Rev. 06/2006



State of Idaho

LOBBYIST REPORT FORM

<b>PANNUAL</b>	SEMI-ANNUA
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THIS	SPACE FOR	OFFICE E	SE	ONLY

Ben Ysursa Secretary of State

To Be Filed By: LOBBYISTS

07 JAN 30 AM 8: 25

	Sec (Sec	c. 67-6619)	رنان ا	AL INTO UF A	STATE	
(Type or print clearly in black ink) See instructions at bottom of page			JS	TATE OF IDA	(HU	
Lobbyist's name and permanent business address		Date prepare	ed	Perio	od covered	
KATHRYN HALEY					year ending	
KATHRYN HALEY 4120 SHAMROCK A	r E	1-30-07		, (M	(o.) (Day) (Yr.)	
BOISE ID 83713	3			/	2 31 06	
Totals of all reportable expenditures made	or incurred by Lob	byist or by Lob	byist's Employ	yer on behalf of Lo	bbyist's Employer.	
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity  *Total Amount for All Employers		Proportionate amounts contributed by each employer (Identify etem 3, at bottom of page.)		yer (Identify employ	employers, under	
Do Not Have to be Reported	Employer No.	1 Empl	oyer No. 2	Employer No. 3	Employer No. 4	
Entertainment Food and Refreshment  S  S	\$ 0	\$		\$	\$	
Living Accommodations						
Advertising						
Travel						
Telephone						
Other Expenses or Services						
Total \$	\$ _	\$		\$	\$	
*When the number of employers you are reporting for requi						
Item The totals of each expenditure of more than fifty  Date Place					cutive Officials in Group	
Continued on attached page(s)		0				
INSTRUCTIONS		Item 3	FOREMP	loyer(s) Name(s) and	Address(es)	
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code		No. 1 Idaho Women's Network PO BOX 1385 Boise TD 83701				
Filing deadline: Annual report is due on January 31 Executive Lobbyist semi-annual rep		No. 2				
TO BE FILED WITH:  Ben Ysursa Secretary of State PO Box 83720 Boise, 1D 83720-0080	No. 3					

No. 4

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

Item 4	Expenditures personal prop	inditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible and property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.					
	Date	Amount		Name of Legislator, Public or Executive Official Receiving			
		-0-					
Item 5 Subject (from 177	or House Bill, the Lobbyist w  Code Bill. Re Legislat  S 7  S 7  H	Resolution or other vas supporting or opposed the resolution or Other ive Ident. Number 1482 1337 612 (806) 843	on, the number of the Senate legislative activity in which posing.  Appropriation Bill Number and Section Number	Code Subject  O1 Agriculture, horticulture, farming, and livestock  O2 Amusements, games, athletics and sports  O3 Banking, finance, credit and investments  O4 Children, minors, youth, senior citizens  O5 Church and religion  O6 Consumer affairs  O7 Ecology, environment, pollution, conservation, zoning, land and water use  O8 Education  O9 Elections, campaigns, voting, political parties	IECT IDENTIFICATION  Code 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		
10 28 22,/3	1	TR 2 664 536 615		10 Equal rights, civil rights, minority affairs 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds 12 Government, county 13 Government, federal 14 Government, municipal 15 Government, special districts 16 Government, state	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	contract bid	or bid process, finar was supporting or o	ecision, procurement, acial services agreement or apposing.	CERTIFICATION: I hereby certify that correct statement in accordance with Selection Lobbyist signature  Employer No. 1 signature  Employer No. 2 signature  Employer No. 3 signature			
				Employer No. 4 signature	Date		