State of Idaho

Ben Ysursa Secretary of State

LOBBYIST	A	NNUA	L	REP	ORT	F	R	M	Į
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To Be Filed By:

LOBBYISTS (Sec. 67-6619)

Page of Page(s)
THIS SPACE FOR OFFICE USE ONLY

SEC OF STATE

OF STATE

(Type or print clearly in black ink) See instructions at bottom of page					
Lobbyist's name and permanent business address		Date pr	repared	P	eriod covered
VICKI SMITH DAHO VETERINARY MEDICAL	A55N				year ending
841 W Secluded Court	// <i>Silv</i> /	1	,	{	(Mo.) (Day) (Yr.)
KUNA, ID 83634		/	1-4-20)// L	12 31 2011
Item Totals of all reportable expenditures made o	r incurred by Lobb	pyist or by	 -		Lobbyist's Employer.
Category of Expenditure Reimbursed Personal Living and Travel * Total Amount for	Proportionate ame Item 3, at bottom		buted by each emp	loyer (Identify emp	ployers, under
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported All Employers	Employer No	. 1 E	Employer No. 2		. 3 Employer No. 4
Entertainment Food and Refreshment	\$	s _		\$	s
Living Accommodations		_			
Advertising		_			
Travel		_			_
Telephone		_			
Other Expenses or Services		_			
Total S	\$	\$ _		\$	\$
*When the number of employers you are reporting for requ	l iires multiple L-2 for	rms to be file	ed a total amount fo	l or all employers show	I ald be entered on Page 1.
Item The totals of each expenditure of more than fifty	dollars (\$50) for a	legislator			
2 Date Place	A	mount	Names	of Legislators & Pub	olic Officials in Group
Continued on attached page(s)			l 		
INSTRUCTIONS		Item 3	<u> </u>	mployer(s) Name(s)	
Who should file this form: Any lobbyist registered	under Section	No.1	1841 W	JARY ME	
67-6617 Idaho Code.		Ки	na_ID 83634		
Filing deadline: Annual report is due on January 3	No.2				
TO BE FILED WITH: Ben Ysursa Socretary of State	No.3				
Secretary of State PO Box 83720					
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-1	No 4		,		
					<u> </u>

Item 4			es made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible operty to any Legislator, or for or on behalf of any legislator.									
	Date Amount				Name of Legislator Receiving or Benefited							
item 5				tion, the number of the Senate r legislative activity in which		LEGISLATIVE SU	BJECT	IDENTIFICATION				
Subject (from	Code	Bill, Re	as supporting or of solution or Other ive Ident. Number	Appropriation Bill Number and Section Number	01 02 03 04 05 06		18 19 20 21 22	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)				
						Employer No. 1 signature Employer No. 2 signature	H —	1-4-2011 Date Date				
				above is a true, complete and 67-6624 Idaho Code.		Employer No. 3 signature		Date				
						Employer No. 4 signature		Date				

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