

LOBBYIST REPORT FORM



State of Idaho

ANNUAL SEMI-ANNUAL

Ben Yursa
Secretary of State

To Be Filed By:
L-2 LOBBYISTS
(Sec. 67-6619)

12 JAN 10 AM 8:39

SECRETARY OF STATE
STATE OF IDAHO

(Type or print clearly in black ink)
See instructions at bottom of page

Lobbyist's name and permanent business address JIM MANION AAA OREGON/IDAHO 7155 W. DENTON ST. BOISE, ID 83704	Date prepared JAN 6, 2012	Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) DEC 31 2011
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Item 1 Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	*Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment	\$ 0	\$ 0	\$	\$	\$
Food and Refreshment	\$ 0	\$ 0	\$	\$	\$
Living Accommodations	\$	\$	\$	\$	\$
Advertising	\$	\$	\$	\$	\$
Travel	\$	\$	\$	\$	\$
Telephone	\$	\$	\$	\$	\$
Other Expenses or Services	\$	\$	\$	\$	\$
Total	\$ 0	\$ 0	\$	\$	\$

*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.

Item 2	Date	Place	Amount	Names of Legislators, Public and Executive Officials and Household Members in Group
The totals of each expenditure of more than one hundred (\$100) for a legislator, other holder of public office, executive officials and member(s) of their household.				

Continued on attached page(s)

INSTRUCTIONS	Item 3 Employer(s) Name(s) and Address(es)
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code	No. 1 AAA OREGON/IDAHO 7155 W. DENTON ST. BOISE, ID 83704
Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st.	No. 2
TO BE FILED WITH: Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	No. 3
	No. 4

Item 4	Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.		
Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number	

LEGISLATIVE SUBJECT IDENTIFICATION

Code	Subject	Code	Subject
01	Agriculture, horticulture, farming, and livestock	17	Health service, medicine, drugs and controlled substances, health insurance, hospitals
02	Amusements, games, athletics and sports	18	Higher education
03	Banking, finance, credit and investments	19	Housing, construction, codes
04	Children, minors, youth, senior citizens	20	Insurance (excluding health insurance)
05	Church and religion	21	Labor, salaries and wages, collective bargaining
06	Consumer affairs	22	Law enforcement, courts, judges, crimes, prisons
07	Ecology, environment, pollution, conservation, zoning, land and water use	23	License, permits
08	Education	24	Liquor
09	Elections, campaigns, voting, political parties	25	Manufacturing, distribution and services
10	Equal rights, civil rights, minority affairs	26	Natural resources, forest and forest products, fisheries, mining and mining products
11	Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds	27	Public lands, parks, recreation
12	Government, county	28	Social insurance, unemployment insurance, public assistance, workmen's compensation
13	Government, federal	29	Transportation, highways, streets and roads
14	Government, municipal	30	Utilities, communications, televisions, radio, newspaper, power, CATV, gas
15	Government, special districts	31	Other (please specify) _____
16	Government, state		

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

Jim Janner 1/6/12

Item 5	Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing.

Lobbyist signature _____ Date 1/6/12
 Employer No. 1 signature _____ Date _____
 Employer No. 2 signature _____ Date _____
 Employer No. 3 signature _____ Date _____
 Employer No. 4 signature _____ Date _____