LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)

Page	of	Page(s)
THUS SPACE	E FOR OFFIC	CE USE ONLY

		pe or print clear c instructions at											
	's name and po	ermanent busine	ss address		П	ate pre	epared		P	eriod cov	ered		
Dustin Hayes PO Box 844					2/3/09			(Mo.) (Day) (Yr.)				.)	
		ID 83					19/01			1	31	0	
Item 1	Totals	of all reportal	ble expenditures made o	or incurred by L	obbyist c	or by l	Lobbyist's Empl	oyer on t	ochalf of	Lobbyis	t's Emplo	yer.	
Reimbu	Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity All Employers Proportion Item 3, at						ited by each emplo	yer (ide	ntify empl	loyers, u	nder 		
	Not Have to h		7th Employers	Employer No. 1		Employer No. 2		Emp	oloyer No.	3	Employer No. 4		
Entertai Food an	nment id Refreshme	ent	\$	\$		\$		\$		\$	\$		
Living A	Accommodat	tions		Table of the second sec				an marketing constitution	w				dan Bangain Sandhir
Adverti	sing			-									_
Travel										-			
Telepho									W				
Other I:	expenses or S	ervices			der war en habitus de de la terre des		an Tan Salah Marine And Anna Andrews Salah						
		Total	s	\$		s		s			5		
*When t	he number of	employers you a	' are reporting for requires m	nultiple L-2 form:	s to be file	d a tot	al amount for all e	mployers	should be	entered o	m Page 1.		
		of each expen	diture of more than sev	enty-five dollar	rs (\$75) 1	or a l	egislator, other	holder of	f public o	ffice, ex	ecutive o	Micial	s and
Item- 2	Date	or men nouse	Place		Amoun	t	Names of	fl.egislate	ors, Public chold Men	and Exco	cutive Offi Group	cials	
	Continued on a	attached page(s)											
		INST	TRUCTIONS			em 3) Name(s)				
						(Justin	Hay	e5) Ic	laho (onserv	ation	. le
	o should file 6617 Idaho C		ny lobbyist registered u	nder Section	No.	1	Justin Do Box 8	44, 1	B015C	It	S 83	701	
		Monthly rep	orts due within fifteen month.	(15) days of th	ne No.								
ТО	BE FILED V	VITH:						1					

No. 3

No. 4

Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080

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

4	Dat		behalf of any Legislator, Pu		Public or Executive Official and House		
							on one of the control
em	or Hous	e Bill, Resolution or other	tion, the number of the Senate legislative activity in which			ВЈЕСТ	IDENTIFICATION
•	the Lob	byist was supporting or op	posing.	1	Subject		Subject
bject rom ta		Bill, Resolution or Other egislative Ident. Number	Appropriation Bill Number and Section Number	01	Agriculture, horticulture, farming, and livestock Amusements, games, athletics	17	Health service, medicine, drugs and controlled substances, health
		110 57		02	and sports	18	insurance, hospitals Higher education
30		HB 52		03	Banking, finance, credit and	19	Housing, construction, codes
29		HB0017		04	investments Children, minors, youth,	20	Insurance (excluding health insurance)
•		5B 1055			senior citizens	21	Labor, salaries and wages,
)]		212 1022		05	Church and religion		collective bargaining
) ,		HR TI		06	Consumer affairs Ecology, environment, pollution,	22	Law enforcement, courts, judges, crimes, prisons
) ()	HB 7] "	conservation, zoning, land and	23	License, permits
		5 B 1627			water use	24	Liquor
		5B 1027		08	Education	25	Manufacturing, distribution and
				09	Elections, campaigns, voting, political parties	2/	services
				10	Equal rights, civil rights,	26	Natural resources, forest and forest products, fisheries, mining
				'-	minority affairs		and mining products
				11	Government, financing,	27	Public lands, parks, recreation
					taxation, revenue, budget,	28	Social insurance, unemployment
				12	appropriations, bids, fees, funds Government, county		insurance, public assistance,
				13	Government, federal	29	workmen's compensation Transportation, highways,
				14	Government, municipal		streets and roads
				15	Government, special districts	30	Utilities, communications,
				16	Government, state		televisions, radio, newspaper,
						31	power, CATV, gas Other (please specify)
						.21	emer (prease specify)
6	oid or bid	• • • • • • • • • • • • • • • • • • • •	on, procurement, contract, or bond lobbyist was support-		CERTIFICATION: I hereby certify correct statement in accordance with	Section	above is a true, complete and 67-6624 Idaho Code.
	ng or opp	osing.		-	\bigcirc		,
4	groun Septic	dwater-mini	ing		Lobbyist signature		Date