| Rev. 05 | /2008 | State of Idal | LOBBYIST REP | | | | | | RM ANNUAL | | PageofPage(s) THIS SPACE FOR OFFICE USB ONLY | | | |
|---|-----------------------|---|--|----------|----------------|-------|---|--|----------------|--------------------------------------|--|------------|-----------------------|---|
| | | Ben Ysursa Secretary of S | tate | | | | BYISTS . 67-6619) | | | 09 JAN 26 AM 9: 13 STATE OF IDAHO | | | 9: 13 STATE AHO | |
| | | (Type or print clear See instructions as | | | | | _ | | _ | | | | | |
| Lobbyist's name and permanent business address Corey Surber Saint Alphonsus RMC 1055 N. Curtis Road Boise, ID 83706 | | | | | | | 1/21/09 | | | | (Mo.) | 12 31 2008 | | |
| 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 *Total Amount for Item 3, at bottom of page.) | | | | | | | | | | | | | | |
| Expens | sex Permining | to Labbying Activity to be Reported | *Total Amount for All Employers | | Employer No. I | | | | Employer No. 3 | | Employer No. 4 | | | |
| | ainment and Refres | hment | s | 1,200.00 | s1,200.0 | | 0 \$ | | \$ | | \$ | | • | |
| Living Adven | (Accommo | odations | | | | | | | | | | | <u></u> | |
| Travel | • | | | | | | | | | | | | | |
| Teleph | | nt- | | 50.00 | 50.0 | | 00 | | | | | | | |
| Other | Expenses | or Services | | | 50.0 | | | | | | | | : | |
| Total | | | s | 1,250.00 | _ s1,250.0 | | 0.00 s | | \$0.00 | | s | 0.00 | | |
| | The tota | of employers you a als of each expend r(s) of their house | liture of | | | | | | | | | | | Ī |
| Item- | Date | (S) (I) LIGHT HOUSE | Names of Legislators, Public and Executive Officia Place Amount and Household Members in Group | | | | | | | cials | • | | | |
| Continued on attached page(s) | | | | | | | | | | | | | | |
| INSTRUCTIONS | | | | | | | Item Emplo | | nployer(s) | loyer(s) Name(s) and Address(es) | | | | |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code | | | | | | n | No. 1 Saint Alphonsus Regional Medical Center 1055 N. Curtis Road, Boise, ID 83706 | | | | | | | |
| Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. | | | | | | 31st. | No. 2 | | | | | | | |
| 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 | Expenditures made by the lobb property to any, for any or on | | made by the lobby | yist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal pehalf of any Legislator, Public or Executive Official or Household Member(s). | | | | | | | | |
|-----------|---|--|-------------------|--|--|-------------------------|--------------------------------------|---|--|--|--|--|
| • | | Date Amount | | Name of Legisl | ator, P | hold Mc | ld Member(s) Receiving or Benefiting | | | | | |
| 1 | or Ho the I.4 | use Bill, abbyist w Bill, R Legisla | | ion, the number of the Senate legislative activity in which posing. Appropriation Bill Number and Section Number | Code 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 | | | IDENTIFICATION Subject Health service, medicine, drugs 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, flaheries, 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, gns Other (please specify) | | | | |
| Item 6 | be necessary bid on hid property Connected non-least agreement on | | | CERTIFICATION: I hereby certify the correct statement in accordance with Secondance with Secon | | | | | | | | |
| | | | | | E | mployer No. 3 signature | _ | Date | | | | |
| | | | | <u> </u> | <u> </u> | mployer No. 4 signature | | Date | | | | |