

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa
Secretary of State

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

07 APR -4 PM 4:22
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 Anthony J. Poinelli 700 West Washington Boise, Idaho 83702	Date prepared <p style="text-align: center;">4/04/07</p>	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) <p style="text-align: center;">3 31 07</p>
---	---	---

Item 1	Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.				
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. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment	\$ 0.00	\$ 0.00	\$ 0.00	\$ _____	\$ _____
Food and Refreshment	_____	_____	_____	_____	_____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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.

Item 2	The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.			
	Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group

Continued on attached page(s)

INSTRUCTIONS	Item 3 Employer(s) Name(s) and Address(es)
<p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code</p> <p>Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.</p> <p>TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	No. 1 Idaho Association of Counties P.O. Box 1623, Boise, Idaho 83701
	No. 2 Idaho Public Health Districts c/o Carol Moehrle 215 10th Street, Lewiston, Idaho 83501
	No. 3
	No. 4

LOBBYIST MONTHLY REPORT FORM (L-3)
ATTACHMENT TO IDAHO ASSOCIATION OF COUNTIES REPORT
FOR THE MONTH ENDING MARCH 31

H22	11	H237	09/11	S1018	12/16
H40	11	H245	11	S1025	11
H41	11	H246	11/15	S1032	22
H46	17	H250	16/11	S1033	22
H47	11	H251	14/11	S1041	07/30
H48	11	H263	14/11	S1052	23
H69	11	H264	09/11	S1081	17
H70	11	H272	09/11	S1085	30
H76	19	H273	09/11	S1096	17
H79	11	H274	09/11	S1099	12/16
H94	09	H305	30	S1118	11
H95	09	H315	11/17	S1120	12/30
H101	19/23	H321	11	S1121	30/15
H115	17	H336	29	S1122	11/03
H123	30/11			S1123	22/11
H137	18			S1143	17
H146	07	HCR12	26	S1157	17/12
H147	17/16	HCR26	26	S1158	11
H152	30			S1162	07
H154	30			S1165	09
H173	30			S1180	29
H178	15/17			S1181	22/11
H179	12			S1196	12
H180	24/22			S1218	17/11
H185	09			S1243	09/11
H189	30/11			S1244	09
H191	11			S1245	29
H192	30/11				
H195	30/11			SJM102	29
H196	09			SJM106	29
H199	11			SCR106	11
H200	29/11			SCR108	17
H201	07/25			SCR109	17
H204	12/15/11			SCR111	29
H206	11			SCR119	11
H211	11			SCR121	17
H212	11				
H213	09/11				
H215	11				
H216	12/15				
H224	12				
H233	11				