State of Idaho

Ben Ysursa Secretary of State

> PO Box 83720 Boise, ID 83720-0080

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

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LOBB	YIST	REPORT	FORM

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To Be Filed By:

LOBBYISTS (Sec. 67-6619) 11 APR 25 PM 4: 19

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STATE OF IDAHO (Type or print clearly in black ink) SCANNED See instructions at bottom of page Lobbyist's name and permanent business address Period covered Date prepared Emma Roemhildt 4/25/2011 year ending NNU ZO96 623 University Blud (Mo.) (Day) Nampa ID 12 70 H Item Totals of all reportable expenditures made or incurred by Lobbyist or 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. 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 Amount Date and Household Members in Group Continued on attached page(s) Item INSTRUCTIONS Employer(s) Name(s) and Address(es) Idahvans for Choice in Education Who should file this form: Any lobbyist registered under Section Box 933 Brise ID 67-6617 Idaho Code 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

No. 4

Item 4 is no longer statutorily required.

Item			ion, the number of the Senate	LEGISLATIVE SUBJECT IDENTIFICATION			
5		ouse Bill, Resolution or other					
	the L	obbyist was supporting or opp	posing.		Subject		Subject
Subject	Code	Bill, Resolution or Other	Appropriation Bill Number	01	Agriculture, horticulture,	17	Health service, medicine, drugs
(from t	able)	Legislative Ident. Number	and Section Number		farming, and livestock		and controlled substances, health
				02	Amusements, games, athletics	10	insurance, hospitals
				02	and sports	18	Higher education
		}		03	Banking, finance, credit and investments	19 20	Housing, construction, codes
			1	04	Children, minors, youth,	20	Insurance (excluding health insurance)
			1	04	senior citizens	21	Labor, salaries and wages,
				05	Church and religion	21	collective bargaining
				06	Consumer affairs	22	Law enforcement, courts,
				07	Ecology, environment, pollution,	22	judges, crimes, prisons
		1	,	"	conservation, zoning, land and	23	License, permits
			}	ł	water use	24	Liquor
			1	08	Education	25	Manufacturing, distribution and
				09	Elections, campaigns, voting,		services
		1			political parties	26	Natural resources, forest and
				10	Equal rights, civil rights,		forest products, fisheries, mining
				1	minority affairs		and mining products
				11	Government, financing,	27	Public lands, parks, recreation
			1	l	taxation, revenue, budget,	28	Social insurance, unemployment
					appropriations, bids, fees, funds		insurance, public assistance,
				12	Government, county		workmen's compensation
				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,
		(}		21	power, CATV, gas
				l		31	Other (please specify)
				C	ERTIFICATION: I hereby certify th	at the ab	ove is a true, complete and
				co	prrect statement in accordance with S	ection 6	7-6624 Idaho Code.
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rtem		ct bid or bid process, financial		L	obbyist signature		Date
		obbyist was supporting or opp					
		or of the control of		1 _			
				En	nployer No. 1 signature		Date
				J			
				-	1 Ave Outle town		Did
				En	nployer No. 2 signature		Date
				En	nployer No. 3 signature		Date
				En	nployer No. 4 signature		Date