Rev. 05/2008



State of Idaho

Ben Ysursa Secretary of State

I ORRVICT	REPORT FORM
LODDITOL	INDI ONLI L'ONNI

☑ ANNUAL

☐ SEMI-ANNUAL

Page of Page(s)
THIS STORY

10 FEB -5 PH 1:06

To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619)

CANNED STATE OF IDAHO

	C	Type or print clea	arly in black ink)		,	SC/	HIMINED 2	HAIL UF IDAHU
		See instructions a						
Lobbyist's name and permanent business address Leith Allred 2430 N. Edgewood			Da		2 / 5 /	16	Period covered year ending (Mo.) (Day) (Yr.)	
	Eagle, I	0 836	16				_	12 31 09
Item 1	Total	s of all reporta	ble expenditures made o	or incurred by	y Lobbyist	or by Lobbyist's Emp	oloyer on behalf o	of Lobbyist's Employer.
C: Reimb		xpenditure Living and Travel Lobbying Activity	*Total Amount for All Employers		ate amounts of pa	ontributed by each emp ge.)	loyer (Identify em	pployers, under
Do Not Have to be Reported		, , , , , , , , , , , , , , , , , , , ,	Employ	er No. 1	Employer No. 2	Employer N	6.3 Employer No. 4	
	inment nd Refreshm	ent	\$	_ \$		\$	_ s	\$
Living	Accommoda	tions					_	
Advert	ising			_			_	
Travel							-	
Telepho	one							
Other I	expenses or S	Services	1504.00	4365	5.40	\$ 138.60		
· ·		Total	\$ 504.00	s 365	. 40	\$ 138.60	\$	<u> </u>
*When i	the number of	employers vou a	 re reporting for requires m	 ultiple L-2 fer	ms to be filed	l I a total amount for all o	i employers should be	e entered on Page 1.
	The totals	of each expend	liture of more than seve					office, executive officials and
Item-	member(s)	of their housel	nold.			Names o	f Legislators, Public	c and Executive Officials
2	Date		Place		Amount		and Household Me	
	Continued on a	ttached page(s)	. <u> </u>					
		INST	RUCTIONS		I te	E E	mployer(s) Name(s	and Address(es)
	o should file 6617 Idaho C		ny lobbyist registered un	ider Section	No.	TC1	in Ac	tion
Filir	ng deadline:	Annual report Executive Lob	is due on January 31st. obyist semi-annual repor	t due July 31	Ist. No.	2 The	Common	Interest
то	BE FILED W	Be Secre	en Ysursa etary of State		No.:	3		
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282				No.	4			

Item 4	Expenditures made by the lobby ist or by the lobby ist's er property to any, for any or on behalf of any Legislator,			ployer in the nature of contributions of money or other tangible or intangible personable or Executive Official or Household Member(s).				
	Date		Amount	Name of Legis	Name of Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting			
Item 5 Subject (from:	or Hou the Lo	use Bill, F abbyist wa Bill, Res Legislati		ion, the number of the Senate legislative activity in which posing. Appropriation Bill Number and Section Number	Code Subject O! 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		IDENTIFICATION 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)	
1 CIR	contract	bid or bid	ratemaking decision process, financial supporting or opp	services agreement or	CERTIFICATION: I hereby certify the correct statement in accordance with S			
					Employer No. 2 signature Employer No. 3 signature		Date	
					Employer No. 4 signature		Date	