## Rev. 06/2006

## State of Idaho

Ben Ysursa Secretary of State

> PO Box 83720 Boise, ID 83720-0080

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

LOBBYIST ANNU.	AL REPORT FORM
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To Be Filed By:

**LOBBYISTS** (Sec. 67-6619)

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SECRETARY STATE OF	UF STAT	E

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Page(s)

Semi-Annual Annual (Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered Randall C. Budge year ending Racine, Olson, Nye, budge & Bailey, Chtd. 12/7/08 (Mo.) (Day) (Yr.) P.O. Box 1391 12 31 07 Pocatello, Idaho 83204-1391 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure \*Total Amount for Item 3, at bottom of page.) Reimbursed Personal Living and Travel All Employers Expenses Pertaining to Lobbying Activity Employer No. 1 Employer No. 4 Do Not Have to be Reported Employer No. 2 Employer No. 3 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services 0.00 0.00 0.00 0.00 0.00 Total \*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. Item The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials. Names of Legislators, Public and Executive Officials in Group 2 Date Place Amount -0-Continued on attached page(s) Item Employer(s) Name(s) and Address(es) INSTRUCTIONS Idaho Ground Water Appropriators, Inc. Who should file this form: Any lobbyist registered under Section No. 1 67-6617 Idaho Code P.O. Box 1391, Pocatello, Idaho 83204-1391 Filing deadline: Annual report is due on January 31st. Executive Lobbist semi-annual report due July 31st. TO BE FILED WITH: No. 3 Ben Ysursa Secretary of State

No. 4

Item 4	Exper	ditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible nal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.						
	D	ate	Amount	Nan	Name of Legislator, Public or Executive Official Receiving or Benefiting			
Item 5	or Ho	use Bill,		ion, the number of the Senate legislative activity in which oposing.	Code	LEGISLATIVE SUBJ		IDENTIFICATION Subject
Subject (from	Code	Bill, Ro	.,	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Agriculture, horticulture. 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 Government, federal Government, municipal Government, special districts Government, state	17  18 19 20 21 22 23 24 25 26  27 28  30	Health service, medicine, drugs 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, power, CATV, gas Other (please specify)
Item 6	con	tract bid	rule, ratemaking dor bid process, final was supporting or	lecision, procurement, ancial services agreement or opposing.	L Er	ERTIFICATION: I hereby certify that orrect statement in accordance with Selection of the Se	t the abortion (	Date  Date  Date
					Et	nployer No. 4 signature		Date