State of Idaho

Ben Ysursa Secretary of State

LOBBYIST REPORT FORM

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L-2

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

10 MM 12 AM 8: 25

(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Paul J. Deveau January 8, 2010 X year ending 2465 Overland Rd. Boise, ID 83705-3155 (Day) (Mo.) (Yr.) 12 09 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. 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 Expenses Pertaining to Lobbying Activity All Employers Employer No. 1 Do Not Have to be Reported Employer No. 2 Employer No. 3 Employer No. 4 Entertainment \$ 0.00 \$ 0.00 Food and Refreshment 0.00 0.00 Living Accommodations 0.00 0.00 Advertising 0.00 0.00 Travel 0.00 0.00 Telephone 0.00 0.00 Other Expenses or Services s 0.00 \$ 0.00 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. Item-Names of Legislators, Public and Executive Officials 2 Amount Date Place and Household Members in Group none none 0.00 none Continued on attached page(s) Item INSTRUCTIONS Employer(s) Name(s) and Address(es) Boise Project Board of Control Who should file this form: Any lobbyist registered under Section No. 1 2465 Overland Rd., Boise, ID 83705-3155 67-6617 Idaho Code

TO BE FILED WITH:

Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080

Executive Lobbyist semi-annual report due July 31st.

Filing deadline: Annual report is due on January 31st.

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

No. 3

No. 2

No. 4

Item 4		xpenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible persor roperty to any, for any or on behalf of any Legislator, Public or Executive Official or Household Member(s).				
	Date	e Amount	Name of Legis	slator, Public or Executive Official and House	ehold Me	ember(s) Receiving or Benefiting
non		0.00	none			
Item 5	or Hous	e Bill, Resolution or other	ion, the number of the Senate legislative activity in which	LEGISLATIVE SUF		
Subject (from	Code I table) L	pyist was supporting or op Bill, Resolution or Other Legislative Ident. Number none	Appropriation Bill Number and Section Number none	Code Subject Ol Agriculture, horticulture, farming, and livestock O2 Amusements, games, athletics and sports O3 Banking, finance, credit and investments O4 Children, minors, youth, senior citizens O5 Church and religion O6 Consumer affairs O7 Ecology, environment, pollution, conservation, zoning, land and water use O8 Education O9 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, federal 14 Government, municipal 15 Government, special districts 16 Government, state		Subject Health service, medicine, drugs and controlled substances, health 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, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)
6	contract hid or hid process financial convices agreement or		CERTIFICATION: I hereby certify the correct statement in accordance with S Lobbyist signature Employer No. 2 signature Employer No. 3 signature			
				Employer No. 4 signature	_	Date