

State of Idaho

Ben Ysursa Secretary of State

Boise, ID 83720-0080

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

LOBBYIST REPORT FORM

☐ SEMI-ANNUAL

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To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619)

39 JAN -5 AN 8: 56

(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared VICKI SMITH year ending IDAHO VETERINARY MEDICAL ASSN 1341 W Secluded (+). 1-2-09 (Day) (Mo.) (Yr.) Kung 10 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. I 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 Expenses Pertaining to Lobbying Activity All Employers Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Employer No. 4 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services 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. The totals of each expenditure of more than seventy-five dollars (\$75) for a legislator, other holder of public office, executive officials and member(s) of their household. Item-Names of Legislators, Public and Executive Officials 2 Place Date Amount and Household Members in Group Continued on attached page(s) Item INSTRUCTIONS Employer(s) Name(s) and Address(es) VETERINARY MEDICAL ASSN. Who should file this form: Any lobbyist registered under Section 1841 W SECLUDED CT. 67-6617 Idaho Code KUNA ID 83634 Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. No. 2 TO BE FILED WITH: No. 3 Ben Ysursa Secretary of State PO Box 83720

No. 4

proper	rty to any, for	any or on be	half of any Legislator, Pub	oyer in the nature of contributions of money or other tangible or intangible personal blic or Executive Official or Household Member(s).
Subject or Hou		porting or oppon or Other	on, the number of the Senate legislative activity in which	LEGISLATIVE SUBJECT IDENTIFICATION Code Subject Code Agriculture, horticulture, farming, and livestock and sports 18 Higher education 24 Housing, construction, codes investments 20 Insurance, lospitals insurance, order didner, minors, youth, senior citizens 21 Labor, salaries and wages, collective bargaining 06 Consumer affairs 22 Law enforcement, courts, judges, crimes, prisons 23 License, permits 24 Liquor 25 Manufacturing, distribution and services appropriations, bids, fees, funds 19 Housing, construction, codes insurance) state of the consumer affairs 22 Law enforcement, courts, judges, crimes, prisons 23 License, permits 24 Liquor 25 Manufacturing, distribution and services 26 Natural resources, forest and forest products, fisheries, mining and mining products (appropriations, bids, fees, funds 12 Government, founty 13 Government, federal 29 Transportation, highways, streets and roads 15 Government, special districts 16 Government, state 5 Code Subject 17 Health service, medicine, drugs and controlled substances, healtl insurance, hospitals insurance, hospitals insurance, excluding health insurance) 19 Housing, construction, codes 18 Higher education 19 Housing, construction, codes insurance (excluding health insurance) 21 Labor, salaries and wages, collective bargaining 22 Law enforcement, courts, judges, crimes, prisons 23 License, permits 24 Liquor 25 Manufacturing, distribution and services 30 Natural resources, forest and forest products, fisheries, mining and mining products 4 Social insurance, unemployment insurance, public assistance, workmen's compensation 19 Housing, construction, codes insurance, excluding health insurance, 22 Law enforcement, gourts, prisons 22 Law enforcement, courts, judges, crimes, prisons 22 Law enforcement, courts, judges, crimes, prisons 22 Law enforcement, excluding health insurance, unemployment insurance, unemployment insurance, public assistance, workmen's compensation 19 Housing, construction, codes and controlled substances, healtl insurance, programment, excludin
				CERTIFICATION: 1 hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.
contrac	y any rule, ratem t bid or bid proc obbyist was supp	cess, financial	services agreement or	Employer No. 2 signature Employer No. 3 signature Date Date