LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

Boise, ID 83720-0080

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

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To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page____of___Page(s) THIS SPACE FOR OFFICE USE ONLY

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SECRETARY OF STATE

(Type or print clear					S	STATE OF IDAHO
See instructions at Lobbyist's name and permanent busine			Date n	repared		Period covered
Douglas K. B	ss address		Date p	repared		
Tought N. B	arth	-11.	_	11 10 1		month ending
Cornerstone In	stitute of -	laano,	mc.	4-10-0	كولا	(Mo.) (Day) (Yr.)
101 Eagle Glen La						
4.0. Box 563, Ea	gle, ID 830	616				03 31 2008
Totals of all reportab	le expenditures made or	r incurred by L	obbyist or by	Lobbyist's Empl	oyer on behalf of	f Lobbyist's Employer.
Category of Expenditure	*T	1 -		outed by each empl	oyer (Identify em	ployers, under
Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity	*Total Amount for All Employers	Item 3, at bott	om of page.)			
Do Not Have to be Reported		Employer N	lo. 1	Employer No. 2	Employer No.	. 3 Employer No. 4
Entertainment	6					
Food and Refreshment	\$	\$	\$_		\$	\$
Living Accommodations		0				
Advertising	0	_0				
Travel	0	_0				
Telephone	0	0				
Other Expenses or Services	0	0				
Other Expenses of Services						
	Δ	7				
Total	\$	s_ <i>U</i> _	\$_		s	\$
	l	ŀ	i		1	l
*When the number of employers you						
The totals of each expendit	Place	ollars (\$50) for	Amount			Executive Officials in Group
Date	Flace		Amount	Traines of Eegis.	autors, ruone und	Executive officials in Group
		1/	sone			
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Continued on attached page(s)		ì		1		
			Item	E	anlover(s) Name(s)	and Address(as)
INST	RUCTIONS		3	1 .	nployer(s) Name(s)	and Address(es)
			-	ornerstoy	LE Instr 2 6 len La 563, Ea	fute of Idaho, In the gle, ID 836/6
Who should file this form: A	ny lobbyist registered u	nder Section	No. 1	101 tagle	e Gien La	ne The Opin
67-6617 Idaho Code				r.O. Box	363, Eag	gle, LD 836/6
Filing deadline: Monthly re	ports due within ten (1	(10) days of the	No. 2		ľ	
month for activities of the past		,	110. 2			
TO BE FILED WITH:						
	en Ysursa		No. 3			
Secre	etary of State					
PO	Box 83720					

No. 4

•	Date	Amount		Official or for or on behalf of any Legislator, Public or Executive Official. ame of Legislator, Public or Executive Official Receiving or Benefiting			
tem	or House		on, the number of the Senate legislative activity in which	LEGISLATIVE SUI	Code	Subject	
bject of		ll, Resolution or Other gislative Ident. Number	Appropriation Bill Number and Section Number	01 Agriculture, horticulture, farming, and livestock	17	Health service, medicine, drugs and controlled substances, health	
31		H559	and Section Pulmer	02 Amusements, games, athletics and sports 03 Banking, finance, credit and investments 04 Children, minors, youth, senior citizens 05 Church and religion 06 Consumer affairs 07 Ecology, environment, pollution, conservation, zoning, land and water use 08 Education 09 Elections, campaigns, voting, political parties 10 Equal rights, civil rights, minority affairs 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds 12 Government, county 13 Government, federal 14 Government, municipal 15 Government, special districts 16 Government, state	18 19 20 21 22 23 24 25 26 27 28 29 30	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)	
tem I	dentify an	y rule, ratemaking dec	ision, procurement, contract	CERTIFICATION: I hereby certicorrect statement in accordance v	with Sec		

supporting or opposing.

None