

# ORIGINAL LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Yursa  
Secretary of State

To Be Filed By:

**L-3** LOBBYISTS  
(Sec. 67-6619)

06 SEP 19 AM 9:47

SECRETARY OF STATE  
STATE OF IDAHO

(Type or print clearly in black ink)  
See instructions at bottom of page

Lobbyist's name and permanent business address  Grant T. Burgoyne P.O. Box 1743 Boise, ID 83701	Date prepared  9/18/06	Period covered <input type="checkbox"/> month ending (Mo.) (Day) (Yr.) 8   31   06
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Item 1	Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.				
Category of Expenditure <small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small>	*Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment	\$ 0	\$	\$	\$	\$
Food and Refreshment	0				
Living Accommodations	0				
Advertising	0				
Travel	0				
Telephone	0				
Other Expenses or Services	0				
<b>Total</b>	\$ 0	\$	\$	\$	\$

\*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.

Item 2	The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.			
Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group	
		None		

Continued on attached page(s)

<b>INSTRUCTIONS</b>  <b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code  <b>Filing deadline:</b> Monthly reports due within ten (10) days of the month for activities of the past month.  <b>TO BE FILED WITH:</b> Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Item 3</th> <th>Employer(s) Name(s) and Address(es)</th> </tr> </thead> <tbody> <tr> <td>No. 1</td> <td>Idaho Assisted Living Association 838 LaCassia #200, Boise, ID 83705</td> </tr> <tr> <td>No. 2</td> <td></td> </tr> <tr> <td>No. 3</td> <td></td> </tr> <tr> <td>No. 4</td> <td></td> </tr> </tbody> </table>	Item 3	Employer(s) Name(s) and Address(es)	No. 1	Idaho Assisted Living Association 838 LaCassia #200, Boise, ID 83705	No. 2		No. 3		No. 4	
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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 personal 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 or Benefiting
		None	

Item 5	Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.		<b>LEGISLATIVE SUBJECT IDENTIFICATION</b>																																		
	Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number																																		
	17 31	620322																																			
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CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

Item 6	Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.

*[Handwritten Signature]*      9/18/06  
 Lobbyist signature      Date