

Rev. 12/2012

LOBBYIST REPORT FORM

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THIS SPACE IS FOR THE FILER ONLY



State of Idaho

Ben Yursa
Secretary of State

ANNUAL SEMI-ANNUAL

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

POSTED

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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 Bradley C. Jones S1 IT Solutions 420 W. Main St., Suite 300 Boise, ID 83702	Date prepared 7/17/2013	Period covered <input type="checkbox"/> year ending (Mo.) (Day) (Yr.) 06 30 13
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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	\$ 0.00	\$	\$	\$	\$
Food and Refreshment	0.00				
Living Accommodations	0.00				
Advertising	0.00				
Travel	0.00				
Telephone	0.00				
Other Expenses or Services	0.00				
Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

*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
N/A			

Continued on attached page(s)

INSTRUCTIONS Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. TO BE FILED WITH: Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	Item 3	Employer(s) Name(s) and Address(es)
	No. 1	S1 IT Solutions, 420 W. Main St., Suite 300, Boise, ID 83702
	No. 2	
	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
N/A		

LEGISLATIVE SUBJECT IDENTIFICATION

- | | |
|--|---|
| <p>Code Subject</p> <ul style="list-style-type: none"> 01 Agriculture, horticulture, farming, and livestock 02 Amusements, games, athletics and sports 03 Banking, finance, credit and investments 04 Children, minors, youth, senior citizens 05 Church and religion 06 Consumer affairs 07 Ecology, environment, pollution, conservation, zoning, land and water use 08 Education 09 Elections, campaigns, voting, political parties 10 Equal rights, civil rights, minority affairs 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds 12 Government, county 13 Government, federal 14 Government, municipal 15 Government, special districts 16 Government, state | <p>Code Subject</p> <ul style="list-style-type: none"> 17 Health service, medicine, drugs and controlled substances, health insurance, hospitals 18 Higher education 19 Housing, construction, codes 20 Insurance (excluding health insurance) 21 Labor, salaries and wages, collective bargaining 22 Law enforcement, courts, judges, crimes, prisons 23 License, permits 24 Liquor 25 Manufacturing, distribution and services 26 Natural resources, forest and forest products, fisheries, mining and mining products 27 Public lands, parks, recreation 28 Social insurance, unemployment insurance, public assistance, workmen's compensation 29 Transportation, highways, streets and roads 30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas 31 Other (please specify) _____ |
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CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

Item 5	Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing.
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_____ 7/17/13
 Lobbyist signature Date
 _____ 7/17/13
 Employer No. 1 signature Date
 _____ Date
 Employer No. 2 signature Date
 _____ Date
 Employer No. 3 signature Date
 _____ Date
 Employer No. 4 signature Date