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)
THIS SPACE FOR OFFICE USE ONLY

09 FEB 17 AM 8: 17

CRETARY OF STATE STATE OF IDAHO

See instructions at b										
Lobbyist's name and permanent business address					Date prepared			Period covered		
Winston Incure							1	month en	ding	
Winston Inouye 2313 Conant Dr				14	Feb 200	9	(Mo.) (Day)	(Yr.)	
			l I	′′′			_	1	1.000	
Burley, Id 83318							Jan	31	2009	
1 lotals of all reportab	le expenditures made	-	•	•		_			yer.	
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity	*Total Amount for All Employers	Item 3, at bottom of								
Do Not Have to be Reported		Employe	r No. 1	1 Employer		Employer	No. 3 Employer No.		No. 4	
Entertainment Food and Refreshment	\$	\$		s		S		s		
Living Accommodations										
Advertising										
Travel										
Telephone										
Other Expenses or Services										
Total	s () -	s0	_	s		s		s	S. min	
		1		İ						
*When the number of employers you ar				A					CP '-1 1	
The totals of each expend member(s) of their househ		enty-rive doll	ars (\$/5) 1	or a le	gislator, other	noider of publi	c omce,	executive of	incials and	
Item-						Legislators, Pub			rials	
2 Date	Place		Amoun	t	L A COM	and Household N	dembers i	n Group		
	1.010			and the same of th						
/	vone			-						
Continued on attached page(s)										
TVOTTO VIO					Er	nployer(s) Name	(s) and A	idress(es)	HWW. III.	
INS11	RUCTIONS			3	^ 1.1	- 1				
Who should file this form: Any	v lobbuist registered w	nder Section	No.	ر،	Prinkler 75W 100	Shop	a	T.d 03	35/7	
67-6617 Idaho Code	y 1000y ist registered th	idei Section			75W 100	- Ruy				
Filing deadline: Monthly repo- month for activities of the past re		(15) days of t	he No. 2	2						
TO BE FILED WITH:						The second secon				
Ben Ysursa										
	ary of State Box 83720						70 Mari			
Boise, ID 83720-0080										
Phone: (208) 334-28	52 Fax: (208) 334-2	282								

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 person property to any, for any or on behalf of any Legislator, Public or Executive Official or Household Member(s).									
Mark Commence	Date	Amount		islator, Public or Executive Official and Household Member(s) Receiving or Benefiting						
item 5	or House Bill, Rethe Lobbyist was	solution or other supporting or opp	on, the number of the Sepate legislative activity in which osing. Appropriation Bill Number	LEGISLATIVE SUI Code Subject 01 Agriculture, horticulture,	BJECT IDENTIFICATION Code Subject 17 Health service, medicine, drugs					
from t	1	Ident. Number	and Section Number	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 Government, special districts Government, state	and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salarics 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			, procurement, contract, r bond lobbyist was support-	CERTIFICATION: I hereby certify to correct statement in accordance with						