

# LOBBYIST ANNUAL REPORT FORM



**State of Idaho**  
  
Ben Yursa  
Secretary of State

To Be Filed By:

**L-2** LOBBYISTS  
(Sec. 67-6619)

08 JAN 30 PM 4:48  
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  Phil Reberger SULLIVAN & REBERGER PO BOX 1703 BOISE ID 83701	Date prepared  <p style="font-size: 2em; text-align: center;">1/15/08</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>07</td> </tr> </table>	(Mo.)	(Day)	(Yr.)	12	31	07
(Mo.)	(Day)	(Yr.)						
12	31	07						

Item 1	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	\$ <del>0</del>	\$ <del>0</del>	\$ <del>0</del>	\$ <del>0</del>	\$ <del>0</del>
Food and Refreshment	\$ <del>0</del>	\$ <del>0</del>	\$ <del>0</del>	\$ <del>0</del>	\$ <del>0</del>
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
<b>Total</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

\*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.

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 style="text-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> Annual report is due on January 31st.</p> <p><b>TO BE FILED WITH:</b></p> <p style="text-align: center;">Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Item 3</th> <th>Employer(s) Name(s) and Address(es)</th> </tr> </thead> <tbody> <tr> <td>No.1</td> <td>ADVANTAGE WORKER COMPENSATION PO Box 571918, SLC, UT 84157</td> </tr> <tr> <td>No.2</td> <td>ASSOCIATED GENERAL CONTRACTORS 110 N. 27th, Boise, ID 83702</td> </tr> <tr> <td>No.3</td> <td>CHM2-WG IDAHO LLC. PO Box 1625, Idaho Falls, ID 83415</td> </tr> <tr> <td>No.4</td> <td>CLEAR SPRINGS FOODS, INC. PO Box 712. Buhl. ID 83316</td> </tr> </tbody> </table>	Item 3	Employer(s) Name(s) and Address(es)	No.1	ADVANTAGE WORKER COMPENSATION PO Box 571918, SLC, UT 84157	No.2	ASSOCIATED GENERAL CONTRACTORS 110 N. 27th, Boise, ID 83702	No.3	CHM2-WG IDAHO LLC. PO Box 1625, Idaho Falls, ID 83415	No.4	CLEAR SPRINGS FOODS, INC. PO Box 712. Buhl. ID 83316
Item 3	Employer(s) Name(s) and Address(es)										
No.1	ADVANTAGE WORKER COMPENSATION PO Box 571918, SLC, UT 84157										
No.2	ASSOCIATED GENERAL CONTRACTORS 110 N. 27th, Boise, ID 83702										
No.3	CHM2-WG IDAHO LLC. PO Box 1625, Idaho Falls, ID 83415										
No.4	CLEAR SPRINGS FOODS, INC. PO Box 712. Buhl. ID 83316										

# LOBBYIST ANNUAL REPORT FORM



**State of Idaho**  
  
Ben Yursa  
Secretary of State

To Be Filed By:

**L-2** LOBBYISTS  
(Sec. 67-6619)

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

Lobbyist's name and permanent business address  Phil Reberger SULLIVAN & REBERGER PO Box 1703 Boise ID 83701	Date prepared  <p style="font-size: 1.5em; text-align: center;">1/15/08</p>	Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) 12   31   07
---	---	--

<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. <u>5</u>	Employer No. <u>6</u>	Employer No. <u>7</u>	Employer No. <u>8</u>
Entertainment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Food and Refreshment					
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
<b>Total</b>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

\*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

Continued on attached page(s)

<b>INSTRUCTIONS</b>  Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.  Filing deadline: Annual report is due on January 31st.  TO BE FILED WITH: <p style="text-align: center;">Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	<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;"><u>5</u></td> <td>CORRECTIONAL MEDICAL SERVICES 12647 Olive Blvd., St. Louis, MO 63131</td> </tr> <tr> <td style="text-align: center;"><u>6</u></td> <td>FMC Corporation 1101 Pennsylvania #325, Washington DC 20004</td> </tr> <tr> <td style="text-align: center;"><u>7</u></td> <td>GHS Data Management 45 Commerce Dr - Ste 5, Augusta, ME 04332-1090</td> </tr> <tr> <td style="text-align: center;"><u>8</u></td> <td>HOSPITAL CORPORATION OF AMERICA One Park Plaza, Nashville, TN 37203</td> </tr> </table>	<b>Item 3</b>	Employer(s) Name(s) and Address(es)	<u>5</u>	CORRECTIONAL MEDICAL SERVICES 12647 Olive Blvd., St. Louis, MO 63131	<u>6</u>	FMC Corporation 1101 Pennsylvania #325, Washington DC 20004	<u>7</u>	GHS Data Management 45 Commerce Dr - Ste 5, Augusta, ME 04332-1090	<u>8</u>	HOSPITAL CORPORATION OF AMERICA One Park Plaza, Nashville, TN 37203
<b>Item 3</b>	Employer(s) Name(s) and Address(es)										
<u>5</u>	CORRECTIONAL MEDICAL SERVICES 12647 Olive Blvd., St. Louis, MO 63131										
<u>6</u>	FMC Corporation 1101 Pennsylvania #325, Washington DC 20004										
<u>7</u>	GHS Data Management 45 Commerce Dr - Ste 5, Augusta, ME 04332-1090										
<u>8</u>	HOSPITAL CORPORATION OF AMERICA One Park Plaza, Nashville, TN 37203										

# LOBBYIST ANNUAL REPORT FORM



**State of Idaho**  
Ben Ysursa  
Secretary of State

To Be Filed By:

**L-2 LOBBYISTS**  
(Sec. 67-6619)

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

Lobbyist's name and permanent business address  PHIL REBERGER SULLIVAN & REBERGER PO Box 1703 Boise ID 83701	Date prepared  <p style="font-size: 1.5em; text-align: center;">11/15/08</p>	Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) 12   31   07
---	--	--

**Item 1** 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 <u>9</u>	Employer No. <u>10</u>	Employer No <u>11</u>	Employer No <u>12</u>
Entertainment	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Expenses or Services	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total</b>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

\*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 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)
<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 Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	9. 10. 11. 12.	JACKSON OIL CO. 3450 Commercial Court, Meridian, ID 83642  Thomson Medstat 777 E. Eisenhower, Ann Arbor, MI 48108  WASHINGTON GROUP INT'L 2345 Crystal Drive - Ste 708, Arlington, VA 22202

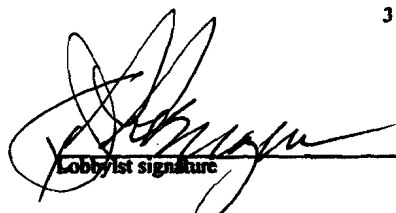
Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.		
	Date	Amount	Name of Legislator Receiving or Benefited

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**

- |  |   |
|--|---|
| 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   |   |

 1/22/08  
 Lobbyist signature \_\_\_\_\_ Date \_\_\_\_\_  
 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.