

State of Idaho

Ben Ysursa Secretary of State

LOBBYIST REPORT FORM

LOBBYISTS

(Sec. 67-6619)

	1
1	ANNUAL

To Be Filed By:

SEMI-ANNUAL

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Page 1 of 2 Page(s) THIS SPACE FOR OFFICE USE ONLY

L-2

Boise, ID 83720-0080

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

(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered year ending Elizabeth Zieglmeier 345 Park Ave, 26th Floor (Day) (Mo.) (Yr.) New York, NY 10154 7/6/2009 12 31 2009 Item Totals of all reportable expenditures made or incurred 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 Do Not Have to be Reported Employer No. 1 Employer No. 4 Employer No. 2 Employer No. 3 Entertainment 0.00 0.00 Food and Refreshment 0.00 0.00 Living Accommodations 0.00 0.00 Advertising 0.00 0.00 Travel 0.00 0.00 Telephone 0.00 0.00 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 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 Date Place Amount and Household Members in Group none Continued on attached page(s) Item INSTRUCTIONS Employer(s) Name(s) and Address(es) Who should file this form: Any lobbyist registered under Section Deutsche Bank Trust Company Americas 67-6617 Idaho Code 345 Park Ave, 26th Floor, New York, NY 10154 Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. No. 2 TO BE FILED WITH: Ben Ysursa No. 3 Secretary of State PO Box 83720

No. 4

Item 4	prope	erty to an	y, for any or on behalf of any Legislator, Pub		oyer in the nature of contributions of money or other tangible or intangible personalic or Executive Official or Household Member(s).		
	Date		Amount	Name of Legis	Name of Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting		
Item		ect matter		ion, the number of the Senate legislative activity in which	LEGISLATIVE SUI	BJECT IDENTIFICATION	
5			as supporting or op		Code Subject	Code Subject	
Subject (from	table)		esolution or Other ive Ident. Number	Appropriation Bill Number and Section Number	O1 Agriculture, horticulture, farming, and livestock O2 Amusements, games, athletics and sports O3 Banking, finance, credit and investments O4 Children, minors, youth, senior citizens O5 Church and religion O6 Consumer affairs O7 Ecology, environment, pollution, conservation, zoning, land and water use O8 Education O9 Elections, campaigns, voting, political parties O9 Equal rights, civil rights, minority affairs O9 Equal rights, civil rights, minority affair	17 Health service, medicine, drugs and controlled substances, health insurance, hospitals 18 Higher education 19 Housing, construction, codes 20 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 26 Natural resources, forest and forest products, fisheries, mining and mining products 27 Public lands, parks, recreation 28 Social insurance, unemployment insurance, public assistance, workmen's compensation 29 Transportation, highways, streets and roads 30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas 31 Other (please specify)	
	contrac bond lo	t bid or bi	, ratemaking decisic d process, financial is supporting or opp	services agreement or	CERTIFICATION: I hereby certify the correct statement in accordance with S		
					Employer No. 2 signature	Date	
					Employer No. 3 signature	Date	
	_				Employer No. 4 signature	Date	