LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

> Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080

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

To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page__ ___of__ Page(s) THIS SPACE FOR OFFICE USE ONLY

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ADDITABLE OF STATE

(Type or print clearly in black ink) See instructions at bottom of page					STATE OF IDAHO					
Lobbyist's name and permanent business address John Bodden Magic Valley Rehabilitation Services				Date prepared			Period covered			
PO BOX 189 TWIN Falls, ID 83303							(Mo.)	(Day)	(Yr.) 08	
Itam		r incurred h	v I ohi	aviet or h	v I obbyjet'e Emp	lover on hehalf	of Lobbyic			
Category of Expenditure Reimbursed Personal Living and Travel	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)									
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	All Employers	Employer No. 1		1	Employer No. 2 Employer		No. 3 Employer No. 4			
Entertainment Food and Refreshment	s	\$ <u> </u>		\$		\$	\	\$		
Living Accommodations Advertising				_ -					,	
Advertising Travel			2 O	- -			-			
Telephone	0 0			_ -						
Other Expenses or Services	0	0		_						
Total	s s		0			s	s	s		
*When the number of employers yo	u are reporting for require	' es multiple L	2 form	ns to be	filed a total amoun	t for all employer	rs should b	e entered	on Page 1.	
The totals of each expenditure of more than fifty dollars Date Place				gislator, nount	tor, other holder of public office, and executive officials. Names of Legislators, Public and Executive Officials in Group					
NONE Continued on attached page(s)			No		E					
INSTRUCTIONS				Item	Employer(s) Name(s) and Address(es)					
				3	Magic Valley Rehabilitation Services					
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code				No. 1	PO BOX 1	89		303		
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.				No. 2		·				
TO BE FILED WITH: Ben Ysursa				No. 3			-			

No. 4

Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible Item personal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official. 4 Amount Name of Legislator, Public or Executive Official Receiving or Benefiting NONE NONE Subject matter of proposed legislation, the number of the Senate LEGISLATIVE SUBJECT IDENTIFICATION Item or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing. Code Subject Code Subject Agriculture, horticulture, Health service, medicine, drugs Appropriation Bill Number Subject Code Bill, Resolution or Other farming, and livestock and controlled substances, health (from table) Legislative Ident. Number and Section Number Amusements, games, athletics insurance, hospitals and sports Higher education NONE NONE iΙ Banking, finance, credit and Housing, construction, codes 19 investments 20 Insurance (excluding health NONE Children, minors, youth, insurance) senior citizens 21 Labor, salaries and wages, 05 Church and religion collective bargaining NONE 06 Consumer affairs Law enforcement, courts, 31 Ecology, environment, pollution, judges, crimes, prisons conservation, zoning, land and 23 License, permits water use 24 Liquor Education 25 Manufacturing, distribution and Elections, campaigns, voting, services political parties Natural resources, forest and 26 Equal rights, civil rights, forest products, fisheries, mining minority affairs and mining products Government, financing, Public lands, parks, recreation taxation, revenue, budget, Social insurance, unemployment appropriations, bids, fees, funds insurance, public assistance, 12 Government, county workmen's compensation 13 Government, federal Transportation, highways, 14 Government, municipal streets and roads Government, special districts 15 Utilities, communications, Government, state televisions, radio, newspaper, power, CATV, gas Other (please specify) Rehabilitation CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code. Identify any rule, ratemaking decision, procurement, contract, Item bid or bid process, financial services or bond lobbyist was bhn Bodden supporting or opposing.