State of Idaho

Ben Ysursa Secretary of State

> PO Box 83720 Boise, ID 83720-0080

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

LOBBYIST REPORT FORM

☐ ANNUAL

☐ SEMI-ANNUAL

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THIS SPAC	E FOR OFFI	CE USE ONLY



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LOBBYISTS (Sec. 67-6619)

- 2009 JAH - 7 AM 8: 44 - CEORETARY OF STATE

	S	ee instructions a	urly in black ink) t bottom of page					SECRE	TARY UF STITUTE OF IDAHO		
Lobbyist's name and permanent business address Dede Shelton AARP Idaho 3080 E. Gentry way sw Meridian, ID. 83643				ite 109	S	Date pi	<i> 8</i>	(N	Mo.) (Day) (Yr.)		
Item 1	Total	s of all reportal	ole expenditures made or	r incurred by	y Lobb	yist or by	Lobbyist's Empl	oyer on behalf of Lo	bbyist's Employer.		
Category of Expenditure Reimbursed Personal Living and Travel			*Total Amount for	Proportiona Item 3, at b			outed by each emplo	by each employer (Identify employers, under			
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 Living Accommodations Advertising		sO	s		\$ 		\$	\$			
Travel											
Telephone					_ -						
Other Expenses or Services				<u>D</u> _	_ _						
		Total	s	s(5_	\$_		s	s		
*When t			re reporting for requires mu								
Item-		of each expend of their housel		nty-five dol	lars (\$7	75) for a !	legislator, other h	older of public offic	ce, executive officials and		
2	Date				An	nount		d Executive Officials rs in Group			
	Continued on a	ttached 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	1 3080 E. Gentry Way Suite 100 meridian TD. 83642					
Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st.					1st.	No. 2	·	·			
TO BE FILED WITH: Ben Ysursa Secretary of State						No. 3					

No. 4

Item				ist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal ehalf of any Legislator, Public or Executive Official or Household Member(s).								
					Name of Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting							
Item 5 Subject	Subje or Ho the Lo	ct matter use Bill, obbyist w	Resolution or other as supporting or opp	on, the number of the Senate legislative activity in which		LEGISLATIVE SUE Subject Agriculture, horticulture, farming, and livestock	зјест					
·.	table)_			and Section Number	02	Amusements, games, athletics		insurance, hospitals				
1(03			304 1 3 80		03	and sports Banking, finance, credit and investments Children, minors, youth,	18 19 20	Higher education Housing, construction, codes Insurance (excluding health insurance)				
03 0 l / l	l	HHH	1380 517 4 530 588		05 06 07 08 09 10 11 12 13 14 15 16	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	21 22 23 24 25 26 27 28 29 30	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)				
	Identif	v anv rule	ratemaking decision	on procurement	-	CERTIFICATION: I hereby certify the correct statement in accordance with S						
Item 6 Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing.		-	obbyist signature		Date / /							
					E	mployer No. 1 signature		Date				
					E	imployer No. 2 signature		Date				
					E	imployer No. 3 signature		Date				
					E	Employer No. 4 signature		Date				