LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

(Type or print clearly in black ink)

To Be Filed By:

L-3

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

See instructions at bottom of page		10. JU
Lobbyist's name and permanent business address	Date prepared	Period covered
Randall C. Budge Racine, Olson, Nye, Budge & Bailey		month ending
P.O. Box 1391	4/9/07	(Mo.) (Day) (Yr.)

Po	catello, Idaho 83204-1	391				3	31	07		
Item 1	Totals of all reportal	ole expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.								
Reimbu	tegory of Expenditure	*Total Amount for All Employers	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 Elliployers	Employer No. 1	Employer No. 2	Employer No. 3		Employer No. 4			
Entertai Food an	nment ad Refreshment	\$	\$	\$	\$		\$			
Living A	Accommodations									
Advertis	sing									
Travel										
Telepho	ne									
Other E	xpenses or Services									
	Total	s0.00	s0.00	s0.00	s	0.00	s	0.00		
*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.						
Names of Legislators, Public and Executive Officials in Group						

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)			
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code	No. 1 Idaho Ground Water Appropriators, Inc.				
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.	No. 2 P.O. Box 1391, Pocatello, Idaho 83204				
TO BE FILED WITH: Ben Ysursa Secretary of State	No. 3				
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282		No. 4			

Item 4				ator, Public or Executive O	whe lobbyist's employer in the nature of contributions of money or other tangible or intangible c or Executive Official or for or on behalf of any Legislator, Public or Executive Official.						
	Date Amount Name				me of	ne of Legislator, Public or Executive Official Receiving or Benefiting					
Item 5	or Hous	e Bill,		ion, the number of the Senate legislative activity in which posing.	Code	LEGISLATIVE SUI		IDENTIFICATION Subject			
Subject	t Code 1	Bill, Re	esolution or Other	Appropriation Bill Number	01	Agriculture, horticulture,	17	Health service, medicine, drugs			
(from	table) L	egislat	ive Ident. Number	and Section Number	02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	farming, and livestock 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, municipal Government, special districts Government, state	18 19 20 21 22 23 24 25 26 27 28 29 30	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 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		d proce	ss, financial service	ision, procurement, contract es or bond lobbyist was	,	CERTIFICATION: I hereby certificorrect statement in accordance with the control of the control o					