Rev. 06/2006

## LOBBYIST MONTHLY REPORT FORM

State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

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

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|  | See instructions at                                       | •          | ·                                      |          |               |              |  |         | J 1           | alt OF      | IDAHO"     |  |  |
|--|---|------------|--|----------|---------------|--------------|--|---------|---------------|-------------|------------|--|--|
| See instructions at bottom of page cobbyist's name and permanent business address                            |   |            |  |          |               |              | ate prepared Period covered                  |         |               |             |            |  |  |
|  | zanne Budge<br>D. Box 984                                 |            |  |          |               |              |  |         | 1             | inonth e    | nding      |  |  |
| Boise, ID 83701  |   |            |  |          |               |              | 3-5-08                                       | 3       | (Mo.          | ) (Day)     | (Yr.)      |  |  |
|  |   |            |  |          |               |              |  |         | 2             | 29          | 08         |  |  |
| ltem<br>1  | Totals of all reporta                                     | ole ex     | penditures made o                      |          |               |              |  |         |               | · ·         | oyer.      |  |  |
| Category of Expenditure<br>Reimbursed Personal Living and Travel<br>Expenses Pertaining to Lobbying Activity |   |            | *Total Amount for<br>All Employers     |          | , at bottom t | of page.)    |  |         |               |             |            |  |  |
|  | Not Have to be Reported                                   |            |  | Em       | ployer No. 1  | -            | Employer No. 2                               | Em      | ployer No. 3  | Employe     | F .VO. 4   |  |  |
|  | inment<br>ad Refreshment<br>Accommodations                | <b>s</b> _ | 1,011.99                               | \$       | 0.00          | 0   \$       | 0.00   | \$      | 0.00          | s           | 0.00       |  |  |
| Adverti  |   |            | 30,338.28                              | -        | 0.0           | <u> </u>     | 0.00   |         | 0.00          |             | 0.00       |  |  |
| Travel   |   | l          |  |          |               | _   _        |  |         |               |             | ·          |  |  |
| (elepho  | ne  |            |  |          |               | _   _        |  |         |               |             |            |  |  |
| Other E  | xpenses or Services                                       | _          |  |          |               | _            |  |         |               |             |            |  |  |
|  | Total   | <b>s</b> _ | 31,350.27                              | s        | 0.0           | 0 s          | 0.00   | s       | 0.00          | \$          | 0.00       |  |  |
|  |   | 1          |  | l        |               | 1            |  | 1       |               | l           |            |  |  |
| When<br>Item   | the number of employers you<br>The totals of each expendi |            |  |          |               |              |  |         |               |             | on Page 1. |  |  |
| 2  | Date  |            | Place                                  |          |               | oun <b>t</b> | Names of Legis                               |         |               |             | in Group   |  |  |
|  | N/A   |            | N/A                                    |          |               |              |  |         |               |             |            |  |  |
|  |   |            |  |          |               |              |  |         |               |             |            |  |  |
|  |   |            |  |          |               |              |  |         |               |             |            |  |  |
|  |   |            |  |          |               |              |  |         |               |             |            |  |  |
|  | }   |            |  |          | i             |              |  |         |               |             |            |  |  |
|  |   |            |  |          |               |              |  |         |               |             |            |  |  |
|  | <br> Continued on attached page(s                         | )          |  |          | ı             |              | I  |         |               |             |            |  |  |
|  | INST  | RUC        | TIONS                                  |          |               | Item<br>3    | Employer(s) Name(s) and Address(es)          |         |               |             |            |  |  |
|  |   |            |  |          |               |              | IDR Engineeri                                | a inc   |               | ,           |            |  |  |
|  | o shou <b>ld file this form:</b> A<br>6617 Idaho Code     | лу ю       | bbyist registered u                    | nder Sec | etion         | No. 1 4      | 12 E. Parkcen                                | ter Blv | d. Ste 100, E | Boise, ID 8 | 33706      |  |  |
|  | ng dendline: Monthly re                                   |            |  | 10) days | s of the      |              | daho Alliance<br>610 E. 42nd St              |         |               |             |            |  |  |
| то   | BE FILED WITH:  | ien Ys     | sursa                                  |          |               | No. 3        | daho Petroleu                                | m Marl  | eters & C-S   | tore Assn   |            |  |  |
|  | Secr  | etary      | of State                               |          |               | F            | P.O. Box 984,                                | Boise,  | ID 83701      |             |            |  |  |
|  | Boise,  | ID 83      | 83720<br>3720-0080<br>Fave (208) 224 2 | างา      |               | No. 4        |  |         |               |             |            |  |  |
| Phone: (208) 334-2852 Fax: (208) 334-2282  |   |            |  |          |               |              | 2300 Corporate Park Ste 200 Herndon VA 20171 |         |               |             |            |  |  |

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## LOBBYIST MONTHLY REPORT FORM

State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

| Page | of        | Pa         | ige(s) |
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|   |   |                  | ly in black ink)<br>bottom of page |                        |                    |   |   |           |               |         |              |           |  |  |
|---|---|------------------|------------------------------------|------------------------|--------------------|---|---|-----------|---------------|---------|--------------|-----------|--|--|
| Lobbyis   | t's name and p  | ermanent busine  | ess address                        |                        |                    | Date pro  | epared  |           | Pe            | riod c  | overed       |           |  |  |
|   | zanne Bud   |                  |                                    |                        |                    |   |   |           |               | <u></u> | month en     | ling      |  |  |
|   | O. Box 984<br>ise, ID 837                             |                  |                                    |                        | . [                |   | 3-5-08  |           |               | (Mo.)   | (Day)        | (Yr.)     |  |  |
| 20  |   |                  |                                    |                        |                    |   |   |           |               | 2       | 29           | 08        |  |  |
| Item<br>1   | Totals  | of all reportab  | nle expenditures made or           | r incurred by La       | obbyist            | or by l   | Lobbyist's Emplo  | yer on b  | ehalf of I.   | .obby   | ist's Employ | yer.      |  |  |
| Ca  | ategory of Ex   | •                | *Total Amount for                  |                        |                    |   | uted by each emplo  | oyer (Ide | ntify empl    | loyers  | , under      |           |  |  |
| Expense   | ursed Personal L es Pertaining to I. o Not Have to be | obbying Activity | All Employers                      | Item 3, at bottom of a |                    | - 1   |   | Empl      | oyer No. ¿    | ۲٦      | Employer No. |           |  |  |
| Enterta<br>Food as  | inment<br>ad Refreshme                                | ent              | \$1,011.99                         | \$                     | 0.00               | \$_   | 0.00  | \$        | 983.2         | 25      | \$           | 0.00      |  |  |
| Living  | Accommodat  | ions             |                                    |                        |                    | _   |   |           |               |         |              | 20.00     |  |  |
| ∧dverti   | sing  |                  | 30,338.28                          |                        | 0.00               | -   | 0.00  |           | 0.0           | 00      | 30,3         | 38.28     |  |  |
| Travel  |   |                  |                                    |                        |                    | _   |   |           |               |         |              |           |  |  |
| Telepho   | one   |                  |                                    |                        |                    |   |   |           |               |         |              |           |  |  |
| Other E   | Expenses or S   | ervices          |                                    |                        |                    | -   | <del></del>   |           |               |         |              |           |  |  |
|   |   | Total            | s31,350.27                         | \$                     | 0.00               | s_  | 0.00  | s         | 983.2         | 25      | \$30,3       | 38.28     |  |  |
|   |   |                  | u are reporting for require        |                        |                    |   |   |           |               |         |              | on Page 1 |  |  |
| ltem<br>2   | The totals of Date                                    | f each expendit  | ture of more than fifty de         | ollars (\$50) for      | a legisla<br>Ameun |   | her holder of pub<br>Names of Legisl  |           |               |         |              | in Group  |  |  |
|   | N/A   |                  | N/A                                |                        |                    |   |   |           |               |         |              |           |  |  |
|   |   |                  |                                    |                        |                    |   |   |           |               |         |              |           |  |  |
|   | Continued on  | attached page(s) |                                    |                        |                    |   |   |           |               |         |              |           |  |  |
|   |   | INST             | RUCTIONS                           |                        | It                 | em<br>3   | Em  | ployer(s) | Name(s) a     | nd Ad   | dress(es)    |           |  |  |
|   | o should file<br>6617 Idaho C                         |                  | ny lobbyist registered u           | nder Section           | No. 5              | ب Le<br>P.(   | s Schwab<br>O. Box 667, P   | rineville | e, OR 97      | 7754    |              |           |  |  |
| Filing deadline: Monthly reports due within ten (10) days o month for activities of the past month. |   |                  |                                    |                        | No.                | No. > Monsanto Company P.O. Box 816, Soda Springs, ID 83276 |   |           |               |         |              |           |  |  |
| то  | BE FILED V  |                  |                                    |                        | Mo                 | ar NI   | FIB   |           |               |         |              |           |  |  |
|   |   |                  | en Ysursa<br>etary of State        |                        | الم                | P.  | O. Box 984, E   | Boise, IC | <b>837</b> 01 |         |              |           |  |  |
|   |   | PO               | Box 83720                          |                        | Nic                | 2 TL  | no Noture Co-   |           | -             |         |              |           |  |  |
| Boise, ID 83720-0080<br>Phone: (208) 334-2852 Fax: (208) 334-2282                                   |   |                  |                                    |                        |                    |   | No. ** The Nature Conservancy 950 W. Bannock Str., Ste 210, Boise, ID 83702 |           |               |         |              |           |  |  |

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## LOBBYIST MONTHLY REPORT FORM

A STATE OF State of Idaho

To Be Filed By:

LOBBYISTS L-3 (Sec. 67-6619)

| Pa | ige      | of         | Page(s)     |
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| State of Idano     |
|--------------------|
| Ben Ysursa         |
| Secretary of State |

| (Typ | e or | print | clea | rly | in | black  | ink) |
|------|------|-------|------|-----|----|--------|------|
|      |      |       |      |     |    | m of p |      |

|   |                         | e or print clear<br>instructions at |            |                                   |            |               |   |   |                     |            |                |           |                 |          |           |
|---|-------------------------|-------------------------------------|------------|-----------------------------------|------------|---------------|---|---|---------------------|------------|----------------|-----------|-----------------|----------|-----------|
| Lobbyist's name and permanent business address  |                         |                                     |            |                                   |            |               | Di  | ate prepared Period covered                                   |                     |            |                |           |                 |          |           |
|   | zanne Bud<br>D. Box 984 | _                                   |            |                                   |            |               |   |   |                     |            |                |           | / moi           | ուհ շու  | ling      |
| Boise, ID 83701   |                         |                                     |            |                                   |            |               |   |   | 3-5-08              | 3          |                | (Mo.      | ) (E            | Day)     | (Yr.)     |
|   |                         |                                     |            |                                   |            |               |   |   |                     |            |                | 2         | 2               | 29       | 80        |
| ltem<br>1   | Totals                  | of all reportat                     | le e       | xpenditures made or               |            |               |   |   |                     |            |                |           |                 |          | /eг.      |
| Category of Expenditure Reimbursed Personal Living and Travel Expenses Personal Living Activity |                         |                                     | ,          | Total Amount for<br>All Employers |            | ortionate amo |   | ints contributed by each employer (Ide<br>of page.)           |                     |            | (Identify e    | mployer   | s, undc         | r        |           |
|   | Not Have to be          |                                     |            |                                   | E          | mployer No    | 29  |   | Employer No. 210    | <u> </u>   | Employer No. 3 |           | Employer No.    |          | No. 4     |
| Entertai<br>Food an   | nment<br>d Refreshme    | nt                                  | \$.        | 1,011.99                          | \$_        | 9.3           | 37  | \$  | 19.37               | \$         |                |           | <b>s</b>        |          |           |
| Living A  | Accommodati             | ons                                 | -          | 20 220 20                         |            | 0.0           |   | -   |                     | _          |                |           |                 |          |           |
| Adverti   | sing                    |                                     | -          | 30,338.28                         |            | 0.0           |   |   | 0.00                | -          | <del></del>    |           |                 |          |           |
| Travel  |                         |                                     | -          |                                   | -          |               |   | -   |                     | . <b>-</b> |                |           |                 |          |           |
| Telepho   |                         |                                     |            |                                   |            |               |   | -   |                     | -          |                |           |                 |          |           |
| Otner E   | xpenses or Se           | ervices                             | _          |                                   | _          |               |   | _   |                     | _          |                |           |                 |          |           |
| 4   |                         | Total                               | s .        | 31,350.27                         | <b>s</b> _ | 9.3           | 37  | \$  | 19.37               | \$         |                | 0.00      | s               |          | 0.00      |
| *When   | the number of           | f employers vo                      | l<br>u are | reporting for require             | <br> s mul | tiple L-2 for | ns <b>to</b>  | be (  | iled a total amount | l<br>t for | all employe    | era shoul | l<br>dha en     | itened i | nn Page I |
| Item  |                         |                                     |            | of more than fifty do             |            |               |   |   | other holder of pul | blic (     | office, and    | executiv  | e offic         | ials.    |           |
| 2   | Date                    |                                     |            | Place                             |            | Aı            | mount   | Names of Legislators, Public and Executive Officials in Group |                     |            |                |           |                 |          |           |
|   | N/A                     |                                     |            | N/A                               |            |               |   |   |                     |            |                |           |                 |          |           |
|   |                         |                                     |            |                                   |            |               |   |   |                     |            |                |           |                 |          |           |
|   |                         |                                     |            |                                   | 1          |               |   |   |                     |            |                |           |                 |          |           |
|   |                         |                                     |            |                                   |            |               |   |   |                     |            |                |           |                 |          |           |
|   |                         |                                     |            |                                   |            |               |   |   |                     |            |                |           |                 |          |           |
|   |                         |                                     |            |                                   |            |               |   | ·   |                     |            |                |           |                 |          |           |
|   | Continued on a          | attached page(s)                    |            |                                   |            |               |   |   | ·                   |            |                |           |                 |          |           |
|   |                         | INST                                | RU         | CTIONS                            |            |               | 1to   | nn<br>}   | En                  | nploy      | er(s) Name(    | s) and A  | and Address(es) |          |           |
| Who   | should file             | this form: A                        | ı vn       | obbyist registered un             | nder S     | Section       | Rocky Mountain Propane Association  [7119 E. Shea blvd #109-128, Scottsdale AZ 85254] |   |                     |            |                |           |                 |          | 85254     |
|   | 617 Idaho Co            |                                     |            |                                   |            |               | 9   | 1,  | - TIO L. Offica L   |            |                |           | ttoua.          |          |           |
|   |                         | : Monthly re                        |            | s due within ten (1<br>oth.       | (0) da     | ys of the     | No. > Thompson Creek Mining Company P.O. Box 62, Clayton, ID 83227                    |   |                     |            |                |           |                 |          |           |
| то  | BE FILED W              | יויכוע:                             |            |                                   |            |               |   |   |                     |            |                |           |                 |          |           |
| Ben Ysursa<br>Secretary of State  |                         |                                     |            |                                   |            | No. 3         |   |   |                     |            |                |           |                 |          |           |
| PO Box 83720<br>Boise, 1D 83720-0080<br>Phone: (208) 334-2852 Fax: (208) 334-2282               |                         |                                     |            |                                   |            |               | No. 4   |   |                     |            |                |           |                 |          |           |
|   |                         |                                     | _          |                                   |            |               |   |   |                     |            |                |           |                 |          |           |

| Item<br>4 | personal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator. Public or Executive Official. |          |   |   |   |   |                   |  |  |  |  |  |
|-----------|--|----------|---|---|---|---|-------------------|--|--|--|--|--|
|           | Da   | te       | Amount                                  | Nan   | ame of Legislator, Public or Executive Official Receiving or Benefiting |   |                   |  |  |  |  |  |
| _(from    | or House Bill<br>the Lobbyist<br>Subject Code Bill, F  |          | Resolution or other as supporting or op | ion, the number of the Senate legislative activity in which posing.  Appropriation Bill Number and Section Number | Codd 01 02 03 04 05 06 07 10 11 12 13 14 15 16                          | 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   |                   | IDENTIFICATION  Subject Health service, medicine, drugs and convolled 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) |  |  |  |  |
| 6         |  | d proces | s, financial service                    | sion, procurement, contract, so or bond lobbyist was  |   | CERTIFICATION: 1 hereby certification: 1 hereby certification in accordance with the control of the certification of the control of the certification | y that the second | Date   |  |  |  |  |