

# LOBBYIST ANNUAL REPORT FORM

Page \_\_\_\_\_ of \_\_\_\_\_ Page(s)  
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**State of Idaho**  
Ben Yursa  
Secretary of State

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

2005 JAN 12 09:36  
STATE OF IDAHO

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

Lobbyist's name and permanent business address <b>Mike O'Bleness</b> 555 West 25th Street Idaho Falls, ID 83402	Date prepared  <p style="text-align: center; font-size: 1.2em;">01/04/05</p>	Period covered <input checked="" type="checkbox"/> year ending <table style="width: 100%; text-align: center;"> <tr> <td>(Mo.)</td> <td>(Day)</td> <td>(Yr.)</td> </tr> <tr> <td>12</td> <td>31</td> <td>04</td> </tr> </table>	(Mo.)	(Day)	(Yr.)	12	31	04
(Mo.)	(Day)	(Yr.)						
12	31	04						

<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 <small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small>	* 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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
Total	\$ 00	\$ _____	\$ _____	\$ _____	\$ _____

\*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.

<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
	None			

Continued on attached page(s)

<b>INSTRUCTIONS</b>	<b>Item 3</b>	Employer(s) Name(s) and Address(es)
<b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code.  <b>Filing deadline:</b> Annual report is due on January 31st.  <b>TO BE FILED WITH:</b> Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	No.1	Development Workshop, Inc. 555 West 25th Street Idaho Falls, ID 83402
	No.2	
	No.3	POSTED
	No.4	

Item 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
			None

Item 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
11/31		S1410 S1425

**LEGISLATIVE SUBJECT IDENTIFICATION**

- |                                                                                       |                                                                                           |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 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                                                      | ⑬ Other (please specify) _____                                                            |
| 16 Government, state                                                                  |                                                                                           |

Community Rehabilitation Program

*[Signature]* 1/04/05  
 Lobbyist signature Date

*[Signature]* 1/07/05  
 Employer No. 1 signature Date

\_\_\_\_\_  
 Employer No. 2 signature Date

\_\_\_\_\_  
 Employer No. 3 signature Date

\_\_\_\_\_  
 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.