LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

(Type or print clearly in black ink)

To Be Filed By:

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LOBBYISTS (Sec. 67-6619)

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SECRETARY OF STATE STATE OF IDAHO

			bottom of page									
Lobbyist's name and permanent business address						Date prepared			Period covered			
Matt Dogali						03/04/2009			month ending			
NRA c/o OGC												
11250 Waples Mill Road									(Mo	o.) (Day)	(Yr.)	
Fairfax, VA 22030-7400									(28	2009	
Item 1	Totals	s of all reporta	ble expenditures made			-	-				оуег.	
					rtionate amounts contributed by each employer (Identify employers, under							
Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			*Total Amount for All Employers	Item 3, at	Item 3, at bottom of page.)							
				Employer No. 1		Employer No. 2		Employer No. 3		Employer No. 4		
Entertai	nment						\$			\$		
Food an	d Refreshme	ent	\$_0			_ \$_						
Living Accommodations			0			_ [
Adverti	sing		0	<u> </u>		_				l		
Travel			0									
			0			_						
Telepho						_		-				
Other E	xpenses or S	ervices	0	 		-						
_						_						
Total			<u>\$_0</u>	_ \$		_ \$		\$		\$		
Item-							legislator, other	holder of p	ublic office	executive offi		
	Date		Place		Amo	unt	and Household Members in Group					
	Continued on s	ittached page(s)										
<u> </u>	ontificed on a	mached page(s)				Item						
INSTRUCTIONS						Employer(s) Name(s) and Address(es)						
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code						NRA c/o OGC No.1 11250 Waples Mill Rd., Fairfax, VA 22030						
Filing deadline: Monthly reports due within fifteen (15) 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 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, for any or on behalf of any Legislator, Public or Executive Official or Household Member(s).										
	Date		Amount	Name of Legi	Name of Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting						
Item 5	or H	ouse Bill,		ion, the number of the Senate legislative activity in which			вјест	IDENTIFICATION			
					01	Agriculture, horticulture,	17	Subject Health service, medicine, drugs			
	t Code table)		esolution or Other ive Ident. Number	Appropriation Bill Number and Section Number	02 03 04 05 06 07 08 09 10 11	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	18 19 20 21 22 23 24 25 26	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, fisherics, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways,			
Item	Identify	any rule,	ratemaking decision	n, procurement, contract,		Government, municipal Government, special districts Government, state CERTIFICATION: I hereby certify to correct statement in accordance with					
6	bid or b	oid process opposing.	financial services	or bond lobbyist was support-	L	obbyist signature		3/6/09 Date			