State of Idaho

Ben Ysursa Secretary of State

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

LODDITTOT	DEDADE	DODLE
LOBBYIST	REPORT	FORM

☐ ANNUAL

☐ SEMI-ANNUAL

age	of	Page(s)
HIS SPAC	E FOR OFFI	CE LISE ONLY

To Be Filed By:

L-2 LOBBYISTS

09 JAN 23 AM 9: 01

		L -2 (S	Sec. 67-6	6619)			73 (111)
	early in black ink) at bottom of page	L			S	ECRE. STATI	OF STATE
Lobbyist's name and permanent busin			Date	e prepared		Period o	
Routindsey 2475 N son Va							year ending
7475 N Sun 1/2	lley			1-15-2	2009	(Mo.)	(Day) (Yr.)
Engle ID 830	616						
<u> </u>	able expenditures made	or incurred by Lo	hbyiet or	hy Lahhviet's Emr	lover on behalf	of Lobby	vietle Employer
Category of Expenditure	able expellutures made (ntributed by each emp			
Reimbursed Personal Living and Travel		Item 3, at botto			noye, (Identity c	in projers,	, under
Do Not Have to be Reported	All Employers	Employer N	o. 1	Employer No. 2	Employer 1	No. 3	Employer No. 4
Entertainment	<i></i>		,				
Food and Refreshment	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$	11	\$	_ \$		\$
Living Accommodations		_ / //	7_ -		-l		
Advertising			-		_		
Travel							
Telephone							
Other Expenses or Services							
	~/						
Total	s	_		\$	- \$ -	·	\$
*When the number of employers you	are reporting for requires m	 nultiple L-2 forms t	to be filed a	a total amount for all	 employers should	be entered	i on Page 1.
	nditure of more than sev	enty-five dollars	(\$75) for	a legislator, other	holder of public	c office, o	executive officials and
Item- member(s) of their house	enoid.			Names o	of Legislators, Pub	lic and Ex	ecutive Officials
2 Date	Place		Amount		and Household M	1embers in	Group
N/A N/	11		/				
N/A N/	H	X	/ \				
		1					
Continued on attached page(s	`						
INSTRUCTIONS			Iten	n	Employer(s) Name(s) and Address(es)		
			3				
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code		No. 1					
Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st.		No. 2					
TO BE FILED WITH:							
	Ben Ysursa		No. 3				
Secretary of State PO Box 83720							
Boise, ID 83720-0080			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 person property to any, for any or on behalf of any Legislator, Public or Executive Official or Household Member(s).					
•	Date	Amount	Name of Legis	lator, Public or Executive Official and House	hold Me	mber(s) Receiving or Benefiting
	N/H	e	n/rt			
Item 5	or House Bill	, Resolution or other	on, the number of the Senate legislative activity in which			
Subject (from	table) Legisl	was supporting or opp Resolution or Other ative Ident. Number	Appropriation Bill Number and Section Number	Code Subject O1 Agriculture, horticulture, farming, and livestock O2 Amusements, games, athletics and sports O3 Banking, finance, credit and investments O4 Children, minors, youth, senior citizens O5 Church and religion O6 Consumer affairs O7 Ecology, environment, pollution, conservation, zoning, land and water use O8 Education O9 Elections, campaigns, voting, political parties 10 Equal rights, civil rights, minority affairs 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds 12 Government, county 13 Government, federal 14 Government, municipal 15 Government, special districts 16 Government, state	18 19 20 21 22 23 24 25 26	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)
Item 6	contract bid or	ile, ratemaking decision bid process, financial was supporting or opp	services agreement or	CERTIFICATION: I hereby certify the correct statement in accordance with So Lobbyist signature Employer No. 1 signature		
	₹ .`			Employer No. 2 signature Employer No. 3 signature		Date
	_			Employer No. 4 signature		Date