

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

ON DEC 22 12:32:04 PM '04
FAKED
STATE OF IDAHO

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

Lobbyist's name and permanent business address Toni Sutton American Diabetes Association 223 N. 6th Street Ste. 200 Boise, ID 83702	Date prepared 12-22-04	Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) 12 31 2004
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Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	* Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment	\$ 0	\$	\$	\$	\$
Food and Refreshment	0				
Living Accommodations	0				
Advertising	0				
Travel	0				
Telephone	0				
Other Expenses or Services	0				
Total	\$ 2	\$	\$	\$	\$

*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.

Item 2	Date	Place	Amount	Names of Legislators & Public Officials in Group
The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.				


Continued on attached page(s)

<p align="center">INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.</p> <p>Filing deadline: Annual report is due on January 31st.</p> <p>TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	Item 3	Employer(s) Name(s) and Address(es)
	No. 1	American Diabetes Association 223 N. 6th Street Ste 200 Boise ID 83702
	No. 2	
	No. 3	
	No. 4	

POSTED

Item #	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.		
	Date	Amount	Name of Legislator Receiving or Benefited
			none

Item #			Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.		LEGISLATIVE SUBJECT IDENTIFICATION	
Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number	Code	Subject	Code	Subject
08, 17 29, 10	S Bill	SB 1323	01	Agriculture, horticulture, farming, and livestock	17	Health services, medicine, drugs and controlled substances, health insurance, hospitals
			02	Amusements, games, athletics and sports	18	Higher education
			03	Banking, finance, credit and investments	19	Housing, construction, codes
			04	Children, minors, youth, senior citizens	20	Insurance (excluding health insurance)
			05	Church and religion	21	Labor, salaries and wages, collective bargaining
			06	Consumer affairs	22	Law enforcement, courts, judges, crimes, prisons
			07	Ecology, environment, pollution, conservation, zoning, land and water use	23	License, permits
			08	Education	24	Liquor
			09	Elections, campaigns, voting, political parties	25	Manufacturing, distribution and services
			10	Equal rights, civil rights, minority affairs	26	Natural resources, forest and forest products, fisheries, mining and mining products
			11	Government, financing, taxation, revenue, budget, appropriations, bids, leases, funds	27	Public lands, parks, recreation
			12	Government, county	28	Social insurance, unemployment insurance, public assistance, workmen's compensation
			13	Government, federal	29	Transportation, highways, streets and roads
			14	Government, municipal	30	Utilities, communications, television, radio, newspaper, power, CATV, gas
			15	Government, special districts	31	Other (please specify)
			16	Government, state		

 12-22-04
 Lobbyist signature Date

Employer No. 1 signature Date

Employer No. 2 signature Date

Employer No. 3 signature Date

Employer No. 4 signature Date

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.