State of Idaho

Ben Ysursa Secretary of State

T.	OBBYIST	REPORT	FORM
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X ANNUAL

■ SEMI-ANNUAL

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To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619)

Date prepared

SCANNED

SECRE BY OF STATE

Lobbyist's name and permanent business address Julie Pipal 2867 E. Mudowgrass St.

(Typc or print clearly in black ink)

See instructions at bottom of page

6/6/2011

year ending (Mo.) (Day) (Yr.)

83646									12	31	2011		
ltem 1	Totals	s of all reportal	ole expenditures made	or incurred by	y Lobb	yist or b	y Lobbyist's Empl	oyer on behal	f of Lobbyis	st's Emplo	oyer.		
Category of Expenditure Reimbursed Personal Living and Travel *Total Amount for ltem 3, at bott						amounts contributed by each employer (Identify employers, under							
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported		All Employers	Employer No. 1			Employer No. 2	Employer No. 3 Employer		Employe	r No. 4			
Enterta	Entertainment												
Food and Refreshment		\$	\$		\$		_		_				
Living Accommodations				_			_			-			
Adverti	sing		`	_		-							
Travel	,					-							
Telepho	one					-							
Other E	Expenses or S	Services				-							
		Total	s_0.00			\$_		\$		\$			
*When t			re reporting for requires n								member(
ltem-	of their hou			unarea (\$100	J) 101 a	regisiau	, other holder or p	done office, c	.xccutive off	iciais and	memoer		
2	Date		Place		Amount			Names of Legislators, Public and Executive Officials and Household Members in Group					
	2									Р			
	,												
	Continued on a	ittached page(s)											
INSTRUCTIONS						Item 3	E	Employer(s) Name(s) and Address(es)					
Wh	Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code				1	No. 1	IEC of I SALO W. WI Boise, IN	threstory R	Ø . 9				
Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 3				31st.	No. 2	CHIM HILL 322 E. FR Boise I	not St.						
TO BE FILED WITH:													
Ben Ysursa Secretary of State						No. 3							
PO Box 83720													
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282						No. 4							
1	1 1101	(200) 004-2	12 (200) 551										



LEGISLATIVE SUBJECT IDENTIFICATION Subject matter of proposed legislation, the number of the Senate ltem or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing. Code Subject Code Subject Agriculture, horticulture, Health service, medicine, drugs 17 Subject Code Bill, Resolution or Other Appropriation Bill Number and controlled substances, health farming, and livestock (from table) Legislative Ident. Number and Section Number insurance, hospitals Amusements, games, athletics and sports 18 Higher education 51006 21 Banking, finance, credit and Housing, construction, codes 19 investments Insurance (excluding health 20 04 Children, minors, youth, insurance) senior citizens 21 Labor, salaries and wages, 05 Church and religion collective bargaining 06 Consumer affairs 22 Law enforcement, courts, Ecology, environment, pollution, judges, crimes, prisons conservation, zoning, land and License, permits water use 24 Liquor 08 Education 25 Manufacturing, distribution and Elections, campaigns, voting, political parties 26 Natural resources, forest and Equal rights, civil rights, forest products, fisheries, mining minority affairs and mining products Government, financing, 27 Public lands, parks, recreation taxation, revenue, budget, Social insurance, unemployment appropriations, bids, fees, funds insurance, public assistance, 12 workmen's compensation Government, county Transportation, highways, 13 Government, federal 14 Government, municipal streets and roads 15 Government, special districts Utilities, communications, Government, state televisions, radio, newspaper, power, CATV, gas Other (please specify) CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code. Identify any rule, ratemaking decision, procurement, Date Item contract bid or bid process, financial services agreement or 5 bond lobbyist was supporting or opposing. Employer No. 3 signature Date Employer No. 4 signature Date