Rev. 05/2008

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

To Be Filed By:

L-3 LOBBYISTS ¥ISTS (Sec. 67-6619)

Page of Page(s) THIS SPACE FOR OFFICE USE ONLY

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STATE OF IDAHO

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15	s name and pern		s address		Do	ite prepare	d .	Per	riod covered month ending	: .
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Item	Totals o	f all reportab	le expenditures made o	r incurred b	y Lobbyist o	r by Lob	byist's Emplo	yer on behalf of L	obbyist's Employer.	*· ~ · :
Reimbu	tegory of Experienced Personal Living Pertaining to Lob	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)								
	Not Have to be I		All Employers	Employer No. 1		Empl	Employer No. 2 Employer		No. 3 Employer No. 4	
Entertair Food an	nment d Refreshmen		\$ <u></u>	\$		\$		\$	\$	`
Living A	Accommodation	ns	<u> </u>		···				· · · · · · · · · · · · · · · · · · ·	<u>.</u>
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Other E	xpenses or Ser	vices								
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		Total	s	s	<u>Ø</u>	\$	<i>I</i>	s	_ s	
*When t	he number of en	pployers you a	re reporting for requires m	ultiple L-2 fo	orms to be file	d a total ar	nount for all er	mployers should be e	ntered on Page 1.	-
74	The totals of member(s) o			enty-five do	liars (\$75) i	for a legis	lator, other l	older of public of	fice, executive officials	and
Item-	D-4		Place			.			and Executive Officials	-
	Date		PIECE		Amoun	<u> </u>		and Household Mem	bers in Group	
	1									
	$\sqrt{}$									
	Continued on att	ached page(s)								
INSTRUCTIONS						em 3	Employer(s) Name(s) and Address(es)			
	o should file to		ny lobbyist registered u	nder Section	No.	Id. 1 160 80	sho He	Jeffer 50 Deffer 50	Auth 12 St	
Fili:	ng deadline: th for activitie	Monthly rep	orts due within fifteen month.	(15) days o	f the No.	2				•
то	BE FILED WI	TH:								
. Ben Ysursa						3				
			etary of State Box 83720							
	Phone	Boise,	ID 83720-0080 2852 Fax: (208) 334-2	2282	No.	4		•		

Item 4				ehalf of any Legislator, Pul	or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal alf of any Legislator, Public or Executive Official or Household Member(s).						
	Date		Amount	Name of Legis	Name of Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting						
Team	Subject	A ct matter of	of proposed legislati	on, the number of the Senate		LEGISLATIVE SU	BJECT	IDENTIFICATION			
Item 5	or House Bill, Resolution or other the Lobbyist was supporting or op		Resolution or other	legislative activity in which							
Subject (from	Code	Bill, Re		Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 10 11 12 13 14 15 16	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	20 21 22 23 24 25 26 27 28 29 30	and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining			
•	bid or bi			n, procurement, contract, or bond lobbyist was support-		CERTIPICATION: I hereby certify correct statement in accordance with Lobbyist signature	that the	67-6624 Idaho Code.			