

## State of Idaho

Ben Ysursa Secretary of State

LOI	RRVIST	REPORT	FORM

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To Be Filed By:

L-2

**LOBBYISTS** (Sec. 67-6619)

10 DEC 30 AM 11: 13 SECTION OF STATE STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page Date prepared Lobbyist's name and permanent business address Period covered yeár ending Randy Nelson PO Box 1665 (Day) (Yr.) (Mo.) 12/29/10 Boise, ID 83701 12 31 2010 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure \*Total Amount for Item 3, at bottom of page.) Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity All Employers Employer No. 4 Employer No. 1 Do Not Have to be Reported Employer No. 2 Employer No. 3 Entertainment 0.00 0.00 Food and Refreshment 0.00 0.00 Living Accommodations 0.00 0.00 Advertising 0.00 0.00 Travel 0.00 0.00 Telephone 0.00 0.00 Other Expenses or Services 0.00 0.00 0.00 0.00 0.00 Total \*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. Item-Names of Legislators, Public and Executive Officials 2 Date Place Amount and Household Members in Group Continued on attached page(s) Item Employer(s) Name(s) and Address(es) INSTRUCTIONS No. 1 Randy Nelson Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code Filing deadline: Annual report is due on January 31st. Associated Taxpayers of Idaho Executive Lobbyist semi-annual report due July 31st. PO Box 1665 TO BE FILED WITH: No. 3 Boise, ID 83701 Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080

No. 4

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

## Item 4 is no longer statutorily required.

ltem	Item Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which		LEGISLATIVE SUBJECT IDENTIFICATION				
5	the L	obbyist was supporting or op	posing.		Subject		Subject Health service, medicine, drugs
Subject (from		Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11	Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state	17  18 19 20 21 22 23 24 25 26  27 28  29 30	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	contra	y any rule, ratemaking deciss ct bid or bid process, financia obbyist was supporting or op	Il services agreement or	- H	CERTIFICATION: I hereby certify the correct statement in accordance with substituting the control of the control of the correct statement in accordance with substituting the control of the correct statement in accordance with substituting the correct statement in		
				$\overline{E}$	mployer No. 4 signature		Date