LOBBYIST MONTHLY REPORT FORM



State of Idaho Ben Ysursa

To Be Filed By: LOBBYISTS L-3 (Sec. 67-6619) No. 0915 P. 2

Page___of___Page(s)
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		pe or print clear								S	TATE	OF IDA	SIAIE VHO
	s name and pe	rmanent busing	ss address				Date p	repared		-	Period co	overed	
Robert Vardellerwe							1	- 1-01:	(0] month en	ding
ideho Heath Care Associ. 1524 W. Czyuse Creek							3/22/10			(Mo.)	(Day)	(Yr.)	
• -	ey w. eridien		•	646							2	29	2010
Item					r incurred	hy I ohhyi	st or by	Lobbyist's Empl	Over on	hehalf o	f Lobby	et's Emplo	Ver
Ca	tegory of Ex		T CAPCII	diagon made o				buted by each emplo	<u> </u>				y 0 (,
Reimbursed Personal Living and Travel Expenses Personal Lobbying Activity			*Total Amount for All Employers		Item 3, at bottom of page.)								
	Not Have to be		. An	Employers	Emplo	oyer No. 1		Employer No. 2	Em	ployer N	o. 3	Employe	No. 4
Entertainment			g 0.00										
Food and Refreshment			S	0.00			_ S_		s			\$	
Living Accommodations			- -	0.00	 _		-						
Advertis	sing			0.00	——		-[-		ļ			•	
Travel				0.00	l ——		~						
Telepho.				0.00			- -		l ——				
Other Expenses or Services				0,00			- -						
				0.00		0.00		0.00			0.00		0.00
		Total	s _		\$		- \$-	0.00	\ S		0.00	s	0.00
*When t	ne number of e	employers you s	re reportin	g for requires m	ultiple L-2 i	forms to be f	iled a to	otal amount for all e	mployers	should b	e entered	on Page 1.	
				more than seve	nty-five d	ollars (\$75) for a	legislator, other l	older o	f public	office, e	xecutive o	fficials and
Item-	niember(s)	of their house	hold.					Names of	Legislat	ors. Publ	ic and Exc	cutive Offic	ials
2	Date		P	lace		Amo	upt				embers in		
	0]							
	J					1							
						}							
	Continued on a	ttached page(s)				<u> </u>							
		INST	RUCTIO	ONS			Item 3	En	nployer(s) Name(s	s) and Add	[1e22(63)	
	 .						lo	laho Health Ca	are Ass	sociatio	on		
	should file 617 Idaho Co		ı y lobbyi	st registered un	der Sectio	n N	0. 1	524 W Cayuse				83646	
		Monthly rep		within fifteen (15) days (of the N	0. 2						
тов	BE FILED W	TTH:											
Ben Ysursa							o. 3						
Secretary of State PO Box 83720													
	Phone	•	ID 83 720 852 Fa	-0080 v: (208) 334-2	282	N	0. 4						

Item 4

Item 4 is no longer statutorily required.

Tear	Subject matter of proposed legislati	LEGISLATIVE SUBJECT IDENTIFICATION							
1 CIII	or House Bill, Resolution or other	legislative activity in which							
Subject C (from tail 17 17 17 17		Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 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 Government, federal Government, municipal Government, special districts	20 21 22 23 24 25 26 27 28 29 30 31	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			
6 pi	lentify any rule, ratemaking decisio d or bid process, financial services g or opposing.			CERTIFICATION: I hereby certify correct statement in accordance with					