

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Yursa
Secretary of State

To Be Filed By:

L-3 LOBBYISTS
(Sec. 67-6619)

Page _____ of _____ Page(s)
THIS SPACE FOR OFFICE USE ONLY

05 APR 12 PM 3:16

SECRETARY OF STATE
STATE OF IDAHO

Rescanned

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

Lobbyist's name and permanent business address C.A. "Skip" Smyser Connolly & Smyser, Ctd. 134 S. 5th St. Boise, ID 83702	Date prepared 4/8/2005	Period covered <input type="checkbox"/> month ending (Mo.) (Day) (Yr.) 04 06 2005
---	---------------------------	--

Item 1 Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	* 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	\$ 267.78	\$	\$	\$ 64.54	\$ 48.28
Food and Refreshment					
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
Total	\$ 267.78	\$ 0.00	\$ 0.00	\$ 64.54	\$ 48.28

*When the number of employers you are reporting for requires multiple L-3 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 fifty dollars (\$50) for a legislator or other holder of public office.			
Date	Place	Amount	Names of Legislators & Public Officials in Group	

Continued on attached page(s)

<p align="center">INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.</p> <p>Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.</p> <p>TO BE FILED WITH: Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	Item 3	Employer(s) Name(s) and Address(es)
	No.1	Phillip Morris USA, Inc. 1415 L. St. Ste. #1150 Sacramento, CA 95814
	No.2	Kraft Foods Global, Inc. 1415 L. St. Ste. #1150 Sacramento, CA 95814
	No.3	Idaho Trucking Association 5171 Overland Rd. Boise, ID 83705
	No.4	Coeur d'Alene Mines Corporation 505 Front Ave. Coeur d'Alene. ID 83616

7/10/05



State of Idaho
Ben Yursa
Secretary of State

LOBBYIST MONTHLY REPORT FORM

To Be Filed By:

L-3 LOBBYISTS
(Sec. 67-6619)

Page _____ of _____ Page(s)
THIS SPACE FOR OFFICE USE ONLY

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

Lobbyist's name and permanent business address C.A. "Skip" Smyser Connolly & Smyser, Ctd. 134 S. 5th St. Boise, ID 83702	Date prepared 4/8/2005	Period covered <input type="checkbox"/> month ending (Mo.) (Day) (Yr.) 04 06 2005
---	---------------------------	--

Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	* Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 5	Employer No. 6	Employer No. 7	Employer No. 8
Entertainment	\$ SEE PAGE	\$ 90.43	\$	\$	\$
Food and Refreshment					
Living Accommodations	ONE				
Advertising					
Travel					
Telephone					
Other Expenses or Services					
Total	\$	\$ 90.43	\$ 0.00	\$ 0.00	\$ 0.00

*When the number of employers you are reporting for requires multiple L-3 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 Officials in Group

Continued on attached page(s)

<p align="center">INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.</p> <p>Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.</p> <p>TO BE FILED WITH: Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	Item 3	Employer(s) Name(s) and Address(es)
	No. 5	Corrections Corporation of America 10 Burton Hills Blvd. Nashville, TN 37215
	No. 6	Idaho Power Company 1221 W. Idaho Boise, ID 83702
	No. 7	Idaho Marriage and Family Therapists P.O. Box 6973 Boise, ID 83707
	No. 8	Idaho Ski Areas Association 134 S. 5th St. Boise, ID 83702



State of Idaho
Ben Yursa
Secretary of State

LOBBYIST MONTHLY REPORT FORM

To Be Filed By:

L-3 LOBBYISTS
(Sec. 67-6619)

Page _____ of _____ Page(s)
THIS SPACE FOR OFFICE USE ONLY

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

Lobbyist's name and permanent business address C.A. "Skip" Smyser Connolly & Smyser, Ctd. 134 S. 5th St. Boise, ID 83702	Date prepared 4/8/2005	Period covered <input type="checkbox"/> month ending (Mo.) (Day) (Yr.) 04 06 2005
---	---------------------------	--

Item 1 Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	* Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 9	Employer No. 10	Employer No. 11	Employer No. 12
Entertainment	\$ SEE PAGE	\$ 64.53	\$	\$	\$
Food and Refreshment	ONE				
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
Total	\$	\$ 64.53	\$ 0.00	\$ 0.00	\$ 0.00

*When the number of employers you are reporting for requires multiple L-3 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 fifty dollars (\$50) for a legislator or other holder of public office.			
Date	Place	Amount	Names of Legislators & Public Officials in Group	

Continued on attached page(s)

<p align="center">INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.</p> <p>Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.</p> <p>TO BE FILED WITH: Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	Item 3	Employer(s) Name(s) and Address(es)
	No. 9	Idaho State Dental Association 1220 W. Hays Boise, ID 83702
	No. 10	Merck & Company 6930 Boardwalk Dr. Granite Bay, CA 95746
	No. 11	Miller Brewing Co. 3939 W. Highland Blvd. Milwaukee, WI 53208
	No. 12	Idaho Lodging and Resaturant Association 134 S. 5th St. Boise. ID 83702



State of Idaho
Ben Yursa
Secretary of State

LOBBYIST MONTHLY REPORT FORM

To Be Filed By:

L-3 LOBBYISTS
(Sec. 67-6619)

Page _____ of _____ Page(s)
THIS SPACE FOR OFFICE USE ONLY

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

Lobbyist's name and permanent business address C.A. "Skip" Smyser Connolly & Smyser, Ctd. 134 S. 5th St. Boise, ID 83702	Date prepared 4/8/2005	Period covered <input type="checkbox"/> month ending (Mo.) (Day) (Yr.) 04 06 2005
---	---------------------------	--

Item 1	Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.				
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	* Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 13	Employer No. 14	Employer No. 15	Employer No. 16
Entertainment	\$ SEE PAGE	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	ONE	_____	_____	_____	_____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
Total	\$ _____	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

*When the number of employers you are reporting for requires multiple L-3 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 fifty dollars (\$50) for a legislator or other holder of public office.			
Date	Place	Amount	Names of Legislators & Public Officials in Group	

Continued on attached page(s)

<p align="center">INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.</p> <p>Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.</p> <p>TO BE FILED WITH: Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	Item 3	Employer(s) Name(s) and Address(es)
	No. 13	Greater Boise Auditorium District P.O. Box 1400 Boise, ID 83701
	No. 14	Lexis Nexis 701 East Water St. Charlottesville, VA 22902
	No. 15	Cingular Wireless 617 Eastlake Ave. East Seattle, WA 98109
	No. 16	Education Networks of America 1101 McGavock St. Nashville. TN 37203



State of Idaho

Ben Yursa
Secretary of State

LOBBYIST MONTHLY REPORT FORM

To Be Filed By:

L-3 LOBBYISTS
(Sec. 67-6619)

Page _____ of _____ Page(s)
THIS SPACE FOR OFFICE USE ONLY

05 APR 13 PM 3:19
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 C.A. "Skip" Smyser Connolly & Smyser, Ctd. 134 S. 5th St. Boise, ID 83702	Date prepared 4/13/2005	Period covered <input type="checkbox"/> month ending (Mo.) (Day) (Yr.) 04 06 2005
---	----------------------------	--

Item 1	Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.				
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	* 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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	_____	_____	_____	_____	_____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

*When the number of employers you are reporting for requires multiple L-3 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 fifty dollars (\$50) for a legislator or other holder of public office.			
	Date	Place	Amount	Names of Legislators & Public Officials in Group

Continued on attached page(s)

<p align="center">INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.</p> <p>Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.</p> <p>TO BE FILED WITH: Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	Item 3	Employer(s) Name(s) and Address(es)
	No.1	Qualifacts Systems 102 Woodmont Ste. #450 Nashville, TN 37205
	No.2	MedPointe Healthcare, Inc. 265 Davidson Ave. Ste. #300 Somerset, NJ 08873
	No.3	Idaho Ambulatory Surgery Care Association P.O. Box 2668 Boise, ID 83701
	No.4	Cottonwood Financial 17295 Chesterfield Airport Rd. Chesterfield. MO 63005



State of Idaho
Ben Ysursa
Secretary of State

LOBBYIST MONTHLY REPORT FORM

To Be Filed By:
L-3 LOBBYISTS
(Sec. 67-6619)

Page _____ of _____ Page(s)
THIS SPACE FOR OFFICE USE ONLY

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

Lobbyist's name and permanent business address C.A. "Skip" Smyser Connolly & Smyser, Ctd. 134 S. 5th St. Boise, ID 83702	Date prepared 4/13/2005	Period covered <input type="checkbox"/> month ending (Mo.) (Day) (Yr.) 04 06 2005
---	----------------------------	--

Item 1	Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.				
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	* 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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

*When the number of employers you are reporting for requires multiple L-3 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 fifty dollars (\$50) for a legislator or other holder of public office.			
Date	Place	Amount	Names of Legislators & Public Officials in Group	

Continued on attached page(s)

<p align="center">INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.</p> <p>Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.</p> <p>TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	Item 3	Employer(s) Name(s) and Address(es)
	No.1	SunCor Idaho, LLC 485 E. Riverside Dr. Ste. #300 Eagle, ID 83616
	No.2	
	No.3	
	No.4	

Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.		
	Date	Amount	Name of Legislator Receiving or Benefited

Item 5	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

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.

Charles H. Smyer 12 APR 05
 Lobbyist signature Date