LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

To Be Filed	Ву:		
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Page 1 of 2 Page(s)
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	Societaly of S	, tale						,	ratio.	43
		clearly in black ink) s at bottom of page					SECHE	TARY (OF STAT	
Lobbyist's name	and permanent busin				Date	prepared	01711	Period c	<u>UALILL</u>	
Patricia A.	Barclay					prepared			year endi	ng
	ncil on industry	& Environment			1	1-3-07		(Mo.)	(Day)	(14-1
PO Box 25	5							1 '	1	(Yr.)
Boise. Idal	0 83701		·					12	31	06
Item 1	Totals of all reportab	ole expenditures made or	r incurred l	by Lobby	yist or b	y Lobbyist's Emple	oyer on behalf	oī Lobby	ist's Emplo	yer.
Reimbursed Person Expenses Perminin	of Expenditure al Living and Travel g to Lobbying Activity	* Total Amount for All Employers	Item.3, m	t bottem	of page.					
Do VOI ER	ve to be Reported		Emplo	yer No.	<u> </u>	Employer No. 2	Employer N	Vo. 3	Employe	r No. 4
Entertainment Food and Refi		\$2,014.68	s	2.014.6	88		s		\$	
Living Accom	modations				_/ -					
Advertising					_ -					
Travel					_ _					
Telephone					_ _					
Other Expense	s or Services				- 1			- 1		
	Total	\$2,014.68	s2	2,014.6	8 s	0.00	\$	0.00	s	0.00
*When the	number of employers	i you are reporting for requi	l res multiple	L-2 form	s to be fil	ed a total amount for	r all employers sh	ould be er	ntered on Pag	ge 1.
		iture of more than fifty o	iollars (\$50	0) for a le	egislator					
2 Dat	е	Place		Amo	ount	Names o	Legislators & P	ublic Offic	ials in Group	P
1-19-06 Hillcrest Country Club \$2				\$2,01	14.68		l5 people including: House & Senate ship, House & Senate Ag Affiars			
			- 1			1	es, House &		-	
						1	s, ICIE Board			
							oom Works		-	
Continue	ed on attached page(s)		·		Item	<u>'</u>				
INSTRUCTIONS					3	Employer(s) Name(s) and Address(es)				
Who shoul 67-6617 Ida		ny lobbyist registered u	nder Sectio	on i		ho Council on Box 255, Bois			ment	
		et is due on January 3 is	SL.	,	No.2					
TO BE FIL	ED WITH:									
Ben Ysursa Secretary of State					No.3					
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282				N	No.4					

•	perso	ate	Amount			Name of Legislator Receiving	or Bene	fited
	Subjet or Ho	oct matter suse Bill, obbyist w Bill, Re	NONE	ion, the number of the Senate legislative activity in which	Code 01 02	LEGISLATIVE SUB Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics	UECT Code 17	IDENTIFICATION Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals
			NONE		03 04 05 06 07 08 09 10 11 12 13 14 15 16	sonior citizens Church and religion Consumer affairs	18 19 20 21 22 23 24 25 26 27 28 29 30	Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons Licanse, pennits Liquor Manufacturing, distribution and services Nanaral resources, forest and forest products, fisberies, 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)
ERTII	ICATI	ON: I he	reby certify that the	ebove is a true, complete and n 67-6624 lidate Cede.	İ	Employer No. 2 signature Employer No. 3 signature Employer No. 4 signature	Rae	Date Date