



State of Idaho  
Ben Yursa  
Secretary of State

**LOBBYIST ANNUAL REPORT FORM**

THIS SPACE FOR OFFICE USE ONLY

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

2004 JAN 21 PM 2:12  
STATE OF IDAHO

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

|   |                                 |   |
|---|---------------------------------|---|
| Lobbyist's name and permanent business address<br><b>James Williams<br/>1295 State Street<br/>Springfield, MA 01111</b> | Date prepared<br><b>1/15/04</b> | Period covered<br><input checked="" type="checkbox"/> year ending<br>(Mo.) (Day) (Yr.)<br><b>12 31 03</b> |
|---|---------------------------------|---|

| <b>Item 1</b>  | Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. |   |                |                |                |
|--|--|---|----------------|----------------|----------------|
| Category of Expenditure<br>Reimbursed Personal Living and Travel<br>Expenses Pertaining to Lobbying Activity<br>Do Not Have to be Reported | Total<br>Expenditure   | 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  | \$ 0.00  | \$  | \$             | \$             | \$             |
| Food and Refreshment   | 0.00   |   |                |                |                |
| Living Accommodations  | 0.00   |   |                |                |                |
| Advertising  | 0.00   |   |                |                |                |
| Travel   | 0.00   |   |                |                |                |
| Telephone  | 0.00   |   |                |                |                |
| Office Expenses  | 0.00   |   |                |                |                |
| Other Expenses or Services   | 0.00   |   |                |                |                |
| <b>Total</b>   | <b>\$ 0.00</b>   | <b>\$ 0.00</b>  | <b>\$ 0.00</b> | <b>\$ 0.00</b> | <b>\$ 0.00</b> |

| <b>Item 2</b> | The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. |        |  |  |
|---------------|---|--------|--|--|
| Date          | Place   | Amount | Names of Legislators & Public Officials in Group |  |
|               |   | 0.00   |  |  |

**POSTED**

Continued on attached page(s)

|   |               |  |
|---|---------------|--|
| <p align="center"><b>INSTRUCTIONS</b></p> <p><b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code</p> <p><b>Filing deadline:</b> Annual report is due on January 31st.</p> <p><b>TO BE FILED WITH:</b><br/>Ben Yursa<br/>Secretary of State<br/>PO Box 83720<br/>Boise, ID 83720-0080<br/>Phone: (208) 334-2852 Fax: (208) 334-2282</p> | <b>Item 3</b> | Employer(s) Name(s) and Address(es)  |
|   | No. 1         | Massachusetts Mutual Life Insurance Company<br>1295 State St., Springfield, MA 01111 |
|   | No. 2         |  |
|   | No. 3         |  |
|   | No. 4         |  |

|           |   |        |   |
|-----------|---|--------|---|
| Item<br>4 | Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator. |        |   |
|           | Date  | Amount | Name of Legislator Receiving or Benefited |
|           |   | 0.00   |   |

|           |  |   |  |
|-----------|--|---|--|
| Item<br>5 | 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 |
|           | 11, 20   | None  | None   |

**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   |      |  |

*Kenneth S. Cohon* 1/15/09  
 Kenneth S. Cohon  
 Senior Vice President

Employer No. 1 signature \_\_\_\_\_ Date  
 Massachusetts Mutual Life Ins. Co.

Employer No. 2 signature \_\_\_\_\_ Date  
 1295 State Street

Employer No. 3 signature \_\_\_\_\_ Date  
 Springfield, MA. 01111

Employer No. 4 signature \_\_\_\_\_ Date

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

*Jean R. Walker* 1/15/04  
 Lobbyist signature \_\_\_\_\_ Date