LOBBYIST ANNUAL REPORT FORM

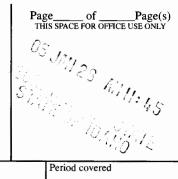


State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619)



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

Anthony J. Poinelli P. O. Box 1623, Boise, Idaho	27/05	Ex	vear endin	•	
	27/05	x year ending			
P. O. Box 1623, Boise, Idaho		(Mo.)	(Day)	(Yr.)	
		12	31	0\$4	
Item 1 Totals of all reportable expenditures made or incurred by Lobbyist or by	Lobbyist's Employer on behalf	of Lobbyis	st's Employ	yer.	
Category of Expenditure Reimbursed Personal Living and Travel * Total Amount for Item 3, at bottom of page.)	buted by each employer (Identify e	mployers,	under		
Expenses Pertaining to Lobbying Activity All Employers	mployer No. 2 Employer N	r No. 3 Employer No. 4			
Entertainment \$ \$ \$ \$ \$ \$ \$	\$		\$		
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
Total \$ 0 \$ 0 \$ 5			\$		
*When the number of employers you are reporting for requires multiple L-2 forms to be file	ed a total amount for all employers s	hould be en	tered on Pag	ge 1.	
Item The totals of each expenditure of more than fifty dollars (\$50) for a legislator 2 Date Place Amount					
2 Date Place Amount	Names of Legislators & Public Officials in Grou			p	
		40		ري. په هم د پ	
Continued on attached page(s)	I				
INSTRUCTIONS 1	Employer(s) Name(ployer(s) Name(s) and Address(es)			
I No 1	Idaho Association of Counties P. O. Box 1623, Boise, Idaho 83701				
	No.2 Idaho Public Health Districts P. O. Box 1623, Boise, ID 83701				
TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080					
Phone: (208) 334-2852 Fax: (208) 334-2282 No.4	No.4				

	Date	Amount	Name of Legislator Receiving or Benefited
em o	Subject matter of proposer House Bill, Resolution to Lobbyist was supposed Bill, Resolution	ed legislation, the number of the price of t	Senate LEGISLATIVE SUBJECT IDENTIFICATION which Code Subject Code Subject O1 Agriculture, horticulture, 17 Health service, medicine, drugs and controlled substances health
	•	fy that the above is a true, com	Employer No. 2 signature Employer No. 3 signature Date Date

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LOBBYIST ANNUAL REPORT FORM (L-2) ITEM 5 ATTACHMENT TO IDAHO ASSOCIATION OF COUNTIES REPORT FOR THE YEAR ENDING 12-31-04

H477	11	H714	07	S1215	17
H500	09	H716	11	S1218	11/17
H501	11	H722	16	S1220	17
H513	22	H729	17	S1222	07
H517	09	H730	07	S1223	07
H531	04/22	H731	17/11	S1234	22
H538	11/01	H739	11	S1235	22
H541	11	H746	15	S1254	12/07
H542	11	H754	11	S1263	22
H554	11	H756	07	S1264	24
H555	31 - Public Info	H759	15	S1281	17/04
H556	31 - Public Info	H760	07	S1283	17
H557	31 - Public Info	H761	07	S1284	11
H558	09	H781	11	S1286	29
H559	09	H782	11	S1287	29
H560	09	H783	16/17	S1288	17
H561	09	H798	31 - Pub. Info	S1289	17
H562	09	H799	11	S1292	17
H563	09	H800	11	S1293	17
H580	22			S1298	07
H581	03	HJR5	11	S1301	12/17
H586	12/15	HJR6	11	S1307	07
H588	22	HJR7	11	S1320	17
H599	11			S1343	19
H600	11	HCR42	22	S1334	17
H606	07	HCR51	17	S1384	15
H634	15	HCR52	17	S1388	29
H644	22			S1416	28
H649	19/11	H803	17	S1418	17
H650	12	H809	11/09	S1419	17
H655	29	H825	11	S1420	31
H659	17	H826	11	S1421	09
H663	16	H827	16	S1422	29
H666	01	H832	11	S1435	07
H680	07	H844	29	S1439	11
H681	07			S1447	11
H688	11			S1448	29
H692	22				
H698	17				
H701	17				