Rev. 06/2006



## State of Idaho

LOBBYIST	REPORT FORM			
⊠ ANNUAL	☐ SEMI-ANNUAL			

Page	of	Page(s
THIS SP	ACE FOR OFFIC	E USE ONLY

Ben Ysursa Secretary of State

> PO Box 83720 Boise, ID 83720-0080

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

To Be Filed By: LOBBYISTS (Sec. 67-6619)

10 JAN -5 AM 11:38

SEULL .... U. STATE

(Type or print clearly in bla						STAT	TE OF I	DAHO	
See instructions at bottom Lobbyist's name and permanent business addres	***************************************	Date prepared			Period covered    X   year ending				
P.O. box 7899 Boise, Deplo			15	1/31/0	() ]	(Mo.)	(Day)	(Yr.)	
83707						N Ge.	31	200 C	
1 Totals of all reportable expen								yer.	
		Proportionate ame Item 3, at botton	nounts contributed by each employer (Identify employers, under n of page.)						
Do Not Have to be Reported		Employer No.	1 1	Employer No. 2	Employ	er No. 3	Employer	No. 4	
Entertainment Food and Refreshment \$ \frac{1}{2}		\$	\$_	\$			\$		
Living Accommodations			_						
Advertising									
Travel	<del>\</del>		_   _						
Telephone	<del></del>								
Other Expenses or Services	1		_						
Total \$	<u> </u>	\$	\$		\$		\$		
*When the number of employers you are repo	etina for requires	multiple I O For	40 ha 63	ad a total amous	for all own	louare should	ha anturad	on Poss I	
Item The totals of each expenditure of m								on rage 1.	
2	lace		mount	Names of Legis				in Group	
The second secon	The same of the sa								
Continued on attached page(s)		1							
INSTRUCTIONS				Employer(s) Name(s) and Address(es)					
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code			901/0 Vansing & Fortinger 17500. No. 1 7.0, box 7899 Bolse, Sd. 83707						
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  Secretary of State									

No. 4

Hem 4 Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contrib personal property to any Legislator, Public or Executive Official or for or on behalf of any lo					egislator, Public or Executive Official.				
	Date	Amount	Nan	Name of Legislator, Public or Executive Official Receiving or Benefiting					
Item			on, the number of the Senate legislative activity in which	LEGISLATIVE SUB	JECT IDENTIFICATION				
5 Subject (from	the Lobbyist w	vas supporting or op		Code Subject  Ol 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	Code Subject  17 Health service, medicine, drugs and controlled substances, health insurance, hospitals  18 Higher education  19 Housing, construction, codes  20 Insurance (excluding health insurance)  21 Labor, salaries and wages, collective bargaining  22 Law enforcement, courts, judges, crimes, prisons  23 License, permits  24 Liquor  25 Manufacturing, distribution and services  26 Natural resources, forest and forest products, fisheries, mining and mining products  27 Public lands, parks, recreation  28 Social insurance, unemployment insurance, public assistance, workmen's compensation  29 Transportation, highways, streets and roads  30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas  31 Other (please specify)				
Item 6	contract bid		ecision, procurement, ncial services agreement or opposing.	CERTIFICATION: I hereby certify the correct statement in accordance with S  Lobbyist signature  Employer No. 1 signature	Section 67-6624 Idaho Code.    3   3   0 9     Date				
				Employer No. 2 signature	Date				
	•			Employer No. 3 signature	Date				
				Employer No. 4 signature	Date				