LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

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STATE OF IDAHO

		t clearly in black ink)								S	TATE O	FIDAHO	
Lobbyist's name and permanent business address							Date prepared			Period covered			
						l				Ę	month en	ding	
Greg Oyama 225 N 16th Street Boise ID 83702							6/16/09			(Mo.) (Day) (Yr.)			
Item			oa mada s	n in aumad b	انبطما اید	.t on h	u Lahhviatla Empl		5 bahalfafi		31	09	
1 Ca	tegory of Expenditure	portable expenditur	es made d				ibuted by each emple				-	yer.	
Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity All Employers													
	Not Have to be Reported	MATEUR		Employer No. 1		Employer No. 2		Employer No. 3			Employer No. 4		
Entertai	nment nd Refreshment	\$		\$		s		\$			\$		
	Accommodations	J.		_ \$		- •-				— I .	_ •		
Adverti						_ [_				_ -			
Travel													
Telephone										_ .			
Other E	xpenses or Services			_	_	_ _				.			
	Tot	al § 0		s_ C)		0	s	0		s 0		
#337/h						 	ot-1		-AIA b		D 1		
	The totals of each e member(s) of their I	xpenditure of more				_			_			fficials and	
Item- 2	Date Place			Amo	unt		Names of Legislators, Public and Executive Officials and Household Members in Group				cials		
	<u> </u>	11400			74110			una rious	chold Wichit	is in	Отопр		
	Continued on attached pa	nge(s)				Item					_		
INSTRUCTIONS							Е	Employer(s) Name(s) and Address(es)					
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code						o. 1	IBEW Loc 225 N 1	6th	Street	t			
							Boise ID 83702						
Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.						o. 2		_					
TO BE FILED WITH: Ben Ysursa													
Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282													

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 property to any. for any or on behalf 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						
Item 5	or Ho	use Bill,		ion, the number of the Senate legislative activity in which posing.	Code	LEGISLATIVE SUE		IDENTIFICATION Subject			
Subject	Code	Bill, Re	esolution or Other	Appropriation Bill Number	- 01	Agriculture, horticulture, farming, and livestock	17	Health service, medicine, drugs and controlled substances, health			
No		Legislat	ive Ident. Number	and Section Number	02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	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, municipal Government, special districts Government, state	18 19 20 21 22 23 24 25 26 27 28 29 30	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 b			on, procurement, contract, or bond lobbyist was support-		CERTIFICATION: I hereby certify correct statement of accordance with					

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