

# LOBBYIST MONTHLY REPORT FORM



**State of Idaho**  
  
Ben Ysursa  
Secretary of State

To Be Filed By:  
**L-3** LOBBYISTS  
(Sec. 67-6619)

07 APR -9 AM 10:58  
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  Andrea K. Mihm SULLIVAN & REBERGER PO BOX 1703 BOISE ID 83701	Date prepared  <div style="font-size: 2em; text-align: center;">4/3/07</div>	Period covered <input checked="" type="checkbox"/> month ending  (Mo.) (Day) (Yr.) <div style="font-size: 1.5em; text-align: center;">3   31   07</div>
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<b>Item 1</b>	Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.				
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	* 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	\$ <u>2269</u>	\$ <u>0</u>			
Food and Refreshment					
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
<b>Total</b>	\$ <u>2269</u>	\$ <u>0</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

\*When the number of employers you are reporting for requires multiple L-3 forms to be filed a total amount for all employers should be entered on Page 1.

<b>Item 2</b>	The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.			
	Date	Place	Amount	Names of Legislators & Public Officials in Group

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 Ysursa 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;"> <tr> <td style="text-align: center; font-size: 0.8em;"><b>Item 3</b></td> <td style="font-size: 0.8em;">Employer(s) Name(s) and Address(es)</td> </tr> <tr> <td style="font-size: 0.8em;">No.1</td> <td>ADVANTAGE WORKER COMPENSATION PO Box 571918, SLC, UT 84157</td> </tr> <tr> <td style="font-size: 0.8em;">No.2</td> <td>ASSOCIATED GENERAL CONTRACTORS 110 N. 27th, Boise, ID 83702</td> </tr> <tr> <td style="font-size: 0.8em;">No.3</td> <td>BATELLE ENERGY ALLIANCE PO Box 1625, Id. Falls, ID 83415</td> </tr> <tr> <td style="font-size: 0.8em;">No.4</td> <td>CLEAR SPRINGS FOODS PO BOX 712, BUHL, ID 83316</td> </tr> </table>	<b>Item 3</b>	Employer(s) Name(s) and Address(es)	No.1	ADVANTAGE WORKER COMPENSATION PO Box 571918, SLC, UT 84157	No.2	ASSOCIATED GENERAL CONTRACTORS 110 N. 27th, Boise, ID 83702	No.3	BATELLE ENERGY ALLIANCE PO Box 1625, Id. Falls, ID 83415	No.4	CLEAR SPRINGS FOODS PO BOX 712, BUHL, ID 83316
<b>Item 3</b>	Employer(s) Name(s) and Address(es)										
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Lobbyist's name and permanent business address  Patrick J. Sullivan SULLIVAN & REBERGER PO BOX 1703 BOISE ID 83701	Date prepared  <p style="font-size: 2em; text-align: center;">4/3/07</p>	Period covered <input checked="" type="checkbox"/> month ending  (Mo.) (Day) (Yr.) <p style="font-size: 2em; text-align: center;">3   31   07</p>
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		Employer No. <u>5</u>	Employer No. <u>6</u>	Employer No. <u>7</u>	Employer No. <u>8</u>
Entertainment	\$ _____	\$ _____	\$ _____	\$ <u>954</u>	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
Total	\$ <u>0.00</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>954</u>	\$ <u>0</u>

\*When the number of employers you are reporting for requires multiple L-3 forms to be filed a total amount for all employers should be entered on Page 1.

<b>Item 2</b>	The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.			
	Date	Place	Amount	Names of Legislators & Public Officials in Group

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;"> <tr> <td style="width: 5%; text-align: center;"><b>Item 3</b></td> <td>Employer(s) Name(s) and Address(es)</td> </tr> <tr> <td style="text-align: center;">5</td> <td>CH2M-WG IDAHO LLC PO Box 1625, Idaho Falls, ID 83417</td> </tr> <tr> <td style="text-align: center;">6</td> <td>CORRECTIONAL MEDICAL SERVICES 12647 Olive Blvd., St. Louis, MO 63141</td> </tr> <tr> <td style="text-align: center;">7</td> <td>ELI LILLY CORPORATION 161 St. Anthony, Ste. 820, St. Paul MN 55103</td> </tr> <tr> <td style="text-align: center;">8</td> <td>FMC Corporation 1101 Pennsylvania #325. Washington DC 20004</td> </tr> </table>	<b>Item 3</b>	Employer(s) Name(s) and Address(es)	5	CH2M-WG IDAHO LLC PO Box 1625, Idaho Falls, ID 83417	6	CORRECTIONAL MEDICAL SERVICES 12647 Olive Blvd., St. Louis, MO 63141	7	ELI LILLY CORPORATION 161 St. Anthony, Ste. 820, St. Paul MN 55103	8	FMC Corporation 1101 Pennsylvania #325. Washington DC 20004
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Lobbyist's name and permanent business address Andrea K. Mihm SULLIVAN & REBERGER PO BOX 1703 BOISE ID 83701	Date prepared 4/3/07	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) 3   31   07
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Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	* Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. <u>9</u>	Employer No. <u>10</u>	Employer No. <u>11</u>	Employer No. <u>12</u>
Entertainment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Expenses or Services	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total</b>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

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Date	Place	Amount	Names of Legislators & Public Officials in Group	

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INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)
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	<u>10</u>	MOTION PICTURE ASS'N of AMERICA 1600 Eye Str NW, Washington DC 20006
	<u>11</u>	MULTI-STATE ASSOCIATES 515 King Str., #300, Alexandria VA 22314
	<u>12</u>	N'WEST HEARTH PATIO & BARBECUE ASS'N PO Box 2016, Edmonds, WA 98020-9516

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<b>Item 1</b>	Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.				
<b>Category of Expenditure</b> <small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small>	<b>* Total Amount for All Employers</b>	<b>Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)</b>			
		Employer No. <u>13</u>	Employer No. <u>14</u>	Employer No. <u>15</u>	Employer No. <u>16</u>
Entertainment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
<b>Total</b>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

\*When the number of employers you are reporting for requires multiple L-3 forms to be filed a total amount for all employers should be entered on Page 1.

<b>Item 2</b>	The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.			
	<b>Date</b>	<b>Place</b>	<b>Amount</b>	<b>Names of Legislators &amp; Public Officials in Group</b>

Continued on attached page(s)

<b>INSTRUCTIONS</b>	<b>Item 3</b> Employer(s) Name(s) and Address(es)
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		Employer No. <u>17</u>	Employer No. <u>18</u>	Employer No. <u>19</u>	Employer No. <u>20</u>
Entertainment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
Total	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____	\$ _____

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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. <u>2/1</u>	Employer No. <u>2/2</u>	Employer No. <u>3/3</u>	Employer No. <u>4/4</u>
Entertainment	\$ _____	\$ _____	\$ _____	\$ _____	\$ <u>1315</u>
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Expenses or Services	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total</b>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>1315</u>

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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, or for or on behalf of any legislator.		
	Date	Amount	Name of Legislator Receiving or Benefited

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.		
	Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number

LEGISLATIVE SUBJECT IDENTIFICATION	
Code Subject	Code Subject
01 Agriculture, horticulture, farming, and livestock	17 Health service, medicine, drugs and controlled substances, health insurance, hospitals
02 Amusements, games, athletics and sports	18 Higher education
03 Banking, finance, credit and investments	19 Housing, construction, codes
04 Children, minors, youth, senior citizens	20 Insurance (excluding health insurance)
05 Church and religion	21 Labor, salaries and wages, collective bargaining
06 Consumer affairs	22 Law enforcement, courts, judges, crimes, prisons
07 Ecology, environment, pollution, conservation, zoning, land and water use	23 License, permits
08 Education	24 Liquor
09 Elections, campaigns, voting, political parties	25 Manufacturing, distribution and services
10 Equal rights, civil rights, minority affairs	26 Natural resources, forest and forest products, fisheries, mining and mining products
11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds	27 Public lands, parks, recreation
12 Government, county	28 Social insurance, unemployment insurance, public assistance, workmen's compensation
13 Government, federal	29 Transportation, highways, streets and roads
14 Government, municipal	30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas
15 Government, special districts	31 Other (please specify) _____
16 Government, state	

**CERTIFICATION:** I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

*Andrea Miller* 4/13/07  
 Lobbyist signature Date