Rev. 05/2008



State of Idaho

Ben Ysursa Secretary of State

LOBBYIST	REPORT	FORM
LODDIISI	KEIOKI	LOX

☐ SEMI-ANNUAL

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		Type or print clea lee instructions at	rly in black ink)						
Lobbyis	te name and n	crmanent hissines	is address			Date pre	pared	10	year ending (Mo.) (Day) (Yr.)
Item 1	Total	s of all reportat	ole expenditures made	or incurred	by Lobi	yist or by	obbyist's Emp	loyer on behalf of L	obbyist's Employer.
Category of Expenditure  Reimbursed Personal Living and Travel  Expenses Pertaining to Lobbying Activity  All Employers		Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)							
	o Not Have to b		An Employers	Emplo	yer No.	i E	mployer No. 2	Employer No. 3	Employer No. 4
	Entertainment Food and Refreshment		\$	_ s		s_		s	s
Living	Accommoda	tions			_	<b>-</b>			
Advert	ising		<del>-  </del> -					\	·
Travel Telepho	NH O					_ -			
	expenses or S	Services							
			PX						
		Total	s &	.  <b>s</b>	$\varnothing$	\$	8	s_ <i>\(\infty\)</i>	_ 5
*When t			re reporting for requires in	-					
		of each expend of their househ		enty-five de	llars (\$	75) for a le	gislator, other	noider of public off	ice, executive officials and
Item- 2	Date		Place		A	mount .		Legislators, Public ar and Household Memb	nd Executive Officials
	Continued on a	itached page(s)	M01	NE		1 F	-45		
			RUCTIONS	-		Item 3	E	nployer(s) Name(s) ar	nd Address(⇔)
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code			No. 1 Associations - Coverd'Afons						
Filing deadline: Annual report is due on January 31st.  Executive Lobbyist semi-annual report due July 31st.			No. 2	/2 cs Care	rd'Alex	annog Dr. 263			
TO BE FILED WITH:  Ben Ysursa  Secretary of State  PO Box 83720  Boise, ID 83720-0080  Phone: (208) 334-2852  Fax: (208) 334-7282				No. 3 No. 4			7 72 3814		

Item 4

Item 4 is no longer statutorily required.

Item Subject matter of proposed legislation, the number of the Senate	LEGISLATIVE SUBJECT IDENTIFICATION	
or House Bill, Resolution of other legislative activity in which		
the Lobbyist was supporting or opposing.	Code Subject	Code Subject
Subject Code   Bill, Resolution or Other   Appropriation Bill Number	01 Agriculture, horticulture,	17 Health service, medicine, drugs
(from table) Legislative Ident. Number and Section Number	farming, and livestock	and controlled substances, health
	02 Amusements, games, athletics	insurance, hospitals
15 HB 202	and sports	18 Higher education 19 Housing, construction, codes
	03 Banking, finance, credit and	20 Insurance (excluding health
	investments	insurance)
	04 Children, minors, youth, senior citizens	21 Labor, salaries and wages,
	05 Church and religion	collective bargaining
	06 Consumer affairs	22 Law enforcement, courts,
	07 Ecology, environment, pollution,	judges, crimes, prisons
	conservation, zoning, land and	23 License, permits
	water use	24 Liquor
	08 Education	25 Manufacturing, distribution and
	09 Elections, campaigns, voting,	services
	political parties	26 Natural resources, forest and
	10 Equal rights, civil rights,	forest products, fisheries, mining
	minority affairs	and mining products
	<ol> <li>Government, financing.</li> </ol>	27 Public lands, parks, recreation
	taxation, revenue, budget,	28 Social insurance, unemployment
	appropriations, bids, fees, funds	insurance, public assistance,
	12 Government, county	workmen's compensation
	13 Government, federal	29 Transportation, highways.
	14 Government, municipal	streets and roads
	15 Government, special districts	<ol><li>Utilities, communications,</li></ol>
	16 Government, state	televisions, radio, newspaper,
		power, CATV, gas
		31 Other (please specify)
	CERTIFICATION: I hereby certify the	hat the above is a true, complete and
	correct statement in accordance with S	Section 67-6674 Idaho Code
	Correct statement in absorbance with	Section Create Identic Code.
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Item Identify any rule, ratemaking decision, procurement,	Lobbyist signature	Date
contract bid or bid process, financial services agreement or	2000) 15, 0-3,	Date
bond lobbyist was supporting or opposing.		
	Paralleres No. 1 signature	Dete
N.I.A-	Employer No. 1 signature	Date
17/11		
l	Employer No. 2 signature	Date
	Employer 140, 2 signature	Date
	Employer No. 3 signature	Date
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	Employer No. 4 signature	Date