Rev. 05/	/2008	State of Idal	LOBBYIST REPORT FORM ANNUAL SEMI-ANNUAL						τι	Page of Page(s) THIS SPACE FOR OFFICE USE ONLY			
		Ben Ysursa Secretary of S	•	To Be Filed	LO	BBY1 c. 67-				Č	EUNCH	19 PM	STAT
		(Type or print clea See instructions at	bottom of page										AIIU
Bernard F. "Toy" Smith 339 Monroe Way Twin Falls, ID 83301						Jan. 12,2010			010	_	1 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 Re-mbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity			*Total Amount for All Employers		Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)								
	Do Not Have to be Reported			Emplo	Employer No. I		l Employer No. 2		Employer No. 3		Employer No. 4		
Enterta Food at	inment nd Refresh	nment	\$0.00	s0.0		00	D ss_		\$			\$	
Living Accommodations			0.00	0.0									
Advertising			0.00	0.0									
Travel Telepho	vne		0.00	0.0									
-		or Services	0.00		0.0								
		Total	s0.00	\$	0.0	00	\$	0.00	\$	0.00	\$	0.00	
*When t	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. The totals of each expenditure of more than seventy-five dollars (\$75) for a legislator, other holder of public office, executive officials and member(s) of their household.												
2	Date		Place		Λ					Public and Executive Officials I Members in Group			
Continued on attached page(s)													
INSTRUCTIONS							Item Employer(s) Name(s) and Address(es)						
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code						No. 1 Northwest Dairy Association 1130 Rainier Ave S., Seattle, WA 98124-1377							
Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st.						No. 2	2						
TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720						No. 3	3						
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282						No. 4							

Item 4

Item 4 is no longer statutorily required.

Item			ion, the number of the Senate	LEGISLATIVE SUBJECT IDENTIFICATION						
5		or House Bill, Resolution or other legislative activity in which		1						
	the Lob	obyist was supporting or opp	osing.	Code	Subject	Code	Subject			
Subject	Code	Bill, Resolution or Other	Appropriation Bill Number) OL	Agriculture, horticulture.	17	Health service, medicine, drugs			
(from t	table)	Legislative Ident. Number	and Section Number		farming, and livestock		and controlled substances, health			
				02	Amusements, games, athletics		insurance, hospitals			
01	1			6.7	and sports	18	Higher education			
07				03	Banking, finance, credit and	19	Housing, construction, codes			
	1				investments	20	Insurance (excluding health			
29	9			04	Children, minors, youth,	21	insurance)			
				05	senior citizens	21	Labor, salaries and wages, collective bargaining			
	ì			06	Church and religion Consumer affairs	22	Law enforcement, courts,			
				07	Ecology, environment, pollution,		judges, crimes, prisons			
)			() ,	conservation, zoning, land and	23	License, permits			
	1			E	water use	24	Liquor			
				80	Education	25	Manufacturing, distribution and			
				09	Elections, campaigns, voting,		services			
	h			"	political parties	26	Natural resources, forest and			
				10	Equal rights, civil rights,		forest products, fisheries, mining			
	1			1	minority affairs		and mining products			
				-11	Government, financing,	27	Public lands, parks, recreation			
	ì				taxation, revenue, budget,	28	Social insurance, unemployment			
				ŀ	appropriations, bids, fees, funds		insurance, public assistance,			
				12	Government, county		workmen's compensation			
				13	Government, federal	29	Transportation, highways,			
	ļ			14	Government, municipal		streets and roads			
				15	Government, special districts	30	Utilities, communications,			
	ļ			16	Government, state		televisions, radio, newspaper,			
	1			1		٠.	power, CATV, gas			
				Į		31	Other (please specify)			
	i			l _						
	l			C	ERTIFICATION. 1 hereby certify th	at the ah	nove is a true complete and			
					rrect statement in accordance with S					
	Į.									
				-						
	- 1			1			ı İ			
					32TVAXX 4. Du	$\leq \sim$	1/12/2010			
Item Identify any rule, ratemaking decision, procurement,					obbyist signature		Date			
6	contract	bid or bid process, financial	I services agreement or	"	Jobby ist signature	/	Date			
	bond lob	byist was supporting or opp	oosing.] =			1/12/2010 1/12/2010			
		-			- July ju					
				l En	nployer No. I signature		Date			
				Į.						
				G.,	nployer No. 2 signature		Date			
				En	nployer No. 2 Signature		Dat			
				En	nployer No. 3 signature		Date			
				En	nployer No. 4 signature		Date			