

Rev 11/2011

LOBBYIST REPORT FORM

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State of Idaho
Ben Yursa
Secretary of State

ANNUAL SEMI-ANNUAL

To Be Filed By
L-2 LOBBYISTS
(Sec. 67-6619)

12 FEB -8 PM 12:59
STATE OF IDAHO

(Type or print clearly in black ink)
See instructions at bottom of page

Lobbyist's name and permanent business address Renee M. Willer 20575 NW Von Heumann Dr. Beaverton, OR 97006	Date prepared 2-6-12	Period covered <input checked="" type="checkbox"/> year ending (Mo) (Day) (Yr) 12 31 11
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Category of Expenditure <small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small>	* Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No 1	Employer No 2	Employer No 3	Employer No 4
Entertainment	\$ 0	\$ 0	\$	\$	\$
Food and Refreshment	\$	\$	\$	\$	\$
Living Accommodations	\$	\$	\$	\$	\$
Advertising	\$	\$	\$	\$	\$
Travel	\$	\$	\$	\$	\$
Telephone	\$	\$	\$	\$	\$
Other Expenses or Services	\$	\$	\$	\$	\$
Total	\$ 0	\$ 0	\$	\$	\$

*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

Item 2	Date	Place	Amount	Names of Legislators, Public and Executive Officials and Household Members in Group
		None		

Continued on attached page(s)

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code	No 1	Frontier Communications 20575 NW Von Heumann Dr 97006
Filing deadline: Annual report is due on January 31st Executive Lobbyist semi-annual report due July 31st.	No 2	
TO BE FILED WITH: Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	No 3	
	No 4	

Item 4	Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.	
Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number
	None	
Item 5	Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing.	

LEGISLATIVE SUBJECT IDENTIFICATION

- | Code | Subject | Code | Subject |
|------|---|------|--|
| 01 | Agriculture, horticulture, farming, and livestock | 17 | Health service, medicine, drugs and controlled substances, health insurance, hospitals |
| 02 | Amusements, games, athletics and sports | 18 | Higher education |
| 03 | Banking, finance, credit and investments | 19 | Housing, construction, codes |
| 04 | Children, minors, youth, senior citizens | 20 | Insurance (excluding health insurance) |
| 05 | Church and religion | 21 | Labor, salaries and wages, collective bargaining |
| 06 | Consumer affairs | 22 | Law enforcement, courts, judges, crimes, prisons |
| 07 | Ecology, environment, pollution, conservation, zoning, land and water use | 23 | License, permits |
| 08 | Education | 24 | Liquor |
| 09 | Elections, campaigns, voting, political parties | 25 | Manufacturing, distribution and services |
| 10 | Equal rights, civil rights, minority affairs | 26 | Natural resources, forest and forest products, fisheries, mining and mining products |
| 11 | Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds | 27 | Public lands, parks, recreation |
| 12 | Government, county | 28 | Social insurance, unemployment insurance, public assistance, workmen's compensation |
| 13 | Government, federal | 29 | Transportation, highways, streets and roads |
| 14 | Government, municipal | 30 | Utilities, communications, televisions, radio, newspaper, power, CATV, gas |
| 15 | Government, special districts | 31 | Other (please specify) _____ |
| 16 | Government, state | | |

CERTIFICATION I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

Steve M. Willes 2-6-12
 Lobbyist signature Date

Employer No. 1 signature Date

Employer No. 2 signature Date

Employer No. 3 signature Date

Employer No. 4 signature Date