Rev. 11/2011



State of Idaho

Ben Ysursa Secretary of State

LOBBYIST REPORT FORM

Z ANNUAL

☐ SEMI-ANNUAL

Page of Page(s)
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STATE OF IDAHO

To Bc Filed	Ву:
L-2	LOBBYISTS (Sec. 67-6619)

(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered Dr. Don Coberly year ending 8169 W. Victory Rd. 1/3/2012 (Mo.) (Day) Boise, ID 83709 (Yt) 12 31 2011 Itcm Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Category of Expenditure Proportionate amounts contributed by each employer (Identify employers, under Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported Total Amount for Item 3, at hottom of page.) All Employers Employer No. 1 Employer No. 2 Employer No. 4 Employer No. 3 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services 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 one hundred (\$100) 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 Amount Date and Household Members in Group Continued on attached page(s) Item INSTRUCTIONS Employer(s) Name(s) and Address(cs) Boise Schools Who should file this form: Any lobbyist registered under Section No. 1 67-6617 Idaho Code 8169 W. Victory Rd., Boise, ID 83709 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 Boise, ID 83720-0080 No. 4 Phone: (208) 334-2852 Fax: (208) 334-2282

_	Subject matter of proposed legislation, the number of the Senate			LEGISLATIVE SUBJECT IDENTIFICATION				
Item	or House Bill, Resolution or other legislative activity in which			ALCOUNTE DEDUCE IDENTIFICATION				
4		obbyist was supporting or op		Code	Subject	Code	Subject	
				01	Agriculture, horticulture,	17	Health service, medicine, drugs	
Subject		Bill, Resolution or Other	Appropriation Bill Number		farming, and livestock	• •	and controlled substances, health	
(from t	table)	Legislative Ident, Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals	
]	and sports	18	Higher education	
08	3	H0104	}	03	Banking, finance, credit and	19	Housing, construction, codes	
		\$1068			investments	20	Insurance (excluding health	
				04	Children, minors, youth,		insurance)	
		S1069	ľ	•	senior citizens	21	Labor, salaries and wages,	
		S1108		05	Church and religion		collective bargaining	
				06	Consumer affairs	22	Law enforcement, courts,	
		\$1109		07	Ecology, environment, pollution,		judges, crimes, prisons	
		\$1110	1		conservation, zoning, land and	23	Liconso, permits	
		S1113		ł	Water use	24	Liquor	
				08	Education	25	Manufacturing, distribution and	
		H0315	(09	Elections, campaigns, voting,		scrvices	
		S1173		İ	political parties	26	Natural resources, forest and	
		\$1184		10	Equal rights, civil rights,		forest products, fisheries, mining	
		l .			minority affairs		and mining products	
		H0335		11	Government, financing,	27	Public lands, parks, recreation	
		H0336			taxation, revenue, budget,	28	Social insurance, unemployment	
					appropriations, bids, fees, funds		insurance, public assistance,	
		H0345		12	Government, county		workmen's compensation	
		S1206		13	Government, federal	29	Transportation, highways,	
		•		14	Government, municipal		streets and roads	
				15	Government, special districts	30	Utilities, communications,	
				16	Government, state		televisions, radio, newspaper,	
				l			power, CATV, gas	
						31	Other (please specify)	
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					ERTIFICATION: I hereby certify the orrect statement in accordance with S			
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Item		y any rule, ratemaking decision		L	obbyjat signature	1/	Date	
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				E	mployer No. 1 signature		Date	
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			E	mployer No. 2 signature		Datc		
				Ē	mployer No. 3 signature		Date	
				E	mployer No. 4 signature		Date	