

State of Idaho

Ben Ysursa Secretary of State

LOBBYIST REPORT FORM ✓ ANNUAL

SEMI-ANNUAL

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To	Be	Filed	Bv.	
		1vu	1.75.	
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LOBBYISTS (Sec. 67-6619) Page 1 of 2 Page(s)
THIS SPACE FOR OFFICE USE ONLY

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SECRETARY OF STATE STATE OF IDAHO

SCANNE

	S	See instructions a	t bottom	of page						T. C. E. Back	-			
Lobbyist's name and permanent business address					Da	Date prepared Period covered								
Eddie Vandiver											year end	ing		
345 Park Ave, 26th Floor New York, NY 10154						12/18/2008				(Mo.) (Day)	(Yr.)		
									12/10/20	700		12	18	2008
Item	Total	s of all reportal	ble expe	nditures made o	r incurred	by Lobb	vist or	by I	obbyist's Emp	lover on b	ehalf o	f Lobb		
1 C	l ategory of Ex								ted by each empl					
Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity		*Total Amount for All Employers		Item 3, at bottom of		of page.)								
D	Do Not Have to be Reported		1,000		Employer No. 1			Employer No. 2		Employer No. 3		o. 3	Employer No. 4	
	inment nd Refreshm	ent	\$	0.00	\$ 15.0	29_0.01	e-	\$		\$			S	
Living	Accommoda	tions		0.00	0.0		0							
Advert	ising		0.00			0.00								
Travel				0.00		0.00								
Telepho	one			0.00	0.		0							
Other I	Expenses or S	Services		0.00		0.00	0							
			-				-							
		Total	s	0.00	s	0.00	_	S	0.00	s		0.00	\$	0.00
Item-	Item- member(s) of their household.					nount	Names of Legislators, Public and Executive Officials and Household Members in Group							
none none					no	ne	ie no			non	ne			
Continued on attached page(s)					 	Iten	+	 						
INSTRUCTIONS						3		Employer(s) Name(s) and Address(es)						
Wh	o should file 6617 Idaho C	this form: An	ıy lobbyi	ist registered un	der Sectio	on	No. 1		utsche Bank 5 Park Ave, 2					54
Fili				n January 31st. mi-annual report	t due July	31st.	No. 2							
то	BE FILED W	Be Secre	en Ysurs	State			No. 3							
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282							No. 4							

tem 4					f any Legislator, Public or Executive Official or Household Member(s). Name of Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting						
		ate	Amount	Name of Legis	lator, Public or Executive Official and House	ehold Me	ember(s) Receiving or Benefiting				
	none		none	none							
tem 5	or Ho	use Bill,	Resolution or other	on, the number of the Senate legislative activity in which	LEGISLATIVE SUE						
, , ,		•	as supporting or opp	_	Code Subject 01 Agriculture, horticulture,	Code 17	Subject Health service, medicine, drugs				
ubject from t	Code		esolution or Other	Appropriation Bill Number and Section Number	farming, and livestock	17	and controlled substances, health				
rom t	able)	Legisiai	ive Ident. Number	and Section Number	02 Amusements, games, athletics		insurance, hospitals				
nor	ne l		none	none	and sports	18	Higher education				
					03 Banking, finance, credit and	19	Housing, construction, codes				
					investments O4 Children, minors, youth,	20	Insurance (excluding health insurance)				
					senior citizens	21	Labor, salaries and wages,				
					05 Church and religion		collective bargaining				
	- 1				06 Consumer affairs	22	Law enforcement, courts,				
					07 Ecology, environment, pollution,	22	judges, crimes, prisons				
					conservation, zoning, land and water use	23 24	License, permits Liquor				
	1				08 Education	25	Manufacturing, distribution and				
					09 Elections, campaigns, voting,		services				
					political parties	26	Natural resources, forest and				
					10 Equal rights, civil rights,		forest products, fisheries, minin				
					minority affairs 11 Government, financing,	27	and mining products Public lands, parks, recreation				
					taxation, revenue, budget,	28	Social insurance, unemploymen				
	ł				appropriations, bids, fees, funds		insurance, public assistance,				
					12 Government, county	20	workmen's compensation				
					13 Government, federal 14 Government, municipal	29	Transportation, highways, streets and roads				
					15 Government, special districts	30	Utilities, communications,				
	1				16 Government, state		televisions, radio, newspaper,				
							power, CATV, gas				
						31	Other (please specify)				
6	contrac	t bid or bi	, ratemaking decision id process, financial as supporting or opp	services agreement or	CERTIFICATION: I hereby certify th correct statement in accordance with S Each Book Statement in accordance with S Lobbysist signature Employer No. 1 signature Employer No. 2 signature						
					Employer No. 3 signature		Date				
					Employer No. 4 signature		Date				