LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-2 LOBBYISTS (Sec. 67-6619)

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

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ECAZ BALLER BARTE STATE OF IDAMO

(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered year ending Randy Nelson 12/30/04 PO Box 1665 (Mo.) (Day) (Yr.) Boise, ID 83701 12 31 04 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Category of Expenditure Proportionate amounts contributed by each employer (Identify employers, under * Total Amount for Reimbursed Personal Living and Travel 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. 4 Employer No. 3 Entertainment 0.00 Food and Refreshment 0.00 Living Accommodations 0.00 Advertising 0.00 Travel 0.00 Telephone Other Expenses or Services 0.00 0.00 0.00 0.00 0.00 0.00 Total *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. The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. ltem Place Names of Legislators & Public Officials in Group Date Amount Continued on attached page(s) Employer(s) Name(s) and Address(es) INSTRUCTIONS No.1 Associated Taxpayers of Idaho Who should file this form: Any lobbyist registered under Section PO Box 1665, Boise, ID 83701 67-6617 Idaho Code. Filing deadline: Annual report is due on January 31st. No.2 TO BE FILED WITH: Ben Ysursa No.3 Secretary of State PO Box 83720 Boise, ID 83720-0080

No.4

Phone: (208) 334-2852 Fax: (208) 334-2282

ltem		penditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible rsonal property to any Legislator, or for or on behalf of any legislator.						
•	Date	Amount		Name of Legislator Receiving or Benefited				
ltem.			ation, the number of the Senate	Ī	LEGISLATIVE SUI	BJECT	IDENTIFICATION	
5		Bill, Resolution or other ryist was supporting or o	r legislative activity in which		Publica		Corbinat	
Subjec (from	t Code B	ill, Resolution or Other egislative Ident, Number	Appropriation Bill Number	01 02 03 04 05 06 07 08 09 10 11	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	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	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) Date Date	
CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idahe Code.					Employer No. 4 signature		Date	
				•	Employer 140. 4 signature		Date	