Rev. 06/2006



State of Idaho

Ben Ysursa Secretary of State

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

| BODDING WOULDER RESCORE FORCE | LOBBYIST MONTHLY REPORT FO | PRM |
|-------------------------------|----------------------------|-----|
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To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page\_\_\_of\_\_Page(s) THIS SPACE FOR OFFICE USE ONLY

|  |                            | pe or print clear<br>instructions at | rly in black ink)                  | S                    | CANN                | IED  | 5 //   | VE 0                       | IDAHO                 |                    |            |     |
|--|----------------------------|--------------------------------------|------------------------------------|----------------------|---------------------|--|--|----------------------------|-----------------------|--------------------|------------|-----|
| Lobbyi   |                            | permanent busin                      |                                    |                      | II                  | Date p   | repared  |                            | Perior                | covered            |            | -   |
| DON BRENNAN  |                            |                                      |                                    |                      |                     | ,  |  |                            |                       | month o            | ending     |     |
| 1  | 434                        | W. BA                                | HNOCK                              |                      |                     |  |  |                            | (Mc                   | o.) (Day)          | (Yr.)      |     |
| 7_   | 30181                      | e Id                                 | . 83702                            |                      |                     |  |  |                            |                       |                    | 1          |     |
| Item   | Total                      |                                      | ole expenditures made o            | r incurred by        | Lobbyiet            | or hy  | Labbriet's Empl  | over on h                  | ehalf of Loh          | hviet's Empl       | lover      | •   |
| <del>_1</del>  |                            |                                      | Je experience (made o              |                      |                     |  |  |                            |                       |                    |            |     |
| Category of Expenditure Reimbursed Personal Living and Travel  |                            |                                      | *Total Amount for<br>All Employers | Item 3, at bo        |                     | nounts contributed by each employer (Identify employers, under m of page.) |  |                            |                       |                    |            |     |
| Expenses Pertaining to Lobbying Activity Do Not Have to be Reported                                      |                            | Employer                             |                                    | No. 1                | 1 Employer No. 2 Em |  |  | loyer No. 3 Employer No. 4 |                       |                    | •          |     |
|  | inment<br>nd Refreshm      | ent                                  | \$                                 | s                    |                     | s_   |  | s                          |                       | \$                 |            | •   |
| Living   | Accommoda                  | tions                                |                                    |                      |                     | 1_   |  |                            |                       |                    |            |     |
| Advert   | ising                      |                                      |                                    |                      |                     | -  | WHO WAS A STATE OF THE STATE OF |                            |                       |                    |            |     |
| Travel   |                            |                                      |                                    |                      |                     | -  |  |                            |                       | I                  |            |     |
| Teleph   | one                        |                                      |                                    |                      |                     |  |  |                            |                       | -                  |            |     |
| Other I  | Expenses or S              | Services                             |                                    |                      |                     | _  |  |                            |                       |                    |            |     |
|  |                            | Total                                | s                                  | \$                   |                     | \$_  |  | \$                         |                       | \$                 |            | •   |
| *When  | the number o               | of employers vo                      | are reporting for require          | '<br>es multinle L-3 | forms to            | he fil   | led a total amount   | for all em                 | mlovers show          | ld be entered      | on Page 1  |     |
| Item   |                            |                                      | ure of more than fifty do          |                      |                     |  |  |                            |                       |                    | 00 1460 1  | •   |
| 2  | Date                       |                                      | Place                              |                      | Amoun               |  | Names of Legisl  | etore Pub                  | ic and Even           | tive Official      | s in Group |     |
|  |                            |                                      |                                    |                      |                     |  | Id. Pu<br>1434<br>Doise  | blic<br>W. O<br>To         | Емр.<br>Заты<br>1. 83 | luyees<br>L<br>702 | s A550     | r C |
|  |                            |                                      |                                    | ł                    |                     |  |  |                            |                       |                    |            |     |
|  | Continued on               | attached page(s)                     |                                    | ı                    |                     | į  |  |                            |                       |                    |            |     |
| INSTRUCTIONS   |                            |                                      |                                    |                      | Ite                 | 3<br>3   | Employer(s) Name(s) and Address(es)  |                            |                       |                    |            |     |
|  | should file<br>617 Idaho C |                                      | ny lobbyist registered un          | nder Section         | No.                 | l<br>  |  |                            |                       |                    |            |     |
| Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month. |                            |                                      |                                    |                      | e No. 2             | 2  |  |                            |                       |                    |            |     |
| TO BE FILED WITH:  Ben Ysursa  Secretary of State  PO Box 83720  Boise, ID 83720-0080                    |                            |                                      |                                    |                      | No. 3               | 3  |  |                            |                       |                    |            |     |
|  |                            |                                      |                                    |                      | No. 4               | No. 4  |  |                            |                       |                    |            |     |

| Item<br>4      |  |   |  | employer in the nature of contributions of money or other tangible or intangible official or for or on behalf of any Legislator, Public or Executive Official. |   |  |   |  |  |
|----------------|--|---|--|--|---|--|---|--|--|
| Item 5 Subject | Subject matt or House Bit the Lobbyist | Amount  Amount  er of proposed legislati  Resolution or other  was supporting or op | On, the number of the Senate legislative activity in which | me of  | LEGISLATIVE SUI  e Subject Agriculture, horticulture,   | BJECT  | DENTIFICATION  Subject Health service, medicine, drugs  |  |  |
| (from          |  | Intive Ident. Number  CA. 49  H 416  1252  1367  1368  1447                         | and Section Number   | 02<br>03<br>04<br>05<br>06<br>07<br>08<br>09<br>10<br>11<br>12<br>13<br>14<br>15   | 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 | 18<br>19<br>20<br>21<br>22<br>23<br>24<br>25<br>26<br>27<br>28<br>29<br>30 | 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 |  |  |
| 6              |  | cess, financial services  | sion, procurement, contract,<br>s or bond lobbyist was     |  | CERTIFICATION: I hereby certificorrect statement in accordance we Lobbyist signature  |  |   |  |  |