Rev 11/2011



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LOBBYIST REPORT FORM

☐ SEMI-ANNUAL



State of
Ben Y: Secretary

sursa of State

> PO Box 83720 Boise, ID 83720-0080

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

fo Be Tilet By 11 FEB - 9 PM 5 153 - 8 PM 3: 19 LOBBYISTS L-2 (Sec. 67-65ED KILLARY DESTATERY U. STATE STATE OF IDAHOTE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered year ending Bruce Newcomb Boise State University 2/3/2011 (Ma) (Day) (Yr.) 1910 University Drive 12 31 10 Boise ID 83725-1000 Item Totals of all reportable expenditures inade 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 Do Not Have to be Reported Employer No 1 Employer No 2 Employer No. 3 Employer No. 4 Entertainment 72.00 Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services 72.00 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 one hundred (\$100) for a legislator, office of public office, executive officials and member(s) of their household. Item-Names of Legislators, Public and Executive Officials 2 Place Date Amount and Household Members in Group Continued on attached page(s) ltem 3 INSTRUCTIONS Employer(s) Name(s) and Address(es) Who should file this form: Any lobbyist registered under Section Boise State University 67-6617 Idaho Code 1910 University Drive Filing deadline: Amual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. No 2 TO BE FILED WITH. No 3 Ben Ysursa Secretary of State

No. 4

Subject matter of proposed legislation, the number of the Senate			LEGISLATIVE SUBJECT IDENTIFICATION			
a or He	ouse Bril, Resolution or other	-				
the L	obhyist was supporting or op	posing.		Subject		Subject
6 1 0 . 1	T DO Desilation of Office	Appropriation Bill Number	01	Agriculture, horticulture,	17	Health service, medicine, drugs
Subject Code	Resolution or Other	and Section Number		farming, and livestock		and controlled substances, health
(from table)	Legislative Ident Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals
20				and sports	18	Higher education
80			03	Banking, finance, credit and	(1)	Housing, construction, codes
18			.	investments	20	Insurance (excluding health
			04	Children, minors, youth,		insurance)
	ţ .			senior citizens	21	Labor, salaries and wages,
	1		05	Church and religion	22	collective bargaining
			0.6	Consumer affairs	22	Law enforcement, courts.
			07	Ecology, environment, pollution,	23	judges, crimes, prisons License, pennits
				conservation, zoning, land and water use	23	Liquor
			08	Education	25	Manufacturing, distribution and
			(19	Elections, campaigns, voting,		services
			(19	political parties	26	Natural resources, forest and
			10	Equal rights, civil rights,	20	forest products, fisheries, mining
			10	minority affairs		and mining products
			11	Government, financing,	27	Public lands, parks, recreation
			١.,	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	30	Utilities, communications.
			16	Government, state	-	televisions, radio, newspaper,
						power, CATV, gas
					31	Other (please specify)
5 contrac	y any rule, ratemaking decision at bid or bid process, financial abbyist was supporting or opp	services agreement or	La Em	ERFIFICATION: Thereby certify the recel statement in accordance with Subbyist signature. Apployer No. 1 signature. Apployer No. 2 signature.		
			En	iployer No. 4 signature		Date