## State of Idaho

Ben Ysursa Secretary of State

PO Box 83720

Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282

## LOBBYIST MONTHLY REPORT FORM

To Be Filed By:

**L-3** 

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

06 APR

PM 3: 10

|   |   |   |                         | SEÇ                 | TATE OF I               | 1 31/                           | ME             |       |
|---|---|---|-------------------------|---------------------|-------------------------|---------------------------------|----------------|-------|
| (Type or print clearl   |   |   |                         | Ü                   | MALC UT 1               | UANU                            | )              |       |
| See instructions at b   |   | Date pr   | Date prepared           |                     |                         | Period covered                  |                |       |
| Jerry Peters  |   |   |                         |                     |                         | month ending                    |                |       |
| 225 Noi6+   | L/-10-06  |   |                         | 06                  | (Mo.)                   | (Day)                           | (Yr.)          |       |
| Boise, 10 83  |   |   |                         |                     | 3                       | 31                              | 06             |       |
| Item 1 Totals of all reportable e   | xpenditures made or   | incurred by Lobb  | yist or by              | Lobbyist's Empl     | oyer on behalf o        | of Lobby                        | ist's Employe  | er.   |
| Category of Expenditure Reimbursed Personal Living and Travel  * Total Amount for |   | Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.) |                         |                     |                         |                                 |                |       |
| Expenses Pertaining to Lobbying Activity  Do Not Have to be Reported              | All Employers   | Employer No.  | . 1 Er                  | nployer No. 2       | Employer N              | o. 3                            | Employer       | No. 4 |
| Entertainment Food and Refreshment \$   | - 0 -   | \$  | \$                      |                     | \$                      |                                 | \$             |       |
| Living Accommodations   |   |   | _                       |                     |                         |                                 |                |       |
| Advertising   |   |   |                         |                     |                         |                                 |                |       |
| Travel  |   |   | _ _                     |                     |                         |                                 |                |       |
| Telephone   |   |   | _                       |                     |                         |                                 |                |       |
| Other Expenses or Services  |   | _ _   |                         |                     |                         |                                 |                |       |
| Total \$  |   | \$  | \$_                     |                     | \$                      |                                 | \$             |       |
| *When the number of employers you   | are reporting for requi   | <br>res multiple L-3 for  | <br>ms to be file       | d a total amount fo | <br>or all employers sh | ould be e                       | ntered on Page | : 1.  |
| Item The totals of each expenditure   |   |   |                         |                     |                         |                                 |                |       |
| 2 Date  | Ar  | nount   | ount Names of Legislato |                     |                         | ors & Public Officials in Group |                |       |
|   |   |   | 0                       |                     |                         |                                 |                |       |
| Continued on attached page(s)   |   |   | Item                    |                     |                         |                                 |                |       |
| INSTRU  | 3   | 3 Employer(s) Name(s) and Address(es)   |                         |                     |                         |                                 |                |       |
| Who should file this form: Any 67-6617 Idaho Code.                                | SW Idaho Building I rades<br>No.1 225 N. 16th<br>Do. 5e, 10 83702 |   |                         |                     |                         |                                 |                |       |
| Filing deadline: Monthly report month for activities of the past mo               | No.2  |   | 1100                    |                     |                         |                                 |                |       |
| TO BE FILED WITH:  Ben Secretar   | No.3  |   |                         |                     |                         |                                 |                |       |

No.4

| Item<br>4 |                              |   | nade by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible try to any Legislator, or for or on behalf of any legislator. |  |         |           |         |       |  |  |
|-----------|------------------------------|---|--|--|---------|-----------|---------|-------|--|--|
|           | Date Amount                  |   |  | Name of Legislator Receiving or Benefited              |         |           |         |       |  |  |
| Item 5    | Subject or He Lt Code table) | ect matter ouse Bill, cobbyist w Bill, Re | Amount  Amount   | ator, or for or on behalf of a                         | any leg | gislator. | or Bene | fited |  |  |
|           |                              |   |  | above is a true, complete and<br>a 67-6624 Idaho Code. |         |           |         |       |  |  |

4/-/0-06 Date