LOBBYIST ANNUAL REPORT FORM

THIS SPACE FOR OFFICE USE ONLY



State of Idaho

Pete T. Cenarrusa Secretary of State To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619)

STATE OF IDAHO

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

Bee instructions at bottom or page		•			
Lobbyist's name and permanent business address	Date prepared	Period covered			
Geoffrey Baker					
P O Box 7777			year endi	ng	
Meridian, ID 83680-7777	March 3, 2003				
(Welldidit, 15 00000-7777	, ,	(Mo.)	(Day)	(Yr.)	
		2	28	03	
Item Totals of all reportable expenditures made or incurre	ed by Lobbyist or by Lobbyist's Employer on beha	alf of Lobbyis	t's Emplo	ver.	

Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity	Total	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)					
Do Not Have to be Reported	Expenditure	Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4		
Entertainment Food and Refreshment	\$0.00	\$0.00	\$	\$	\$		
Living Accommodations	0.00	0.00					
Advertising	0.00	0.00					
Travel	0.00	0.00	1				
Telephone	0.00	0.00					
Office Expenses	0.00	0.00					
Other Expenses or Services	0.00	0.00					
Total	s0.00	\$0.00	s 0.00	s0.00	s 0.0		

The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.

Date Place Amount Names of Legislators & Public Officials in Group

Continued on attached page(s)

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(cs)
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code	United Heritge Financial Group, Inc. No. I P O Box 7777 Meridian ID 83680-7777	
Filing deadline: Annual report is due on January 31st.	No. 2	
TO BE FILED WITH:		
Pete T. Cenarrusa Secretary of State PO Box 83720	No. 3	
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	No. 4	

Item 4	personal pro	ares made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible property to any Legislator, or for or on behalf of any legislator.						
	Date	Amount			Name of Legislator Receiving	or Bene	fited	
Item 5	or House Bill,	of proposed legislat Resolution or other	tion, the number of the Senate r legislative activity in which		LEGISLATIVE SUE			
Subject	L	vas supporting or of esolution or Other		Code 01	Subject Agriculture, horticulture,	Code 17	Subject Health service, medicine, drugs	
_(from		tive Ident. Number	Appropriation Bill Number and Section Number	02 03 04 05 06 07 08 09 10	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, federal	18 19 20 21 22 23 24 25 26	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,	
CERTIF correct s	ICATION: I he tatement in acco	reby certify that the ordance with Section	above is a true, complete and 1 67-6624 Idaho Code.	14 15 16	Government, municipal Government, special districts Government, state	30	streets and roads Utilities, communications, televisions, radio, newspaper,	
10	2 //r	1	3/3/03			31	power, CATV, gas Other (please specify)	
3	er No. 1 signatur	2 John	Date 3-3-03 (CEO Date	•				
Employe	r No. 2 signatur							
Employe	i 140. Z signatur	c	Date					
Employe	r No. 3 signatur	e	Date					
Employe	r No. 4 signatur	e	Date					

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