

Seth B. Grigg 700 W Washington Boise, ID 83702

## State of Idaho

Ben Ysursa Secretary of State

Lobbyist's name and permanent business address

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

1	ANNUAL
·v	AUTOAL

SEMI-ANNUAL

To Be Filed By:

LOBBYISTS (Sec

Page	of	Page(s)
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c. 6	67-6619)	STAT	- OF ID	F STAT VAHO	E
	Date prepared		Period cov	vered year endir	ng
	12/16/2010		(Mo.)	(Day)	(Yr.)

Category of Expenditure Reimbursed Personal Living and Travel	*Total Amount for	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)						
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	ş0.00	s0.00	s0.00	\$	\$			
Living Accommodations	0.00	0.00	0.00					
Advertising	0.00	0.00	0.00					
Travel	0.00	0.00	0.00					
Telephone	0.00	0.00	0.00					
Other Expenses or Services	0.00	0.00	0.00					
Total	\$0.00	\$0.00	s 0.00	s0.00	<b>s</b> 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-	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.						
2	Date	Place	Amount	Names of Legislators, Public and Executive Officials and Household Members in Group			
				-			
				·			

Continued on attached page(s)					
INSTRUCTIONS		ltem 3	Employer(s) Name(s) and Address(es)		
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code		No. 1 Idaho Association of Counties PO Box 1623, Boise, ID 83701			
Filing deadline: Annual report is due on January 31st.  Executive Lobbyist semi-annual report due July 31st.		No. 2 Idaho Public Health Districts 920 Main St, Caldwell, ID 83605			
TO BE FILED WITH:  Ben Ysursa Secretary of State PO Box 83720	No	o. 3 :			
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	No	o. 4			

## Item 4 is no longer statutorily required.

	Subje	ect matter of proposed legislat	ion, the number of the Senate	Γ	LEGISLATIVE SUI	BJECT	IDENTIFICATION
Item 5	or Ho	ouse Bill, Resolution or other	legislative activity in which	1			
3	the L	obbyist was supporting or op	posing.	Cod	le Subject	Code	Subject
Subject	Codo	Bill, Resolution or Other	Appropriation Bill Number	01	•		Health service, medicine, drugs
(from		Legislative Ident. Number	and Section Number		farming, and livestock		and controlled substances, health
(Hom	taolej	Legislative Ident. Number	and Section Nutitoet	02	2.		insurance, hospitals
		0 11 1 1	ì		and sports	18	Higher education
		See attachment	l	03	•	19	Housing, construction, codes
			į	"	investments	20	Insurance (excluding health
				04			insurance)
				"	senior citizens	21	Labor, salaries and wages,
			İ	05			collective bargaining
				06	-	22	Law enforcement, courts,
				07			judges, crimes, prisons
				] "	conservation, zoning, land and	23	License, permits
					water use	24	Liquor
				08		25	Manufacturing, distribution and
				09			services
			)	"	political parties	26	Natural resources, forest and
			ł	10	•		forest products, fisheries, mining
				١.,	minority affairs		and mining products
			l	lп		27	Public lands, parks, recreation
			1	١	taxation, revenue, budget	28	Social insurance, unemployment
					appropriations, bids, fees, funds	20	insurance, public assistance,
		1	<b>\</b>	12			workmen's compensation
			1	13	•	29	Transportation, highways,
				14	•		streets and roads
			1	15	,	30	Utilities, communications,
				16	• •	20	televisions, radio, newspaper,
				١.,	300000000000000000000000000000000000000		power, CATV, gas
			Į.			31	Other (please specify)
						•	,
				İ			
				1	CERTIFICATION: I hereby certify the	nat the al	nove is a true complete and
		)			correct statement in accordance with		
		]		Ì			
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					D-11//		12/16/2010
Item		fy any rule, ratemaking decisi		i '	Lobbyist signature		Date
6		ct bid or bid process, financia	_	١.		,	
	bond I	obbyist was supporting or op	posing.	0	Janiel Bleh	ndu	rick 1-3-11
					Employer No. 1 signature	$\mathcal{I}$	/ Date * /
					$\mathcal{H}_{-}$		1/2/4
				١,	mue es 7	~~~	
				1	Employer No. 2 signature		Date
					Employer No. 3 signature		Data
					employer No. 3 signature		Date
				٠ ل	Employer No. 4 signature		Date
					3		