Rev. 05/2008

LOBBYIST MONTHLY REPORT FORM

State of Idaho

Ben Ysursa Secretary of State

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

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		ype or print clear to instructions at						SE Unit	TÉ O	FIDAHO	NTE
Lobbyis		crmanent busine				Date prep	ared		Period	covered	
_							•		[了 month endi	ng
	t Commu								(Mo.)	(Mo.) (Day) (Yr.)	
999 Main 11th Floor Boise,ID 83702				06 15 0			9 05 31 09				
Item 1			ble expenditures made o		<u> </u>		•				er.
	itegory of Ex irsed Personal I	cpenditure .iving and Travel	*Total Amount for		ate amounts bottom of p		ed by each emplo	ryer (identify e	mployers	, woder	
Expense		Lobbying Activity	All Employers	Employer No. I		Employer No. 2		Employer No. 3 Em		Employer N	lo. 4
Entertai	nment										
Food ar	d Refreshm	ent	\$430.67	_ s		. \$		\$		_ \$	
Living A	Accommoda	tions				-		 			
Adverti	sing					_					
Travel											
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Other E	xpenses or S	Services									
		Total	s430.67	s	0.00	s	0.00	s	0.00	s	0.00
#31/h	h		l	 							
- William			re reporting for requires m diture of more than seve								cials and
Item-	member(s)	of their house	hold.			.07 11 101		order or publi		CACCULATE OTH	CIALS AIIC
2	Date		Place		Amou	ırıt		f Legislators, Public and Executive Officials and Household Members in Group			
	_										
						[
П	Continued on a	 httached puge(s)									
INSTRUCTIONS					I	Employer(s) Name(s) and Address(cs)					
Who 67-6	should fite 617 Idaho C	this form: An	ny lobbyist registered und	der Section	No.		est Commun Main 11th F		ID 837	02	
Filin mont	g deadline: h for activiti	Monthly repo ies of the past r	orts due within fifteen () month,	(5) days of	the No.	2					
ТОЕ	E FILED W	ЛТА:									
Ben Ysursa Secretary of State					No.	3					
		PO	Box 83720		<u> </u>						
Boise, 1D 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282					No.	4					

Ítem	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).							ther tangible or intangible personal	
4		erty to ar	Amount	Name of Legis	Name of Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting				
Item 5 Subject (from 3)	or Ho the La t Code table)	buse Bill, obbyist w Bill, Re Legislat	Resolution or other as supporting or opp	ion, the number of the Senate legislative activity in which possing. Appropriation Bill Number and Section Number	Codd 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	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		Subject Health service, medicine, drugs 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, flaberies, 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)	
Item 6	1.1 1.1 4 1. 1 1. 1. 1. 1. 1.				-	CERTIFICATION: 1 hereby certify correct statement in accordance with Lobbyist signature			