LOBBYIST ANNUAL REPORT FORM

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State of Idaho

Ben Ysursa
Secretary of State

To Be Filed By:

L-2 LOBBYISTS (Sec. 67-6619)

2007 JAN 25 AM 8:36

SECRETARY OF STATE
STATE OF IDAHO

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

Lobbyist's name and permanent business address	Date prepared	Period covered
DAVID RIPLEY P.O. Box 8172 BOISE, ID. 83707	January 24, 2007	☒ year ending (Mo.) (Day) (Yr.)

Item 1	Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.

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 Food and Refreshment	$ 939.62	$ _____	$ _____	$ _____	$ _____
Living Accommodations	NA				
Advertising	150.00				
Travel	0				
Telephone	0				
Other Expenses or Services	999.86				
Total	$ 2089.48	$ _____	$ _____	$ _____	$ _____

*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	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
NA			

☐ Continued on attached page(s)

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.	No.1	Idaho Chooses Life P.O. Box 8172 Boise, ID. 83707
Filing deadline: Annual report is due on January 31st.	No.2	
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.3	
	No.4	

Item 4	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
	NA		

Item 5	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.		
	Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number
		SS 1482	
		SB 1483	

LEGISLATIVE SUBJECT IDENTIFICATION

Code	Subject	Code	Subject
01	Agriculture, horticulture, farming, and livestock	17	Health service, 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
		24	Liquor
08	Education	25	Manufacturing, distribution and services
09	Elections, campaigns, voting, political parties	26	Natural resources, forest and forest products, fisheries, mining and mining products
10	Equal rights, civil rights, minority affairs		
11	Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds	27	Public lands, parks, recreation
		28	Social insurance, unemployment insurance, public assistance, workmen's compensation
12	Government, county		
13	Government, federal	29	Transportation, highways, streets and roads
14	Government, municipal		
15	Government, special districts	30	Utilities, communications, televisions, radio, newspaper, power, CATV, gas
16	Government, state		
		31	Other (please specify)_____

Lobbyist signature _____ Date Jan 24, 2007

Employer No. 1 Signature _____ Date Jan. 24 2007

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.