## Rev. 06/2006



## State of Idabo

Ben Ysursa Secretary of State

7.6	ORBVIST	MONTHLY	REPORT	<b>FORM</b>
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Page 1 of 2 Page(5)
THIS SPACE FOR OFFICE USE ONLY

To Be Filed By:

LOBBYISTS (Sec. 67-6619) (18 FEB 11 PH 4: 53

STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page				
Lobbyist's name and permanent business address	Date prepared	Period covered		
Denise J Rogers			month en	ding
1611 4th Street South	02/11/08	(Mo.)	(Day)	(Yr.)
Nampa ID: 83651		01	31	08

Category of Expenditure Reindursed Personal Living and Travol	*Total Amount for	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	Employer No. 2	Employer No. 3	Employer No. 4		
Entertainment Food and Refreshment	s 0.00	s <u> </u>	\$	s	s		
Living Accommodations	0.00	0.00					
Advertising	0.00	0.00					
Travel	0.00	0.00					
Telephone	0.00	0.00					
Other Expenses or Services	0.00	0.00					
Total	s 0.00	s 0.00	s 0.00	s 0.00	s 0.0		

\*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.

Item	The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.						
2	Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group			
	N/A						
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Continued on attached page(s)

INSTRUCTIONS		Employer(s) Name(s) and Address(es)		
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code	No. 1 Idaho Association of Chiropractic Physicians P O Box 1863, Boise ID 83701			
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  Secretary of State	No. 3			
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	No. 4			

Item	Expe	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.							
-		Date Amount Na.		ame of Legislator, Public or Executive Official Receiving or Benefiting					
Item	Subje	ot matter	ofproposed legislati	ion, the number of the Senate		LEGISLATIVE SUE	JECT	IDENTIFICATION	
5			Resolution or other as supporting or op	legislative activity in which opposing.	Cod	e Subject	Code	Subject	
Subject (from 17	tab <u>le)</u>		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	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	17 18 19 20 21 22 23 24 25 26 27 28 29 30	Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) I abor, 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	bid or	bid proces ting or o	ss, financial service	ision, procurement, contract, es or bond lobbyist was		CERTIFICATION: I hereby certification in accordance we have a secondance which a secondance we have a secondance which a secondance we have a secondance whi			