

Rev. 11/2011
Web



State of Idaho

Ben Ysursa
Secretary of State

LOBBYIST REPORT FORM

ANNUAL SEMI-ANNUAL

To Be Filled By:

L-2 LOBBYISTS
(Sec. 67-6619)

Page 1 of 30
THIS SPACE FOR OFFICIAL USE ONLY
SECRETARY OF STATE
STATE OF IDAHO

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

Lobbyist's name and permanent business address Stacey Patterson 2676 S Vista Ave Boise, ID 83705	Date prepared 1/25/13	Period covered <input checked="" type="checkbox"/> Year ending (Mo.) (Day) (Yr.) 12 31 12
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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	Proportional 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					
Food and Refreshment	\$ 200.02	\$ 200.02	\$	\$	\$
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
Total	\$ 200.02	\$ 200.02	\$	\$	\$

*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	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.			
	Date	Place	Amount	Names of Legislators, Public and Executive Officials and Household Members in Group

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	American Cancer Society Cancer Action Network No. 1 2676 S Vista Ave Boise, ID 83705
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 Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	No. 3
	No. 4

Identify the 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

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LEGISLATIVE SUBJECT IDENTIFICATION

Code	Subject	Code	Subject
01	Agriculture, horticulture, farming, and livestock	17	Health services, 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, children, 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, juries, prisons
07	Ecology, environmental, pollution, conservation, zoning, land and water use	23	Licensing, 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	Governmental, financing, taxation, revenue, budget, appropriations, bids, fees, funds	27	Public lands, parks, recreation
12	Governmental, county	28	Social insurance, unemployment insurance, public assistance, workmen's compensation
13	Governmental, federal	29	Transportation, highway, streets and roads
14	Governmental, municipal	30	Utilities, communications, power (A.C., D.C.)
15	Governmental, special districts	31	Other (please specify)
16	Governmental, state		

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

Identify any rule, rate-making decision, procurement contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing.

Lobbyist signature:  Date: 1/25/13
 Employer No. 1 signature:  Date: 1/25/13
 Employer No. 2 signature: _____ Date: _____
 Employer No. 3 signature: _____ Date: _____
 Employer No. 4 signature: _____ Date: _____