL AVE.	12-26-08	* year ending
BORE, 10 23313		$\begin{array}{c cccc} (Mo.) & (Day) & (Yr.) \\ \hline 12 & 31 & 08 \end{array}$
Item Total City and Transfer 11		1 1 10 01 11 1 7

Category of Expenditure Reimbursed Personal Living and Travel	*Total Amount for	Proportionate amounts c Item 3, at bottom of pa	ontributed by each emplo	•	,
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	All Employers	Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment Food and Refreshment	s_ O	s_ O	\$	\$	\$
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
Total	s_ O	s_ O	s	s	\$
*When the number of employers you a	 re reporting for requires mu	 ultiple L-2 forms to be filed	 ia total amount for all er	 nployers should be enter	ed 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)

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code	No. 1	PROJECT PAJCH 2404 E. MILL PLAND BLUD. STE.
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 Secretary of State	No. 3	
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	No. 4	

m pr	<u> </u>			oyer in the nature of contributions of money or other tangible or intangible personalic or Executive Official or Household Member(s). ator, Public or Executive Official and Household Member(s) Receiving or Benefiting			
	Date	Amount	Name of Legis	lator, Public or Executive Official and House	ehold Me	ember(s) Receiving or Benefiting	
		NAF		• •• • • • •			
S	ubject matter of	f proposed legislati	on, the number of the Senate	LEGISLATIVE SUE	BJECT	IDENTIFICATION	
	ne Lobbyist was	Resolution or other is supporting or opposition or Other we Ident. Number	legislative activity in which posing. Appropriation Bill Number and Section Number	Code Subject 01 Agriculture, horticulture, farming, and livestock 02 Amusements, games, athletics and sports 03 Banking, finance, credit and investments 04 Children, minors, youth, senior citizens 05 Church and religion 06 Consumer affairs 07 Ecology, environment, pollution, conservation, zoning, land and water use 08 Education 09 Elections, campaigns, voting, political parties 10 Equal rights, civil rights, minority affairs 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds 12 Government, county 13 Government, dedral 14 Government, municipal 15 Government, special districts 16 Government, state	20 21 22 23 24 25 26 27 28 29 30 31	Subject Health service, medicine, drugs and controlled substances, healt 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, minin and mining products Public lands, parks, recreation Social insurance, unemploymer insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper. power, CATV, gas Other (please specify)	
co	ntract bid or bid	ratemaking decision of the received a rate of the rate	services agreement or	CERTIFICATION: 1 hereby certify the correct statement in accordance with S			
				Employer No. 4 signature		Date	