LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619) Page 1 of 3 Page(s)
THIS SPACE FOR OFFICE USE ONLY

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STATE OF IDAHO

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Lobbyis	st's name and p	permanent busine			Date prepared				Period covered			
Colby F. Cameron										\checkmark	month endi	ng
SULLIVAN & REBERGER											(M-) (D-) (V-)	
PO E	3OX 1703						4-6-1	\mathcal{O}		(Mo.) (Day) (Yr.)		
	E ID 8370)1							<u> </u>	<u> []</u>	<u> 10 </u>	
Totals of all reportable expenditures made or incurred by Lobbyist's Employer on behalf of Lobbyist's										t's Employ	er.	
Reimburs	itegory of Ex ed Personal Livi Pertaining to Lo		* Total Amount for All Employers	Proportionate amoun		ounts contributed by each employer (Identify employers, under n of page.)						
	Not Have to b		All Elliployers	Employer No. 1		. 1	1 Employer No. 2		Employer No. 3		Employer No. 4	
	inment ind Refreshm	nent	\$	\$	<u> </u>	_ :	s_ 	S s C		\$		
Living	Accommod	ations		_						_		
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Other I	Expenses or	Services						<u> </u>		_		
Total			\$0.00	\$	0.0	00	0.00	\$	0.0	00	s	0.00
*	When the num	ber of employers	 you are reporting for requi	 ires multiple	L-3 form	ns to be	filed a total amount fo	 rallemp	loyers shou	 Id be ent	ered on Page	: l.
Item			iture of more than fifty									
2 Date Place			Place	Amoi			mount Names of Legislators & Public Officials in Gro					
	Continued on	attached page(s)			l		I					
INSTRUCTIONS							En	Employer(s) Name(s) and Address(es)				
\vdash				-	No.1 ADVANTAGE WORKERS COMPENSATION							
	o should fil 6617 Idaho (ny lobbyist registered u	ion	P.O. Box 571918, SLC, UT 84157							
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.							No.2 AREVA NC, INC. 4800 Hampden Ln, Ste 1100, Bethesda MD 20814					
TO BE FILED WITH: Ben Y sursa							No.3 ASSOCIATED GENERAL CONTRACTORS 1649 W Shoreline, Boise, ID 83702					
Secretary of State PO Box 83720 Boise, ID 83720-0080							No.4 ELI LILLY CORPORATION					
Phone: (208) 334-2852 Fax: (208) 334-2282							161 St. Anthony #820. St. Paul. MN 55103					

LOBBYIST MONTHLY REPORT FORM





Secretary of State

Boise, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

2345 Crystal Dr - Ste 708. Arlington VA 22202

(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered month ending Colby F. Cameron 4/6/10 **SULLIVAN & REBERGER** (Mo.) (Day) (Y r.) PO BOX 1703 **BOISE ID 83701** Item Totals of all reportable expenditures made or incurred by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure * Total Amount for Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Item 3, at bottom of page.) All Employers Do Not Have to be Reported Employer No. 5 Employer No. Employer No. Employer No. Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services 0.00 0.00 0.00 0.00 0.00 Total *When the number of employers you are reporting for requires multiple L-3 forms to be filed a total amount for all employers should be entered on Page 1. The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. Item Names of Legislators & Public Officials in Group 2 Amount Continued on attached page(s) Item Employer(s) Name(s) and Address(es) INSTRUCTIONS IDAHO SCHOOL BOARDS ASS'N Who should file this form: Any lobbyist registered under Section PO Box 9797, Boise, ID 83707-9797 67-6617 Idaho Code. Multi-State Assoc, Inc. for Comm Fin Srvcs Ass'n of Filing deadline: Monthly reports due within ten (10) days of the Am. 515 King St.#300, Alexandria VA 22314 month for activities of the past month. TO BE FILED WITH: DORAL DENTAL USA LLC. 1, 12121 N. Corporate Prkwy, Mequon, WI 53092 Ben Ysursa Secretary of State PO Box 83720 URS (fka Washington Group Int'l)

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

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LOBBYISTS (Sec. 67-6619)

Page 3 of 3 Page(s) THIS SPACE FOR OFFICE USE ONLY

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Lobbyis	t's name and p	permanent busine		Ď	ate prepared	<u> </u>	Period covered				
Colby	, F. Came	ron							month ending		
SULLIVAN & REBERGER					ł	/	GI		(D) (V	7-3	
PO B	OX 1703					4-6	1	(Mo.)	(Day) $(Y$	(r.)	
BOIS	E ID 8370)1_				1		<u> </u>	12111	<u> </u>	
Item 1	Totals	of all reportab	le expenditures made or	incurred by I	Lobbyist o	or by Lobbyist's Emplo	oyer on behalf o	of Lobbyi	st's Employer.		
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pentaining to Lobbying Activity			* Total Amount for	Proportionate Item 3, at bo		ints contributed by each employer (Identify employers, under of page.)					
	Not Have to b		All Employers	Employe	r No. G	Employer No./	Employer N	io.//	Employer No	o. <i>[</i>]	
	inment nd Refreshm	ent	s	\$	D /	\$	\$	7	\$		
Living	Accommod	ations	<u> </u>	l′			l				
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_				/-			l - 				
Other I	Expenses or	Services									
Total \$_			\$0.00	\$	0.00	\$0.00	\$	0.00	\$0	0.00	
**	When the num	ber of employers	 syou are reporting for requi	 res multiple L-	3 forms to	 be filed a total amount fo	 r all employers sh	ould be en	itered on Page 1.		
Item			iture of more than fifty								
2	Date		Place	Ĺ	Amount		of Legislators & P	ublic Offic	ials in Group		
				1							
	Continued on	attached page(s)		l		ı					
			TRICTIONS		Ite	em En	mployer(s) Name(s) and Address(es)				
		11/51	RUCTIONS								
	o should file 6617 Idaho (ny lobbyist registered u	nder Section	9)	9) MEDICAL TRANSPORTATION MANAGEMENT 16 Hawk Ridge Drive, Lake St. Louis, MO 63367					
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.						1ù """"					
TO BE FILED WITH:						///////					
5617 1 561,56											
			etary of State Box 83720	 							
			ID 83720-0080	110	2.1111111						
	Pho		2852 Fax: (208) 334-2	282	1						

ltem						of mone	ey or other tangible or intangible				
4	personal pr	personal property to any Legislator, or for or on behalf of a									
	Date	Amount		Name of Legislator Receiving or Benefited							
Item 5			tion, the number of the Scnate r legislative activity in which		LEGISLATIVE SUE	JECT	IDENTIFICATION				
•	the Lobbyis	t was supporting or of	pposing.	Code 01	Subject		Subject				
Subject (from		Resolution or Other slative Ident, Number			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, federal Government, municipal Government, special districts Government, state	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	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)				
CERTII	ICATION: I	hereby certify that the	shove is a true, complete and	1							

CERTIFICATION: 1 hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

Lobbyist signatur

Date