## LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

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

To Be Filed By:

LOBBYISTS (Sec. 67-6619)  $\begin{array}{c} \textbf{Page} \underline{\hspace{0.3cm}} \text{ of } \underline{\hspace{0.3cm}} \textbf{Page}(s) \\ \textbf{THIS SPACE FOR OFFICE USE ONLY} \end{array}$ 

2006 JAH 30 AH 9: 39

			learly in black ink) at bottom of page					HALL		
	name and pe	ermanent busine	ess address		Dat	e prepared		Period co	overed	
Ded Pischwer 10 Box 7 Coens d'Alone Idaho 8381						1-12-0	6	year ending		
(	O Box	1 4 4 6	me Idaho	83816				(Mo.)	(Day)	(Yr.)
Item 1	Totals	of all reportab	le expenditures made o	r incurred by Lot	obyist or	by Lobbyist's Empl	loyer on beha	alf of Lobbyi	st's Employ	yer.
Categ Reimbursed F	gory of Exp Personal Livin	oenditure ng and Travel	* Total Amount for	Proportionate an		ntributed by each emp	oloyer ( <b>Identif</b>	y employers,	under	
Expenses Pertaining to Lobbying Activity  Do Not Have to be Reported			All Employers	Employer N		Employer No. 2	Employer No. 3		Employer No. 4	
Entertains Food and	ment Refreshme	ent	\$	\$		s	\$		\$	
Living Accommodations				1309	*					
Advertisii	ng									
Travel			13500	/35	-06					
Telephone	e		<b>5</b> 3 00		? =					
Other Exp	penses or S	Services	1528		25					
		Total	s 3/3 75	\$ 3/3	75	§	\$		\$	
*Wh	en the numb	per of employers	you are reporting for requ	ires multiple L-2 fo	orms to be	filed a total amount for	 or all employe	rs should be en	ntered on Pag	e 1.
		of each expend	iture of more than fifty							
2	Date		Place		Amount	Names	of Legislators	& Public Offic	cials in Grou	p
							POST	ED		
Co	ntinued on a	attached page(s)		· · · · · · · · · · · · · · · · · · ·	Item	E.	mployer(s) Na	ma(s) and Add	lracc(an)	
INSTRUCTIONS										
	should file 17 Idaho C		ny lobbyist registered	under Section	No.1	lo Box	on lun 7400 d' Al	we, I	dako	838/
Filing	deadline:	Annual repo	ort is due on January 3	1st.	No.2					
TO BE	E FILED W									
Ben Ysursa Secretary of State PO Box 83720					No.3					
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282										

Item	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.										
4	Date Amount		Name of Legislator Receiving or Benefited								
	Date	Amount			Name of Legislator Receiving	or bene	nieu				
Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which			LEGISLATIVE SUBJECT IDENTIFICATION								
,	the Lobbyist	was supporting or o	pposing.	Code	Subject	Code	Subject				
Subject	Code Bill,	Resolution or Other	Appropriation Bill Number	01	Agriculture, horticulture,	17	Health service, medicine, drugs				
(from		Resolution or Other lative Ident, Number	and Section Number		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	18 19 20 21 22 23 24 25 26 27 28	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,				
			above is a true, complete and n 67-6624 Idaho Code.		Employer No. 2 signature  Employer No. 3 signature	31 Li	Date  Date  Date  Date				
					Employer No. 4 signature		Date				