

✓ANNUAL

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Page 1 / of 12 Page(s)
THIS SPACE FOR OFFICE UPERONLY AM 9: 35

State of Idaho

Ben Ysursa Secretary of State

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

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

LOBBYIST REPORT FORM

		Type or print clea See instructions a						_					
Lobbyis		permanent busine				D	ate prepa	red		Period	covered		
Jame	s Hoover									<u> </u>	✓ year e	nding	
2636	Southwes	t Brooklane	Drive							(Mo.	(D-	\	
Corva	allis, OR 9	7333					01/05/2011					1	
										12	31	10	
Item 1	Total	s of all reportal	ble expenditures made of	r incurred	by Lobl	byist o	or by Lo	obyist's Empl	oyer on be	half of Lobb	yist's Em	ployer.	
Reimb		xpenditure Living and Travel Lobbying Activity	*Total Amount for All Employers	Proportion Item 3, as				by each empl	oyer (Iden	tify employers	s, under		
D	o Not Have to b	be Reported		Employer No.		1	Employer No. 2		Employer No. 3		Employer No. 4		
Enterta			0.00		0.0	00							
	nd Refreshm		0.00	0.0			\$		\$		\$		
_	Accommoda	ations	0.00		0.0		l						
Advert	ising			l ——									
Travel			0.00	l	0.0		l ——						
Telepho	one		373.00	l ——	373.0		<u> </u>		·				
Other F	Expenses or S	Services	142.00		142.0	00							
			545.00		545.0								
		Total	\$515.00_	. S	515.0	00	\$	0.00	\$	0.00	\$	0.00	
*When	the number of	employers you a	re reporting for requires m	 ultiple L-2 f	orms to b	be filed	 a total a	mount for all e	f mplovers sh	ould be entere	d on Page	1.	
	_		liture of more than seve			_							
ltem-	member(s)	of their housel	nold.					Names of Legislators, Public and Executive Officials					
2	Date		Place			mount			-		Members in Group		
			N/A										
	Continued on a	attached page(s)				•	_ _						
[INST	RUCTIONS			lte	em 3	Er	mployer(s) l	Name(s) and A	ddress(es)		
Wh	o should file	this form: A	ny lobbyist registered ur	nder Section	'n		Bave	er HealthCa	are LLC				
	6617 Idaho (ny 1000y ist registered ur	idei Seetie		No.	1	White Plair		Tarrytown	, NY 10	591	
Fili	ng deadline		is due on January 31st.	rt due July	31st.	No.	2						
то	BE FILED V	WITH.											
10	DE LIDED	В	en Ysursa			No.	3						
			etary of State Box 83720			_							
			ID 83720-0080			Ne	4						

				he nature of contributions of mon xecutive Official or Household						
	Date Amount	Name of Legis	Name of Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting							
		N/A								
		tion, the number of the Senate regislative activity in which	LEGISLATIVE SUBJECT IDENTIFICATION							
the Liject Code om table)	Bill, Resolution or Other Legislative Ident. Number N/A	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11	Subject 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	20 21 22 23 24 25 26 27 28 29	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				
contrac	fy any rule, ratemaking decisi ct bid or bid process, financia obbyist was supporting or op	l services agreement or	CE CON	Government, special districts Government, state ERTIFICATION: I hereby certify the statement in accordance with Statement in accord		7-6624 Idaho Code.				
A			Em	pployer No. 2 signature		Date Date				