

State of Idaho

Ben Ysursa Secretary of State

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LOBBYIST	REPORT	FORM

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Γo	Be	Fi	led	Bv:

LOBBYISTS (Sec. 67-6619)

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

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		Type or print clea see instructions a	arly in black ink) t bottom of page							STATE	OF IDAH
Lobbyis	t's name and p	ermanent busine.	ss address		Da	te prepared			Period	covered	
Intern 412 E		siness Mach er Blvd, Suit	nines Corporation (" te 205	IBM")			7/1/2010)	(Mo.) 06		1
Item 1	Total	s of all reportal	ble expenditures made o	r incurred by L	obbyist o	by Lobbyi	st's Emplo	yer on beha	alf of Lobb	yist's En	ıployer.
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity		*Total Amount for All Employers	Proportionate amounts Item 3, at bottom of p		nts contributed by each employer (Identify employers, under of page.)						
	o Not Have to b		711 Employers	Employer No. 1		Employer No.		Employer No. 3		Employer No. 4	
Enterta Food a	inment nd Refreshme	ent	s 0.00	\$	0.00	\$		\$		\$ _	
Living	Accommoda	tions	0.00		0.00		-		_		
Adverti	ising		0.00		0.00					-	
Travel			0.00		0.00						
Telepho	one		0.00		0.00						
Other E	Expenses or S	Services	0.00		0.00						
		Total	\$ 0.00	s(0.00	s	0.00	<u></u>	0.00	s	0.00
Item-	The totals (member(s)				(\$75) for		or, other he	older of pub Legislators, F	valic office,	executive (e officials and
	Date		Place		Amount		aı	nd Household	Members in	1 Group	
	N/A	ttached page(s)									
		INST	RUCTIONS		Itei 3		Em	ployer(s) Na	me(s) and A	idress(es)
67-6	6617 Idaho C	ode Annual report	ny lobbyist registered un is due on January 31st. obyist semi-annual repor		No. 1	1 New C		siness Ma Road, Arr			tion ("IBM")
ТО	BE FILED V	B Secre	en Ysursa etary of State Box 83720		No. 3						
	Phor		ID 83720-0080 852 Fax: (208) 334-2	282	No. 4						

tem 4	proper	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or inta property to any, for any or on behalf of any Legislator, Public or Executive Official or Household Member(s).						r(s).
	Date Amount Name of Legislator, Pu N/A					ablic or Executive Official and House	chold Me	ember(s) Receiving or Benefiting
tem 5	Subjec			ion, the number of the Senate legislative activity in which		LEGISLATIVE SUE	BJECT	IDENTIFICATION
3	the Lo	bbyist w	as supporting or op	posing.	Code	Subject	Code	Subject
N/i			esolution or Other ive Ident. Number	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, municipal Government, special districts Government, state	17 18 19 20 21 22 23 24 25 26 27 28 29 30	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, mining and mining products Public lands, parks, recreation Social insurance, unemploymen insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)
6	contract	t bid or b	r, ratemaking decision id process, financia as supporting or opp	services agreement or		SERTIFICATION: I hereby certify the correct statement in accordance with Section of the control of the correct statement in accordance with Section of the correct statement in accordance with Section of the correct statement in accordance with Section of the correct statement o	Section 6	
					_	·		
					E	mployer No. 4 signature		Date