LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

DESIGNATION TILL REPORT

To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)

Page___of__Page(s)
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09 MAY -4 AM 7:53

STATE OF IDAHO

FROM : Gregg & Julie Lynde

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		E LY UM -, I.	NOE ATILLA 8370	AVE 9		5 ·	- 3 -		Mo.) (Day) (Yr.)	
Item 1	Totals	s of all reportal	ble expenditures made	or incurred b	y Lobbyist	or by Lob	byist's Empl	oyer on behalf of	Lobbyist's Employer.	
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Du Not Have to be Reported "Total Amount for All Employers			Proportionate amounts contributed by each employer (Ide Item 3, at buttom of page.)			by each emple	oyer (Identify emp	ntify employers, under		
			All Employers	Employ	er No. 1	Empl	oyer No. 2	Employer No.	3 Employer No. 4	
Entertai Food an	nment d Refreshme	ent	s 🚓	\$		s		\$	s	
Living Accommodations		Ð								
Adverti	sing		0							
Travel			8	_					<u> </u>	
Telepho	ne ·									
Other E	xpenses or S	ervices	<u> </u>		<i>p</i> -					
	, - : <u> </u>	Total	s_ O	s		S		s	<u> </u>	
*When t	he number of	employers you a	re reporting for requires n	nultiple L-2 fo	rms to be file	d a total an	nount for all e	mployers should be	entered on Page 1.	
		of each expend of their house		enty-five do	llars (\$75) 1	or a legis	lator, other l	nolder of public o	office, executive officials and	
Ttem-	Date		Place	-	Amoun	t		Legislators, Public and Household Men	and Executive Officials	
					_					
	Continued on a	ttached page(s)								
INSTRUCTIONS						Item 3 Employer(s) Name(s) and Address(cs)				
67-6 Filit	617 Idaho C ng deadline:	ode	by lobbyist registered under the control of the con		. -	EF	RNGR BOX 16LE	STONE 563 , ID	83616	
1		-				-Avur 4.		***	4.6	
TO BE FILED WITH: Ben Ysursa Secretary of State					No. 3	No. 3				
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2				2282	No.	No. 4				

FAX NO. : 2083627151

Item 4			f of any Legislator, Pul	y the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal fany Legislator, Public or Executive Official or Household Member(s). Name of Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting							
Item 5 Subject (from to	Subject matter or House Bill, the Lobbyist w. Code Bill, Reable) Legislate	Amount of proposed legislation, the Resolution or other legis as supporting or opposing salution or Other App	Name of Legis ne number of the Senate lative activity in which	ator, Public or Executive Official and Hous	BJECT	IDENTIFICATION 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					
6		ratemaking decision, pros, financial services or bo	ocurement, contract, and lobbyist was support-	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 CERTIFICATION: I hereby certify correct statement in accordance with		televisions, radio, newspaper, power, CATV, gas Other (please specify)					