## LOBBYIST MONTHLY REPORT FORM



## State of Idaho

Ben Ysursa Secretary of State

To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page 1 of 1 Page(s) THIS SPACE FOR OFFICE USE ONLY

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SELI. LIGHT UT STATE

		pe or print clear instructions at							OL.	STATE	0	FIDA	.H0
Lobbyist	s name and pe	ermanent busine	ss address			Da	ate pr	epared		Pe	riod (	covered	
-	Fitzgerald											month	ending
	V. Bannoci	<									(Mo.)	(Day	y) (Yr.)
Suite	700 , ID 83702							April 17, 2	009	- 1		1	1
											3	31	09
Item 1			ble expenditures made o		•		•		•		-		ployer.
Reimbu Expense:	s Pertaining to L	iving and Travel obbying Activity	*Total Amount for All Employers	Item 3, at bottom of		of pag	<del></del>						
Do	Not Have to be	Reported		Employer No. 1		1		Employer No. 2	Employer N		Employer No. 4		oyer No. 4
Entertai Food an	nment d Refreshme	ent	s0.00	\$	0.0	00_	\$	0.00	<b>\$</b>	0.	00	<b>\$</b>	0.00
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	s0.00	s	0.0	00_	<b>\$</b>	0.00	s	0.	00	\$	0.00
*When t	he number of	employers you a	l are reporting for requires m	l ultiple I -2 f	orms to l	l be filed	l a tot	al amount for all e	nnlovers :	should be e	ntere	d on Page	1
Which t	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 Page 1.  The totals of each expenditure of more than seventy-five dollars (\$75) for a legislator, other holder of public office, executive officials												
Item-	member(s) of their household.						Names of Legislators, Public and Executive Officials						
2	Date		Place		A	mount				rs, Public a chold Mem			Officials
		//											
Continued on attached page(s)							m		. 1(1)	N(-)		11()	
INSTRUCTIONS								Employer(s) Name(s) and Address(es)					
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code					No. 1 Kootenai Medical Center 2003 Lincoln Way, Coeur D' Alene, Idaho								
		Monthly reposes of the past	orts due within fifteen (month.	15) days o	f the	No. 2		estern Whitev			on		
TO BE FILED WITH:								etra Inc.					
			en Ysursa			No. 3		097 Rosario S	t, Merio	dian, Ida	ho		
Secretary of State PO Box 83720													
Boise, 1D 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282													

## Item 4 is no longer statutorily required.

Item					LEGISLATIVE SUI	LEGISLATIVE SUBJECT IDENTIFICATION				
5 ubjec	or Ho the Lo t Code table)	ect matter of proposed legislate buse Bill, Resolution or other obbyist was supporting or opposed legislative Ident. Number HB 213	legislative activity in which	01 02 03 04 05 06 07 08 09 10	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 parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds	Code 17 18 19 20 21	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 Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance,			
				12 13 14 15 16	appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state	29 30 31	insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)			
	Identify	any rule, ratemaking decisio	n procurement contract		CERTIFICATION: I hereby certify correct statement in accordance with	that the	bove is a true, complete and			
Item 6	bid or b		n, procurement, contract, or bond lobbyist was support-		Lobbyist signature	, n	4/m/07			