

SCANNED

LOBBYIST MONTHLY REPORT FORM

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State of Idaho
Ben Yursa
Secretary of State

To Be Filed By:

L-3 LOBBYISTS
(Sec. 67-6619)

05 APR 12 PM 3:16

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: C.A. "Skip" Smyser Connolly & Smyser, Ctd. 134 S. 5th St. Boise, ID 83702
Date prepared: 4/8/2005
Period covered: 03 month ending (Mo.) (Day) (Yr.) 03 31 2005

Table with 6 columns: Category of Expenditure, Total Amount for All Employers, and Proportionate amounts contributed by each employer (Employer No. 1-4). Rows include Entertainment, Food and Refreshment, Living Accommodations, Advertising, Travel, Telephone, and Other Expenses or Services.

\*When the number of employers you are reporting for requires multiple L-3 forms to be filed a total amount for all employers should be entered on Page 1.

Table with 4 columns: Date, Place, Amount, Names of Legislators & Public Officials in Group. Item 2: The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.

Continued on attached page(s)

INSTRUCTIONS section containing filing rules and a list of employers: Phillip Morris USA, Inc.; Kraft Foods Global, Inc.; Idaho Trucking Association; Coeur d'Alene Mines Corporation.



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Lobbyist's name and permanent business address C.A. "Skip" Smyser Connolly & Smyser, Ctd. 134 S. 5th St. Boise, ID 83702	Date prepared 4/8/2005	Period covered <input type="checkbox"/> month ending (Mo.) (Day) (Yr.) 03   31   2005
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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. 5	Employer No. 6	Employer No. 7	Employer No. 8
Entertainment	\$ SEE PAGE	\$ 242.34	\$	\$	\$
Food and Refreshment					
Living Accommodations	ONE				
Advertising					
Travel					
Telephone					
Other Expenses or Services					
<b>Total</b>	\$	\$ 242.34	\$ 0.00	\$ 0.00	\$ 0.00

\*When the number of employers you are reporting for requires multiple L-3 forms to be filed a total amount for all employers should be entered on Page 1.

Item 2	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	

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> Monthly reports due within ten (10) days of the month for activities of the past month.</p> <p><b>TO BE FILED WITH:</b> Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	Item 3	Employer(s) Name(s) and Address(es)
	No. 5	Corrections Corporation of America 10 Burton Hills Blvd. Nashville, TN 37215
	No. 6	Idaho Power Company 1221 W. Idaho Boise, ID 83702
	No. 7	Idaho Marriage and Family Therapists P.O. Box 6973 Boise, ID 83707
	No. 8	Idaho Ski Areas Association 134 S. 5th St. Boise, ID 83702



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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. 9	Employer No. 10	Employer No. 11	Employer No. 12
Entertainment	\$ SEE PAGE	\$ 147.74	\$ _____	\$ _____	\$ _____
Food and Refreshment	ONE	_____	_____	_____	_____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
<b>Total</b>	\$ _____	\$ 147.74	\$ 0.00	\$ 0.00	\$ 0.00

\*When the number of employers you are reporting for requires multiple L-3 forms to be filed a total amount for all employers should be entered on Page 1.

Item 2	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	

Continued on attached page(s)

INSTRUCTIONS	Item 3 Employer(s) Name(s) and Address(es)
<p><b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code.</p> <p><b>Filing deadline:</b> Monthly reports due within ten (10) days of the month for activities of the past month.</p> <p><b>TO BE FILED WITH:</b> Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	No. 9 Idaho State Dental Association 1220 W. Hays Boise, ID 83702
	No. 10 Merck & Company 6930 Boardwalk Dr. Granite Bay, CA 95746
	No. 11 Miller Brewing Co. 3939 W. Highland Blvd. Milwaukee, WI 53208
	No. 12 Idaho Lodging and Resaturant Association 134 S. 5th St. Boise. ID 83702



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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. /3	Employer No. /4	Employer No. /5	Employer No. /6
Entertainment	\$ SEE PAGE	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	ONE	_____	_____	_____	_____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
<b>Total</b>	\$ _____	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

\*When the number of employers you are reporting for requires multiple L-3 forms to be filed a total amount for all employers should be entered on Page 1.

Item 2	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	

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> Monthly reports due within ten (10) days of the month for activities of the past month.</p> <p><b>TO BE FILED WITH:</b> Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	Item 3	Employer(s) Name(s) and Address(es)
	No. /3	Greater Boise Auditorium District P.O. Box 1400 Boise, ID 83701
	No. /4	Lexis Nexis 701 East Water St. Charlottesville, VA 22902
	No. /5	Cingular Wireless 617 Eastlake Ave. East Seattle, WA 98109
	No. /6	Education Networks of America 1101 McGavock St. Nashville. TN 37203



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Lobbyist's name and permanent business address C.A. "Skip" Smyser Connolly & Smyser, Ctd. 134 S. 5th St. Boise, ID 83702	Date prepared 4/13/2005	Period covered <input type="checkbox"/> month ending (Mo.) (Day) (Yr.) 03   31   2005
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<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 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	\$ _____	\$ _____	\$ 168.40	\$ _____	\$ _____
Food and Refreshment	_____	_____	_____	_____	_____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
Total	\$ 0.00	\$ 0.00	\$ 168.40	\$ 0.00	\$ 0.00

\*When the number of employers you are reporting for requires multiple L-3 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	

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> Monthly reports due within ten (10) days of the month for activities of the past month.</p> <p>TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	<b>Item 3</b>	Employer(s) Name(s) and Address(es)
	No.1	Qualifacts Systems 102 Woodmont Ste. #450 Nashville, TN 37205
	No.2	MedPointe Healthcare, Inc. 265 Davidson Ave. Ste. #300 Somerset, NJ 08873
	No.3	Idaho Ambulatory Surgery Care Association P.O. Box 2668 Boise, ID 83701
	No.4	Cottonwood Financial 17295 Chesterfield Airport Rd. Chesterfield, MO 63005

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<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 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	\$ _____	\$ 73.40	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Expenses or Services	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total</b>	\$ 0.00	\$ 73.40	\$ 0.00	\$ 0.00	\$ 0.00

\*When the number of employers you are reporting for requires multiple L-3 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

Continued on attached page(s)

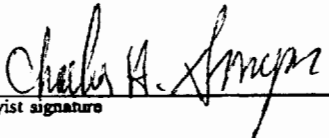
<b>INSTRUCTIONS</b>  <b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code.  <b>Filing deadline:</b> Monthly reports due within ten (10) days of the month for activities of the past month.  <b>TO BE FILED WITH:</b> Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>Item 3</b></td> <td style="text-align: center;">Employer(s) Name(s) and Address(es)</td> </tr> <tr> <td style="text-align: center;">No.1</td> <td>SunCor Idaho, LLC 485 E. Riverside Dr. Ste. #300 Eagle, ID 83616</td> </tr> <tr> <td style="text-align: center;">No.2</td> <td> </td> </tr> <tr> <td style="text-align: center;">No.3</td> <td> </td> </tr> <tr> <td style="text-align: center;">No.4</td> <td> </td> </tr> </table>	<b>Item 3</b>	Employer(s) Name(s) and Address(es)	No.1	SunCor Idaho, LLC 485 E. Riverside Dr. Ste. #300 Eagle, ID 83616	No.2		No.3		No.4	
<b>Item 3</b>	Employer(s) Name(s) and Address(es)										
No.1	SunCor Idaho, LLC 485 E. Riverside Dr. Ste. #300 Eagle, ID 83616										
No.2											
No.3											
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

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	

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.


12 Apr 05  
 Lobbyist signature Date