

Rev. 06/2006

LOBBYIST MONTHLY REPORT FORM

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



State of Idaho

Ben Yursa Secretary of State

To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

07 MAR -9 PM 1:16 STATE OF IDAHO

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

Lobbyist's name and permanent business address: Michelle Jun, 1535 Mission Street, San Francisco, CA 94103. Date prepared: 3/9/07. Period covered: 02 month ending (Mo.) 02 (Day) 28 (Yr.) 07

Table with 6 columns: Category of Expenditure, Total Amount for All Employers, and Proportionate amounts contributed by each employer (Employer No. 1-4). Rows include Entertainment, Food and Refreshment, Living Accommodations, Advertising, Travel, Telephone, Other Expenses or Services, and Total.

*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

Table with 4 columns: Date, Place, Amount, Names of Legislators, Public and Executive Officials in Group. Row 1: N/A, N/A, N/A, N/A

Continued on attached page(s)

INSTRUCTIONS section containing filing rules and Employer(s) Name(s) and Address(es) for Consumers Union of U.S., Inc.

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
	N/A	N/A	N/A

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.		LEGISLATIVE SUBJECT IDENTIFICATION																																																																	
	Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number																																																																	
	03	ID Theft & Security Freeze	No Bill Number																																																																	
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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.

[Handwritten Signature]

3/9/07

Lobbyist signature

Date

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