LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

1.-3

LOBBYISTS (Sec. 67-6619)



(Type or print clearly in black ink) See instructions at bottom of page

Lobbyist'	s name and permanent busine	ss address	Date	orepared		Period covered					
Rai	ndall C. Budge						month en	ding			
P.C	D. Box 1391						(Mo.) (Day) (Yr.)				
Pocatello, Idaho 83204-1391					2/11/08			(Day)	(Yr.) 08		
Item 1	Totals of all reportab	ele expenditures made or	r incurred by Lobb	yist or by	v Lobbyist's Empl	oyer on behalf	of Lobbyi	<u> </u>	yer.		
لمستسب	tegory of Expenditure			ounts contributed by each employer (Identify employers, under							
Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity		*Total Amount for All Employers	Item 3, at bottom	of page.)							
Do	Not Have to be Reported		Employer No.	1 Employer No. 2		Employer No. 3		Employer No. 4			
Entertain Food and	nment d Refreshment	\$	\$	s		\$		\$			
Living A	ecommodations			_							
Advertis	sing		Making common deliment in accommon deliment in action for consent Making			Market and any commence of the					
Travel				_							
Telepho	ne			_ -							
Other Ex	xpenses or Services		-	_ -							
			,				==				
	Total	\$	\$0.0	<u>00</u> s	0.00	s	0.00	s	0.00		
2	The totals of each expendit Date	Place -0-		mount	Names of Legis				in Group		
	Continued on attached page(s)			Item	Item [[Call Call						
INSTRUCTIONS					Employer(s) Name(s) and Address(es)						
	o should file this form: A 617 Idaho Code	ny lobbyist registered u	No. 1 Idaho Ground Water Appropriators, Inc.								
	ng deadline: Monthly re th for activities of the past		_{No. 2} P.O. Box 1391, Pocatello, Idaho 83204.1391								
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						

ltem 4		Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.								
	Date Amount Nam			ne of Legislator, Public or Executive Official Receiving or Benefiting						
Item				on, the number of the Senate legislative activity in which		LEGISLATIVE SUE	ВЈЕСТ	IDENTIFICATION		
5	the L	obbyist w	as supporting or op	posing.	ı	Subject		Subject		
Subject (from			solution or Other ive Ident. Number	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Agriculture, horticulture, farming, and livestock Amusements, games, athletics 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 Government, state	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	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, 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)		
						CERTIFICATION: I hereby certificorrect statement in accordance we have been been been been been been been be				