

State of Idaho

Ben Ysursa

Boise, ID 83720-0080

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LOBBYIST ANNUAL REPORT FORM

To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page__ ___of_ _Page(s) THIS SPACE FOR OFFICE USE ONLY

VIII	Secretary of S	tate					Z00	9 JAN 22	AM 10: 01	
			 Innual		 emi-Annu	al				
	(Type or print clear See instructions a						St	CRETARY STATE OF	OF STATE	
Lobbyis	t's name and permanent busine			Date p	repared		Period	covered	164 1 0	
Da	r Olberdia	JES .		(Jan 09				year ending		
Er	mett Id. 8	53617					(Mo.) (Day)	(Yr.)	
ltem 1	Totals of all reportal	ble expenditures made or	r incurred by Lob	byist or by	Lobbyist's Empl	oyer on beh	alf of Lobb	yist's Employ	er.	
Ca	ategory of Expenditure	*Total Amount for	1 '		outed by each empl	oyer (Identi	ify employer	rs, under		
Expense	ursed Personal Living and Travel es Pertaining to Lobbying Activity o Not Have to be Reported	All Employers	Item 3, at botton Employer No.		Employer No. 2	Employ	rer No. 3	No. 3 Employer No. 4		
Enterta		\$525.00	\$ 25 ?			\$ C	2110.3	\$		
	Accommodations									
Adverti										
Travel	-									
Telepho	one	45,00	45,0	45,00						
Other Expenses or Services 4114 72			414.72							
	Total the number of employers you			ms to be fil	ed a total amount		loyers should		n Page 1.	
Item 2	The totals of each expend Date	Place		mount	Names of Legis				n Group	
	Continued on attached page(s)									
		RUCTIONS		Item 3	En	nployer(s) Na	ame(s) and A	ddress(es)		
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code					No. 1 B2/West State Bour Id. 83700					
Fili	ng deadline: Annual repor Executive Lo	rt is due on January 31st obbist semi-annual repor		No. 2	Boras I	J. &	3707	caso Ho		
ТО		en Ysursa etary of State	No.3 219 legia Way SW STE 201							
		Box 83720 ID 83720-0080	No. 4	019	1200	93	8501-	1087		

No. 4

Item 4				by ist or by the lobby ist's employer in the nature of contributions of money or other tangible or intangible ator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.							
4					me of Legislator, Public or Executive Official Receiving or Benefiting						
	Subje	ect matter	of proposed legislat	ion, the number of the Senate		LEGISLATIVE SUI	DIECT	IDENTIFICATION			
Item 5	Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which			LEGISLATIVE SOI	MECI	IDENTIFICATION					
Subject (from	t Code	Bill, Re	୩ ଡ ଅ	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	20 21 22 23 24 25 26 27 28 29 30 31	Subject 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			or bid process, fina	g decision, procurement, financial services agreement or or opposing.		CERTIFICATION: I hereby certify the correct statement in accordance with a cobbyist signature cobbyist signature complex No. 1 signature complex No. 2 sistature complex No. 2 sistature complex No. 3 signature complex No. 3	nat the at	pove is a true, complete and			

Employer No. 4 signature

Date