Rev. 06/2006

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

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

-3 LOBBYISTS (Sec. 67-6619)

Page_	of	Page(s
THIS SP	ACE FOR OFFI	OF USE ONLY

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STATE OF IDAL

(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 Mark Snider 8248 West Victory Road February 16, 2007 (Day) (Yr.) (Mo.) Boise, ID 83719 01 07 31 Item Totals of all reportable expenditures made or incurred by Lobbyist or 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 Do Not Have to be Reported Item 3, at bottom of page.) All Employers Employer No. 1 Employer No. 4 Employer No. 2 Employer No. 3 Entertainment 0.00 Food and Refreshment 0.00 Living Accommodations 0.00 Advertising 0.00 Travel 0.00 Telephone 0.00 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-2 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, other holder of public office, and executive officials. 2 Place Names of Legislators, Public and Executive Officials in Group Date Amount N/A NONE 0.00 N/A Continued on attached page(s) ltem Employer(s) Name(s) and Address(es) INSTRUCTIONS United Water Idaho Who should file this form: Any lobbyist registered under Section 8248 West Victory Road, Boise, ID 83719 67-6617 Idaho Code Filing deadline: Monthly reports due within ten (10) days of the No. 2 month for activities of the past month. TO BE FILED WITH: No. 3 Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 No. 4

ltem 4				lator, Public or Executive	or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.					
	Date Amo		Amount	nt Na		me of Legislator, Public or Executive Official Receiving or Benefiting				
N/A 0.00 N/A										
Item 5	or Ho	use Bill,	matter of proposed legislation, the number of the Senate se Bill, Resolution or other legislative activity in which objist was supporting or opposing.			LEGISLATIVE SUBJECT IDENTIFICATION				
6.1.				-	^_	Subject Agriculture, horticulture,	Code 17	Subject Health service, medicine, drugs		
Subject (from			esolution or Other ive Ident, Number	Appropriation Bill Number and Section Number	r °'	farming, and livestock	.,	and controlled substances, health		
06		Logiyio	H75	and section (values	02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	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, county Government, federal Government, special districts Government, special districts Government, state	18 19 20 21 22 23 24 25 26 27 28 29 30	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)		
6	bid or b	any rul oid proces ing or op	ss, financiał service	ision, procurement, contra	ct,	CERTIFICATION: I hereby certify correct statement in accordance w	that th	ne above is a true, complete and ion 67-6624 Idaho Code. 2-16-07 Date		