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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09 MAY 13 AM 9: 41

SECREPART OF STATE STATE OF IDAHO

| | Se | ype or print clear e instructions at | bottom of page | | | | | | 2 1A | IE Ur | IDAHO | |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------|-------------------------------------------------------------------|-------------|---------------|-------|-----------------------------------|----------------|-------------------------------------------------------------|------------|-----------------|--|
| | | ermanent busine | ss address | _ | | Date | prepared | | Period | covered | | |
| - | | apitolWest | | | | | | | | month | ending | |
| | Box 953 , ID 8370 | 2 | | | | | | | (Mo. |) (Day | y) (Yr.) | |
| Doise | , 10 0370 | 2 | | | | | 5/12/09 | 9 | 5 | 08 | 1 | |
| Item | 20 · 1 | 6.11 | | | | | | | | | | |
| 1 | | | ole expenditures made o | | | | <u> </u> | | | | ployer. ———— | |
| Category of Expenditure Reimbursed Personal Living and Travel Expenses Periaining to Lobbying Activity Do Not Have to be Reported | | *Total Amount for All Employers | Item 3, at | bottom o | of page.) | | 1 | | | | | |
| Entertainment | | | | Employ | yer No. 1 | | Employer No. 2 | Employe | er No. 3 | Emplo | oyer No. 4 | |
| Entertainment Food and Refreshment | | | \$ 0.00 | \$ | 0.0 | 0 | 0.00 | \$ | 0.00 | \$ | 0.00 | |
| Living Accommodations | | | 0.00 | | | " | | Ψ | | Φ | | |
| Adverti | | | 0.00 | | | _ - | | , | | | | |
| Γravel | ang | | 0.00 | | | _ - | | | | | - | |
| Felepho | ne | | 0.00 | | | _ - | | | | | | |
| Other Expenses or Services 0.00 | | | | | | _ - | | | | | | |
| Juici L | | | | | | _ - | | | | | | |
| | | Total | s0.00 | s | 0.00 | 0 s | 0.00 | \$ | 0.00 | \$ | 0.00 | |
| Item- | The totals | | re reporting for requires m diture of more than seven hold. | | | | a legislator, other l | nolder of put | olic office, | executive | e officials and | |
| 2 | Date | | Place | | Am | ount | | | rs, Public and Executive Officials hold Members in Group | | | |
| | Continued on a | ttached page(s) | | | | | | | | | | |
| | _ | 1017 | | | $\overline{}$ | Item | En | ıployer(s) Nan | ne(s) and A | ldress(es) | | |
| | | INST | RUCTIONS | | F | - 3 | | | | | | |
| | should file 617 Idaho Ce | | y lobbyist registered un | der Section | ١ | NO. I | Ada County Hig 3775 Adams St. | - | | 33714 | | |
| | | Monthly reposes of the past r | orts due within fifteen (month. | 15) days of | the N | NO. Z | Associated Log P. O.Box 671, 0 | • | | 33816 | | |
| TO E | BE FILED W | Be Secre | en Ysursa etary of State | | N | NO. 3 | ldaho Prior App 599 W. Bannoc | - | | | | |
| | | | Box 83720 D 83720-0080 | | | No. 4 | Mountain View | Hospital | | | | |

2325 Coronado St., Idaho Falls, ID 83404

LOBBYIST MONTHLY REPORT FORM



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|------|-------|-------|-------|-----|-----|----|------|------|
| See | instr | uctio | ns at | bo | tto | m | of a | page |

| | | instructions at | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------|--------|------------------------------------------|-------------------------------------------|------------------------------------------------------------|---------|------------------------------|---------------------------------------------------------------------------|-------------------------|----------|----------------|------------|----------|-------|
| | t's name and per | | ess ac | ldress | | | | Date prepared Period covered | | | | | | | |
| _ | r Seiber/Ca | pitolWest | | | | | | month er | | | | | th endir | ng | |
| | Box 953 | | | | | | | | | | | (Mo. |) (Da | av) | (Yr.) |
| Doise | e, ID 83702 | | | | | | | | 5/12/09 |) | | | | 1 | |
| | | | | | | | | | | | | 5 | 0 | <u> </u> | 09 |
| ltem 1 | Totals | of all reporta | ble e | expenditures made o | r incur | red by Lob | byist | or b | y Lobbyist's Emplo | oyer on b | ehalf o | f Lobb | yist's En | aploye | r. |
| Reimbu | itegory of Exp irsed Personal Liv | ring and Travel | | *Total Amount for | Proportionate amount Item 3, at bottom of | | | | ributed by each emplo | yer (Ider | ıtify em | ployers | , under | | |
| Expenses Pertaining to Lobbying Activity Do Not Have to be Reported | | All Employers | | Employer No 🖈 | | x5 | | Employer No.26 | Employer N | | 0. 27 | 7 Employer No. | | 10.48 | |
| Entertai | | | | 0.00 | | 0 | .00 | | 0.00 | | | 0.00 | _ | | 0.00 |
| | nd Refreshmer | | \$_ | 0.00 | \$ | | | \$_ | | \$ | | | \$ | | |
| Living A | Accommodati | ons | _ | 0.00 | | | | - | | | | | | | |
| Adverti | sing | | - | | | | | - | | | | | | | |
| Travel | | | _ | 0.00 | | | | _ | | | | | | | |
| Telepho | one | | | 0.00 | | | | _ | | | | | | | |
| Other E | xpenses or Sc | rvices | | 0.00 | | | | _ | | | | | | | |
| | | Total | \$ | 0.00 | \$ | 0. | .00 | \$ | 0.00 | \$ | | 0.00 | \$ | | 0.00 |
| | | iotai | "- | | " | | | 5 | | J.—— | | | Ψ | | |
| Item- | The totals o member(s) o | | ditu | _ | | e dollars (| \$75) : | for a | a legislator, other h | lolder of | public | office, | executive | ve offi | |
| | Date | | | Place | | | Amour | t | a | ind House | hold Me | mbers i | n Group | | |
| (| Continued on at | tached page(s) | | | | | | | | | | | | | |
| | | INST | RU | CTIONS | | | | em 3 | Em | ployer(s) | Name(s |) and Ac | ldress(es) |) | |
| 67-6 Filin | 617 Idaho Co ng deadline: | de Monthly rep | orts | bbyist registered undue within fifteen (| | | | • • | The Pointe, LLC 5850 Avenida Er Swisher Interna 459 E. 16th St., | ncinas, ———tional, I | Ste A | , Carl | | CA 9 | 2008 |
| month for activities of the past month. TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 | | | | | | Waste Management 915 L St., Ste 1430, Sacramento, CA 95814 | | | | | | | | | |
| | Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282 | | | | | | | No. Wine Institute | | | | | | | 16 |





State of Idaho

Ben Ysursa Secretary of State

LOBBYISTS L-3 (Sec. 67-6619)

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| | Se | e instructions at | | | | | | | | | | | |
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| | · | ermanent busine | ess address | | | Da | ate p | repared | | Pe | riod (| covered | |
| - | | apitolWest | | | | | | | | | | month en | ding |
| | Box 953 | ^ | | | | | | | | | (Mo.) | (Day) | (Yr.) |
| Boise | e, ID 8370 | 2 | | | | | | 5/12/09 | ١ | | 5 | 08 | 09 |
| Item | Total | s of all reporta | ble expenditures made | or incurred l | by Lobl | bvist o | r by | Lobbyist's Emplo | over on b | ehalf of I | | | |
| 1 | itegory of Ex | | 1 | | - | • | - | buted by each emplo | - | | - | • | , 01. |
| Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported | | *Total Amount for All Employers | Item 3, at | Item 3, at bottom of p | | | | | | | | | |
| | | 7th Employers | Emplo | yer No. | ¥ 9 | | Employer No.210 | Emp | بـ.loyer No | 11 | Employer | No.4 /2 | |
| Enterta | inment ad Refreshme | 4 | 0.00 | s | 0.0 | 00 | e | 0.00 | ¢. | 0. | 00 | ¢. | 0.00 |
| | Accommoda | | 0.00 | _ 3 | | | \$_ | | \$ | | | \$ | |
| Adverti | | tions | 0.00 | | | | | | | | | | _ |
| Travel | <u>.</u> | | 0.00 | | | | | | | | - | | |
| Telepho | one | | 0.00 | | | | | | | | _ | - | |
| Other E | Expenses or S | Services | 0.00 | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | Total | \$0.00 | s | 0.0 | 00 | \$ _ | 0.00 | \$ | 0. | 00 | \$ | 0.00 |
| *When | the number of | emplovers vou a | are reporting for requires | multiple L-2 fo | orms to ! | he filed | l a to | tal amount for all en | nnlovers s | should be e | ntere | d on Page I | |
| | | | diture of more than se | • | | | | | | | | | ficials and |
| 1tem- | member(s) | of their house | hold. | _ | | | | Names of | I aminimum | n Dublin | | | :-1- |
| 2 | Date | | Place | | А | mount | | | | hold Meml | | ecutive Offic 1 Group | iais |
| | | | | | 4 | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | 4 | | | | | | | | |
| | * | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Continued on a | attached page(s) | | | | | | | | | | | |
| | | INST | RUCTIONS | | | lte 3 | | Em | ployer(s) | Name(s) a | nd Ad | dress(es) | |
| <u> </u> | | | | | | No.4 | | hillips Edison 8 | | | | | |
| | o should file 617 Idaho C | | ny lobbyist registered t | inder Section | n | | 17 | 75 E 400 S, Ste | e 402, S | Salt Lak | e Ci | ty, UT 84 | 111 |
| | | Monthly repies of the past | orts due within fifteen month. | (15) days o | f the | 10 No. 2 | . P | rairie Crossing 8403 Bennett F | | | eek, | OR 9785 | 6 |
| ТО | BE FILED W | /ITH: | | | | /1 | - | rairie Propertie | s IIC | | | | |
| | | | en Ysursa etary of State | | | No.5 | | 6100 NW Corn | | | ertor | n, OR 970 | 006 |
| | | PO | Box 83720 ID 83720-0080 | | | 12 | , _D | refix | | | | _ | |
| | Phon | | 852 Fax: (208) 334- | 2282 | | 100.27 | | 300 W. Hamlin | , Roche | ester Hil | II, MI | 48309 | |

Item 4 is no longer statutorily required.

| | ect matter of proposed legislat | | | LEGISLATIVE SU | вјест | IDENTIFICATION |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| or H the I Subject Code (from table) | ouse Bill, Resolution or other Lobbyist was supporting or opposite the control of | legislative activity in which | Code 01 02 03 04 05 06 07 08 09 10 11 - 12 13 14 15 16 | 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 Government, county Government, federal Government, special districts Government, state | | 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, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify) |
| 6 bid or | y any rule, ratemaking decisio bid process, financial services opposing. | | | CERTIFICATION: I hereby certify correct statement in accordance with cobbyist signature | | |