Rev. 05/2008

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

To Be Filed By:

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LOBBYISTS (Sec. 67-6619)

Page of Page(s)
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STATE OF IDAHO

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	's name and po	ermanent busine	Da	Date prepared				Period covered month ending							
12578 W. Huntly Drive Boise, ID 83709								2/8/09					(Mo.) (Day) (Yr.) 1 31 09		
Item 1	Totals	of all reportal	ble expenditu	res made o	r incurred b	y Lobb	vist o	r by	Lobbyist's Empl	oyer on b	oehalf of L	obby	vist's Emp	oloyer.	
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity			*Total An		Item 3, at botton										
	Not Have to be	Reported			Employ	yer No. 1	1	Е	mployer No. 2	Emp	oloyer No. 3		Employer No. 4		
Entertai Food ar	nment id Refreshme	ent	\$	0.00	\$ 0.00		00	S	0.00 s		0.0	00	s	0.00	
Living	Accommodat	ions							parameter to the Photocomp of the State of t						
Adverti	sing														
Travel															
Telepho	one								70					Anna (
Other E	expenses or S	ervices													
		Total	s	0.00	s	0.0	00	s	0.00	s	0.0	00	s	0.00	
*When	The totals		diture of mor					_	al amount for all e egislator, other l	nolder of	public off	fice,	executive	e officials and	
2	Date		Place		·	A	mount	Names of Legislators, Public and E nount and Household Members i						officials	
	Continued on a	attached page(s)			 		Ite		Employer(s) Name(s) and Address(es)						
INSTRUCTIONS Who should file this form: Any lobbyist registered under Section								Idaho Psychological Association P.O. Box 1347, Eagle, ID 83616							
Fili	67-6617 Idaho Code Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.							No. 2 Idaho Telecom Alliance P.O. Box 1638, Boise, ID 83701							
TO BE FILED WITH: Ben Ysursa Secretary of State							No. 3	Minnesota Mining & Manufacturing P.O. Box 33225, St. Paul, MN 55133							
PO Box 83720 Boise, ID 83720-0080								No. 4							

Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or in property to any, for any or on behalf of any Legislator, Public or Executive Official or Household Member(s).												
	Date		Amount	Name of Legis	slator, Public or Executive Official and Household Member(s) Receiving or Benefiting							
Item 5	or Ho the L	ouse Bill, obbyist w Bill, Re		ion, the number of the Senate legislative activity in which posing. Appropriation Bill Number and Section Number	Code 01 02	Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics	BJECT IDENTIFICATION Code Subject 17 Health service, medicine, drugs and controlled substances, health insurance, hospitals					
					03 04 05 06 07 08 09 10 11 12 13 14 15 16	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 parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, special districts Government, special districts Government, state	18 19 20 21 22 23 24 25 26 27 28 29 30	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)				
Item 6 Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.						CERTIFICATION: I hereby certify correct statement in accordance with Lobbyist signature						

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

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LOBBYISTS (Sec. 67-6619) Page of Page(s) THIS SPACE FOR OFFICE USE ONLY

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Boise, ID 83709								2/8/09	(Mo.)) (l)ay) 31	(Yr.) 09		
Item 1	Totals		ole expendi	tures made o				by Lobbyist's Empl	<u> </u>			oyer.	
Reimbu Expense	irsed Personal L	obbying Activity	J	Amount for mployers	Item 3, at bottom of Employer No. 1				Employer				
Entertai Food an	nment id Refreshme	ent	\$	0.00	\$	0.00) ,	0.00	\$	0.00	s	0.00	
Living A	Accommodat	tions									_	_	
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Travel Telepho	one						-	The second secon				-	
-	xpenses or S	ervices											
		Total	s	0.00	s	0.00) ,	0.00	s	0.00	s	0.00	
*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Pa The totals of each expenditure of more than seventy-five dollars (\$75) for a legislator, other holder of public office, execumember(s) of their household. Names of Legislators, Public and Executive Amount Place Amount Names of Legislators, Public and Faccutive Amount Names of Legislators, Public and Faccutive Amount								executive of					
	Continued on a	attached page(s)											
		INST	RUCTION	NS			Item 3	Item 3 Employer(s) Name(s) and Address(es)					
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code								No. 1 American Cancer Society 2676 Vista Avenue, Boise, ID 83705					
		Monthly reposes of the past in		thin fifteen ((15) days of	the N	No. 2 Anheuser-Busch InBev One Busch Place, St. Louis, MO 63118						
TO BE FILED WITH: Ben Ysursa Secretary of State								No. 3 Hewlett-Packard Company 3000 Hanover, Palo Alto, CA 94304					
	Phon		Box 83720 ID 83720-0 852 Fax:	080	282	Ν	No. 4 Idaho Medical Association 305 West Jefferson, Boise, ID 83702						

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, for any or on behalf of any Legislator, Public or Executive Official or Household Member(s).												
	I	Date	Amount	Name of Legi	slator, Public or Executive Official and Household Member(s) Receiving or Benefiting								
Item				ion, the number of the Senate legislative activity in which		LEGISLATIVE SU	вјест	IDENTIFICATION					
5			as supporting or opp	_	Code	Subject	Code	Subject					
Subject (from			esolution or Other ive Ident. Number	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	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 parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, special districts Government, state	17 18 19 20 21 22 23 24 25 26 27 28 29 30	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)					
Item 6	bid or t			n, procurement, contract, or bond lobbyist was support-	· - -	CERTIFICATION: I hereby certify correct statement in accordance with Lobbyist signature	that the a	bove is a true, complete and 67-6624 Idaho Code. Date					