## LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

Phone: (208) 334-2852 Fax: (208) 334-2282

To Be Filed By:

**L-3** 

LOBBYISTS (Sec. 67-6619)

Page\_\_\_of\_\_\_Page(s)
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See instructions at bottom of page									DAHO"			
Lobbyist's name and permanent business address						Date prepared			Period covered			
		owers			2 2000	month ending		ling				
lda	ho Tre	ion rebrua		bruary E	3, 2007	(Mo.)	(Day)	(Yr.)				
517	11 OUE	erland	Associat Load				,			28		
Boise, 10 83705									02	20	09	
Item 1			ole expenditures made o								yer.	
Reimbu		iving and Travel	*Total Amount for All Employers	Proportionate amounts  Item 3, at bottom of p		ts contributed by each employer (Identify employers, under f page.)						
Do Not Have to be Reported				Employer No. 1		Employer No. 2		Employer No. 3		Employer No. 4		
Entertainment Food and Refreshment			\$	s		. \$		\$		_   \$		
Living A	Accommoda	tions										
Adverti	sing					_						
Travel												
Telepho	ne							1	1			
_	xpenses or S	anvicas										
	Apenses of 5	oci vices										
		Total	s - 0 -	s_ ~ 0	) -	<b>s</b>		s		\$		
				1					1			
When t			re reporting for requires n	_							90 alala and	
	1	of each expend	diture of more than sev	enty-nve doll	iars (\$/5) 1	or a	egisiator, other i	loider of public	omce, e	executive of	meiais and	
Item- 2	Date			Amoun				ors, Public and Executive Officials echold Members in Group				
										•		
		Ì					<b>.</b>					
				[			ľ					
Continued on attached page(s)						em 3	En	nployer(s) Name(s	oyer(s) Name(s) and Address(es)			
INSTRUCTIONS					$\vdash$	_						
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code					No.	No.1 5/1/Overland Road, Buise, 10 8310						
Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.					the No.	2						
TO BE FILED WITH:  Ben Ysursa Sacretory of State					No.	3			-			
Secretary of State PO Box 83720 Boise, ID 83720-0080						No. 4						

Item	memority to any, for any or an habelf of any Logislator Dublic or Executive Official or Household Mamber(s)											
property to any, for any or on behalf of any Legislator, Public or Executive Official or Household Member(s).												
	Date Amount Name of Le			islator, Public or Executive Official and Household Member(s) Receiving or Benefiting								
Item 5	or Ho	ouse Bill,		on, the number of the Senate legislative activity in which	Code	LEGISLATIVE SUI		IDENTIFICATION Subject				
	1	-		•	1							
Subject (from			esolution or Other tive Ident. Number	Appropriation Bill Number and Section Number	01	Agriculture, horticulture, farming, and livestock Amusements, games, athletics	17	Health service, medicine, drugs and controlled substances, health insurance, hospitals				
29	1				02	and sports	18	Higher education				
·					03	Banking, finance, credit and investments Children, minors, youth,	19 20	Housing, construction, codes Insurance (excluding health insurance)				
					"	senior citizens	21	Labor, salaries and wages,				
					05	Church and religion		collective bargaining				
					06	Consumer affairs	22	Law enforcement, courts,				
					07	Ecology, environment, pollution,		judges, crimes, prisons				
					ĺ	conservation, zoning, land and	23 24	License, permits				
					08	water use Education	25	Liquor Manufacturing, distribution and				
					09	Elections, campaigns, voting,	23	services				
		ļ				political parties	26	Natural resources, forest and				
					10	Equal rights, civil rights, minority affairs		forest products, fisheries, mining and mining products				
					11	Government, financing,	27	Public lands, parks, recreation				
						taxation, revenue, budget, appropriations, bids, fees, funds	28	Social insurance, unemployment insurance, public assistance,				
					12	Government, county		workmen's compensation				
					13	Government, federal Government, municipal	29	Transportation, highways, streets and roads				
					14	Government, municipal Government, special districts	30	Utilities, communications,				
		ł			16	Government, state	50	televisions, radio, newspaper,				
		ĺ						power, CATV, gas				
				1			31	Other (please specify)				
						<u>-</u>						
						CERTIFICATION: I hereby certify correct statement in accordance with						
T4	Identifi	v anv rule	ratemaking decisio	n procurement contract	1	William III MACCIONIAC WILL						
Item 6 Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.						Karpen T.	You	ns 3-3-09				
		_			;		<u>,, , , , , , , , , , , , , , , , , , ,</u>	Date				
						Lobbyist signature		Daw				