

State of Idaho

Ben Ysursa Secretary of State

LORR J	151	MU	NTHLY	KEP	OKI	FURN
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To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page of Page(s)
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09 MAY 14 AM 8: 13

SECRETARY OF STATE STATE OF IDAHO

		pe or print clear instructions at											
Lobbyist	s name and pe	rmanent busine	ss address			Da	te prepa	ared	-		Period o	covered	
	n Burke											month	ending
700 W. Washington Boise, ID 83702											(Mo.)	(Day	(Yr.)
D0136, 1D 03702						05/11/09				04	30	2009	
Item 1	Totals	of all reportal	ble expenditures made o	r incurred t	by Lobby	yist or	by Lo	obbyist's Empl	oyer on	behalf of	f Lobby	rist's Emp	oloyer.
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity		*Total Amount for All Employers	Proportionate amount Item 3, at bottom of			nts contributed by each employer (Identify employers, under f page.)							
Do Not Have to be Reported				Employer No. 1			Employer No. 2		Employer No. 3		0. 3	Employer No. 4	
Entertainment Food and Refreshment		s0.00	\$	0.0	0	s0.00	\$			\$			
Living A	Accommodat	ions	0.00				_						
Advertis	sing		0.00										
Travel			0.00										
Telepho	ne		0.00			_							
Other E	xpenses or S	ervices	0.00	,,,,,									
	<u> </u>	Total	s 0.00	s	0.0	0	s	0.00	s		0.00	s	0.00
45 371				 -151-7-2-6		- 61 - 4	1		 	hld b		d on Door	,
*when t			diture of more than seve										_
Item-		of their house		<u> </u>	<u> </u>								
2	Date		Place		Ar	nount			_	tors, Publi sehold Me			meials
	ontinued on a	ttached page(s)										_	
		INST	TRUCTIONS			Iter 3		Er	nployer(:	s) Name(s) and Ac	ldress(es)	
	should file 617 Idaho C		ny lobbyist registered ur	ider Section	n	No. 1		no Associati Box 1623, E					
Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.						No. 2 Idaho Public Health Districts c/o Carol Moehrle 215 10th St, Lewiston, ID 83501							
тот	BE FILED W	В	Ben Ysursa			No. 3							
			etary of State Box 83720										
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282													

Item 4 is no longer statutorily required.

Item		ubject matter of proposed legislation, the number of the Senate			LEGISLATIVE SUBJECT IDENTIFICATION					
5 ubjec	or Ho	ect matter of proposed legislate buse Bill, Resolution or other obbyist was supporting or opposed legislative supporting or opposed legislative ident. Number Please see attached.	legislative activity in which	Code 01 02 03 04 05 06 07	Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting,		Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services			
				10 11 12 13 14 15 16	political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state	26 27 28 29 30	Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power. CATV, gas Other (please specify)			
					CERTIFICATION: I hereby certify correct statement in accordance with					
Item 6 Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.			- 1	Sl Burk obbyist signature	<u>L</u>	5-11-09 Date				

LOBBYIST MONTHLY REPORT FORM (L-3) ATTACHMENT TO IDAHO ASSOCIATION OF COUNTIES REPORT FOR THE MONTH ENDING APRIL 30

H2	11	H201	07	S1003	
H4	11	H203	11	S1006	
H17	11	H207	29	S1007	22
H26	09	H208	11	S1024	22
H29	12	H209	11	S1027	07
H30	11/12	H210	07	S1034	22
H47	29	H213	11/31	S1040	11
H50	11	H218	07	S1045	11/29
H54	29	H219	29	S1046	22/28
H55	17	H220	07	S1053	31-Motor Veh.
H63	11	H221	08/11	S1055	28
H68	09	H230	12	S1061	29
H69	09/11	H233	11/26/07	S1063	11/17
H		H238	12	S1065	17
H83	11	H244	11/14	S1083	17/11
H87	22	H246	29/11	S1087	29
H93	29	H247	29/11	S1091	11/14
H94	29	H251	07	S1096	30
H95	29	H254	29/11	S1097	29/30
H96	29	H264	07	S1098	29
H98	29	H285	09	S1108	17
H102	15	H307	11	S1110	17
H122	11/07	H329	27	S1111	22/28
H130	29	H334	27	S1112	04/23
H134	29	H336	27	S1122	28
H135	29	H337	27	S1138	11/16
H136	29	H338	27	S1139	07
H140	11			S1140	11
H141	11	H372	07	S1142	30
H143	07			S1148	23/24
H144	17			S1152	28
H148	29			S1156	09
H149	29			S1158	17/12
H150	29			S1163	20
H155	29	HJR1	09/11	S1164	20
H156	29	HCR3	1 27	S1186	27
H166	22			S1199	12/17
H175	31-Coroner			S1213	01/12
H176	31-Coroner			S1223	01/12
Н					
H196	29				
H198					