LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By: LOBBYISTS (Sec. 67-6619)

Page	of	Page(s)					
THIS SPACE	E FOR OFFI	CE USE ONLY					

09 MAY -6 AM 9: 30

SECRETARY OF STATE STATE OF IDAHO

(Type or print clearly in black ink)

		e instructions at											
Lobbyis	t's name and p	ermanent busine	ss address			T	Date p	repared			Period	covered	
Sarah Fuhriman, P.O. Box 2110										month ending			
599 V	V. Bannoc	k St., Ste. B									-		
Boise	e, ID 83701	I-2110						05/05/0	ια		(Mo.) (Day)	(Yr.)
								03/03/0			04	30	09
Item 1	Totals	s of all reporta	ble expenditures made o	r incurre	d by Lob	byist	or by	Lobbyist's Empl	oyer on b	ehalf o	f Lobb	yist's Emplo	yer.
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported *Total Amount for All Employers		*Total Amount for	Proportionate amounts contrib Item 3, at bottom of page.)				outed by each empl	oyer (Ider	tify em	ployers	, under		
		All Employers	Employer No. 1		1	Employer No. 2 Emp		nployer No. 3 Employe		Employer	No. 4		
Entertai			0.00					<u>-</u>					
	nd Refreshme		0.00	\$			· \$ _		\$			\$	
_	Accommodat	tions	0.00										
Adverti: Travel	sing		0.00				-						
Telepho	one		0.00					_				_	
-	xpenses or S	ervices	0.00										
			0.00			00		0.00			0.00		0.00
		Total	\$	\$			S _		S			\$	0.00
*When t	he number of	emplovers vou a	re reporting for requires mu	ıltinle L-2	2 forms to l	be file	ed a to	tal amount for all e	mplovers s	hould be	e entere	d on Page 1.	
- vinent			diture of more than seve				_			_			ficials and
Item-		of their house				,							
2	-		Disease					1	-	-		xecutive Offic	ials
	Date		Place		A	mour	nt		and Housel	nold Me	mbers i	n Group	
								1					
	Continued on a	ttached page(s)						<u> </u>					
INSTRUCTIONS					Item 3 Employer(s) Name(s) and Address(es)								
				_			. R	oden Law Firn	 1				
	should file 617 Idaho Co		y lobbyist registered und	der Secti	on	No.	1	9 W. Bannocl		e. B.,	Boise	, ID 83702	<u> </u>
		Monthly reposes of the past	orts due within fifteen (15) days	of the	No.	2						
ТОЕ	BE FILED W	'ITH:											
Ben Ysursa Secretary of State				No. 3									
		PO	Box 83720										
	Phone		ID 83720-0080 852 Fax: (208) 334-22	282		No. 4							

Item 4 is no longer statutorily required.

Item Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which			LEGISLATIVE SUBJECT IDENTIFICATION						
or F	Lobbyist was supporting or op	Appropriation Bill Number and Section Number ()	001 002 003 004 005 006 007 008 009 110 111	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, political partics 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	Code 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	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 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)			
6 bid or	ith57 ith63 ith63 fy any rule, ratemaking decision	on, procurement, contract, or bond lobbyist was support-		CERTIFICATION: I hereby certify to correct statement in accordance with	Section	67-6624 Idaho Code.			