Rev. 06/2006



State of Idaho

Ben Ysursa Secretary of State

LOBBYIST	ANNITAT.	REPORT	FORM
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To Be Filed I	By:
L-2	LOBBYISTS

POSTED

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			VIAIL	OF IDAH
	BCANNED			HAU
Lobbyist's name and permanent business address	Date prepared	Period co	vered	
Brian Judy SSS Capital Mall # 425	2.20.67	(Mo.)	year endî (Day)	ng (Yr.) I
Sacramento, CA 95814	(.	13	31	2006
Item Totals of all reportable expenditures made or incurred by	y Lobbyist or by Lobbyist's Employer on bel	half of Lobbyis	at's Emplo	yer.

Category of Expenditure Reimbursed Personal Living and Travel	*Total Amount for	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)					
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	All Employers	Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4		
Entertainment Food and Refreshment	5 511.17	درالک ه	s	\$	s		
Living Accommodations	122.10	122.10					
Advertising							
Travel	<u> 501.102</u>	<u> 5 ما . ما ما ک</u>					
Telephone	0						
Other Expenses or Services	68.93	48.93					
Total	\$ 1,268.82	s 1 269.92	s_0	s 0	s -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.

ltem	The totals	ne totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.					
2	Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group			
	ontinued on a	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 5	Jational Rifle Assn. Scapital Mall , # 1025, Sacramento, CA
Filing deadline: Annual report is due on January 31st. Executive Lobbist semi-annual report due July 31st.	No. 2	•
TO BE FILED WITH: Ben Ysursa Secretary of State	No. 3	
PO Box 83720 Boise, 1D 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	No. 4	

4 person	nal property to any Le	gislator, Public or Executive O	fficial o	r in the nature of contributions or for or on behalf of any Legislate	or, Pub	lic or Executive Official.
Da	ate Amou	int Nai	me of L	egislator, Public or Executive Offic	cial Rec	ceiving or Benefiting
or Hou the Lo		ier Appropriation Bill Number	Code 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budgel, appropriations, bids, fees, funds Government, county Government, federal Government, municipal	Code 17 18 19 20 21 22 23 24 25 26 27 28	Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals
6 cont		ng decision, procurement, financial services agreement or g or opposing.	Lu Lu En	DERTIFICATION: I hereby certify the street statement in accordance with Supplying the signature apployer No. 2 signature	at the at the ection (7/21 (07) Date Date Date
			1 42.	aployer No. 3 signature		Date

ARA