Rev. 06/2006

## LOBBYIST MONTHLY REPORT FORM

Page\_\_\_of\_\_\_Page(s)
This space for office use only



## State of Idaho

Ben Ysursa Secretary of State

To Be Filed	By:
L-3	LOBBYISTS (Sec. 67-6619)

THIS SPACE FOR OFFICE USE ONLY

OSFEB 12 PM 4:44

STATE OF IDAHO

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

per managements at bulle					
Lobbyist's name and permanent business address	Date prepared	Period covered  month ending			
Bernard F "Toy" Smith 339 Monroe Way					
Twin Falls, ID 83301	2-12-08	(Mo.)	(Day)	(Yr.)	
•	1	01	31	80	

Item 1	Totals of all reportat	ble expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.						
Category of Expenditure Raimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity De Not Have to be Reported		*Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)					
		An Employers	Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4		
Entertain Food and	nment d Refreshment	s0.00	\$0.00	\$	s	s		
LivingA	ccommodations		0.00					
Advertisi	ing	0.00	0.00					
Travel								
Telephon	n <b>ć</b>	0.00	0.00					
Other Ex	tpenses or Services	0.00	0.00					
	Total	s0.00	s0.00	s 0.00	s 0.00	s0.00		

\*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.

Date Place Amount Names of Legislators, Public and Executive Officials in Group

Continued on attached page(s) Employer(s) Name(s) and Address(es) INSTRUCTIONS Northwest Dairy Association/Darigold Who should file this form: Any lobbyist registered under Section Seattle, WA 67-6617 Idaho Code Filing deadline: Monthly reports due within ten (10) days of the No. 2 month for activities of the past month. TO BE FILED WITH: No. 3 Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 No. 4 Phone: (208) 334-2852 Fax: (208) 334-2282

Item 4				ator, Public or Executive O	bbyist's employer in the nature of contributions of money or other tangible or intangible accurive Official or for or on behalf of any Legislator, Public or Executive Official.				
	Date Amount Nan			me of Legislator, Public or Executive Official Receiving or Benefiting					
	Subje	of matter	of managed legislati	on, the number of the Senate	Γ	LEGISLATIVE SUE	HECT	IDENTIFIC ATION	
Item				legislative activity in which		LEGISCATIVE SQL	OCC I	DENTIFICATION	
5			as supporting or or		Code	Subject	Code	Subject	
Subject	Code	Rill Re	solution or Other	Appropriation Bill Number	01	Agriculture, horticulture,	17		
(from			ive Ident, Number	and Section Number	02	farming, and livestock Amusements, games, athletics and sports	18	and controlled substances, health insurance, hospitals Higher education	
					03	Banking, finance, credit and investments	19 20	Housing, construction, codes Insurance (excluding health	
					04	senior citizens	21	insurance) Labor, salaries and wages,	
					06 07	Consumer affairs	22	collective bargaining Law enforcement, courts, judges, crimes, prisons	
	ı					conservation, zoning, land and	23	License, permits	
						water use	24	Liquor	
			•		08		25	Manufacturing, distribution and	
	ļ				رس ا	Elections, campaigns, voting, political parties	26	Services Natural resources, forest and	
					10			forest products, fisheries, mining and mining products	
					11	Government, financing, taxation, revenue, budget,	27 28	Public lands, parks, recreation Social insurance, unemployment	
			i	:	12 13		29	insurance, public assistance, workmen's compensation Transportation, highways,	
					14			streets and roads	
					15	Government, special districts	30	Utilities, communications,	
					16	Government, state	31	televisions, radio, newspaper, power, CATV, gas Other (please specify)	
6	bid or		ss, financial service	ision, procurement, contract, s or bond lobbyist was	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CERTIFICATION: I hereby certificorrect statement in accordance were the control of the control o	rith Scc1	tion 67-6624 Idaho Code.	