



State of Idaho  
Ben Yursa  
Secretary of State

# LOBBYIST MONTHLY REPORT FORM

To Be Filed By:

**L-3** LOBBYISTS  
(Sec. 67-6619)

Page 1 of 6 page(s)  
THIS SPACE FOR OFFICE USE ONLY

06 MAY 17 AM 10:54

SECRETARY OF STATE  
STATE OF IDAHO

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

SULLIVAN & REBERGER PO Box 1703 Boise, ID 83701  <i>Patrick J. Sullivan</i>	Date prepared  <i>5-1-06</i>	Period covered <input checked="" type="checkbox"/> month ending  (Mo.) (Day) (Yr.) <i>4   30   06</i>
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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	<i>\$ 209<sup>74</sup></i>			<i>\$ 95<sup>50</sup></i>	<i>\$ 38<sup>08</sup></i>
Food and Refreshment					
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
<b>Total</b>	<i>\$ 209<sup>74</sup></i>			<i>\$ 95<sup>50</sup></i>	<i>\$ 38<sup>08</sup></i>

\*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)

INSTRUCTIONS	Item 3 Employer(s) Name(s) and Address(es)
<b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code.  <b>Filing deadline:</b> Monthly reports due within ten (10) days of the month for activities of the past month.  <b>TO BE FILED WITH:</b> Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	No.1 <i>ASSOCIATED GEN'L CONTRACTORS 110 N. 27th BOISE ID 83702</i>  No.2 <i>ADVANTAGE WORKERS COMP PO BOX 571918 SLC UT 84157</i>  No.3 <i>Clear Springs Foods PO BOX 712 Boise ID 83316</i>  No.4 <i>1511 Lilly 161 St. Anthony Ste 820 St Paul MN 55103</i>



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Page 2 of 6 (s)  
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SULLIVAN & REBERGER  
PO Box 1703  
Boise, ID 83701

*Patrick J. Sullivan*

Date prepared

*5-1-06*

Period covered

month ending

(Mo.) (Day) (Yr.)

*4 | 30 | 06*

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 5 | Employer N. 6 | Employer N. 7 | Employer N. 8

Category of Expenditure	* Total Amount for All Employers	Employer No 5	Employer N. 6	Employer N. 7	Employer N. 8
Entertainment		<i>0</i>	<i>0</i>	<i>3808</i>	<i>0</i>
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations					
Advertising	<i>See page 2</i>				
Travel					
Telephone					
Other Expenses or Services					
<b>Total</b>	\$ _____	\$ <i>0</i>	\$ <i>0</i>	\$ <i>3808</i>	\$ <i>0</i>

\*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)

## INSTRUCTIONS

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**Filing deadline:** Monthly reports due within ten (10) days of the month for activities of the past month.

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)

- 5, Idaho Sanitary Services  
PO Box 626  
Meridian ID 83642*
- 6 Krispy Kreme  
313 Pilot RD Ste B  
Las Vegas NV 89119*
- 7, MULTISTATE ASSOC, INC  
575 KIMB STR #300  
Alexandria VA 22314*
- 8, MOTION Picture ASSN of America  
1600 84th St. NW  
Washington DC 20006*

# LOBBYIST MONTHLY REPORT FORM

Page 3 of 6 page(s)  
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Ben Yursa  
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**L-3 LOBBYISTS**  
(Sec. 67-6619)

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

SULLIVAN & REBERGER PO Box 1703 Boise, ID 83701  <i>Patrick J. Sullivan</i>	Date prepared  <div style="font-size: 2em; text-align: center;">5/1/06</div>	Period covered <input checked="" type="checkbox"/> month ending  (Mo.) (Day) (Yr.) <div style="font-size: 1.5em; text-align: center;">4   30   06</div>
---	--	---

Item 1 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. 9	Employer No. 10	Employer No. 11	Employer No. 12
Entertainment	\$ _____	\$ <del>0</del>	\$ 3808	\$ <del>0</del>	\$ <del>0</del>
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Expenses or Services	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total</b>	\$ _____	\$ <del>0</del>	\$ 3808	\$ <del>0</del>	\$ <del>0</del>

\*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)

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)
<p><b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code.</p> <p><b>Filing deadline:</b> Monthly reports due within ten (10) days of the month for activities of the past month.</p> <p><b>TO BE FILED WITH:</b></p> <p style="text-align: center;">Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	9 10 11 12	<p>Pacific N'West Generating Corp. 9711 NE Halsey Ste 200 Portland OR 97232</p> <p>FMC Corporation 1101 Pennsylvania # 325 WASH DC 20004</p> <p>TransCanada (FKA BGE) 1400 SW 5th Ave - Ste 900 Portland OR 97201</p> <p>Battelle Energy Alliance PO Box 10251 EO Falls ID 83415</p>



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Page 4 of 6 Page(s)  
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SULLIVAN & REBERGER  
PO Box 1703  
Boise, ID 83701

Date prepared

5/1/06

Period covered

month ending

(Mo.) (Day) (Yr.)

4/30/06

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.	Employer N	Employer
Entertainment	\$	\$ 0	\$ 0	\$ 0	\$ 0
Food and Refreshment	\$	\$ 0	\$ 0	\$ 0	\$ 0
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
Total	\$	\$ 0	\$ 0	\$ 0	\$ 0

\*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)

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)
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	14	BUCE CROSS & CO PO BOX 7408 BOISE ID 83707
	15	CH2M-W6 IDAHO, LLC PO BOX 1425 FO FALLS ID 83417
	16	CORRECTIONAL MEDICAL SVCS 12647 OLIVE BLVD ST LOUIS MO 63141

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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. 17	Employer No. 18	Employer No. 19	Employer No. 20
Entertainment	\$ _____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Food and Refreshment	\$ _____				
Living Accommodations	\$ _____				
Advertising	\$ _____				
Travel	\$ _____				
Telephone	\$ _____				
Other Expenses or Services	\$ _____				
<b>Total</b>	\$ _____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

\*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.			
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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. <u>21</u>	Employer No. <u>22</u>	Employer No. <u>23</u>	Employer No. <u>24</u>
Entertainment	\$ _____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	<i>All</i>	_____	_____	_____	_____
Telephone	<i>2</i>	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
<b>Total</b>	\$ _____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

\*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	

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Item 3	Employer(s) Name(s) and Address(es)										
No 21	<i>US Tobacco 1301 Pennys/Tran #900 Denver CO 80203</i>										
No 22											
No: 23											
No 24											

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 (Item table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number

**LEGISLATIVE SUBJECT IDENTIFICATION**

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

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

*P. J. Sullivan*  
 Lobbyist signature \_\_\_\_\_ Date \_\_\_\_\_