#### LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

(Type or print clearly in black ink)

#### OBBITSI MONITELI KEFORI FO

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

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10 MAR -9 PM 3: 02

STATE OF IDAHO

Lobbyist	Lobbyist's name and permanent business address						repared	Period	Period covered				
Ryan P. Armbruster						1				✓ mont	h ending		
	& Burke, PA												
		et, Ste 300	(PO Box 1539, 837	701)			3/8/10	`	(Mo.) (Day) (Yr.)				
	e, ID 83702						100		02	28	3 10		
Item 1	Totals o	f all reportal	ble expenditures made o		-			-			ployer.		
Reimbi	itegory of Expensed Personal Living Pertaining to Lot	ng and Travel	*Total Amount for All Employers		nate amoun t bottom of		buted by each empl	oyer (Identi	fy employers	, under			
	Not Have to be l			Emplo	oyer No. 1		Employer No 2	Emplo	yer No. 3	Empl	oyer No. 4		
Entertai			0.00	\$		e				   \$			
	nd Refreshmen		0.00	<b>)</b>	-,,	\ \$		\$		) <b>J</b>	«I		
	Accommodatio	ins.	0.00			- -				-			
Adverti Travel	ang		0.00										
Telepho	nne		0.00										
-	xpenses or Ser	vices	0.00										
			6 0.00		0.00	) .	0.00	, and	0.00		0.00		
		Total	S	S		_   s_		\$		S			
*When t	The totals of	each expen	are reporting for requires in diture of more than seve			_							
ltenı-	member(s) o	f their house	hold.				Names of	Legislators	Public and E	xecutive (	Officials		
	Date		Place		Am	ount		and Househo	old Members i	n Group			
	Continued on att	nched page(s)			!		T						
	INSTRUCTIONS					Item 3							
						No. 1	daho Falls Red	levelopm	ent Ageny				
	o should file tl 6617 Idaho Coo		ny lobbyist registered ur	ider Sectio	n i	F	O Box 50220,	Idaho Fa	ills ID 834	105			
	ng deadline: th for activitie		orts due within fifteen (	(15) days (	of the N	NO Z	Garden City Ur 3015 Glenwood		-	-	14		
ТО	BE FILED WI	В	Ben Ysursa etary of State	N	No. 3 Eagle Urban Renewal Agency PO Box 1530, Eagle ID 83616								
	Phone:	Boise.	0 Box 83720 1D 83720-0080 2852 Fax: (208) 334-2	282	N	No. 4 Rexburg Redevelopment Agency PO Box 280, Rexburg ID 83440							

## LOBBYIST MONTHLY REPORT FORM



### State of Idaho

Ben Ysursa Secretary of State

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LOBBYISTS (Sec. 67-6619)

Page	of	Page(s)
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		pe or print clear e instructions at															
Lobbyist	's name and p	ermanent busine	ss address				D	ate pre	epared			Period o	overed				
-	P. Armbru											month ending					
	& Burke, I		/DO Boy	1520 937	701)						(Mo.)	(Da	av)	(Yr.)			
	, ID 8370	eet, Ste 300 2	(PU BOX	1559, 657	(01)			3/8/10 (3/8/1)							10		
		had Wild I											2				
Item 1	Total	s of all reportal	ble expendit	ures made o			-		Lobbyist's Empl					iploye	er.		
Reimbu		penditure aving and Travel blobbying Activity		mount for	Proportionate amounts  Item 3, at bottom of			ints contributed by each employer (Identify employers, under of page.)									
	Not Have to b				Emp	loyer No. 1	1	Е	Imployer No. 2	Emp	oloyer No	. 3	Emp	loyer N	lo. 4		
Entertai	nment			0.00													
Food an	d Refreshme	ent	\$	0.00	\$			\$	201111011-1	\$	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$				
Living Accommodations				0.00			_										
Adverti	sing		+ 1111	0.00		y <b></b>											
Travel				0.00													
Telepho	ne			0.00													
Other E	xpenses or S	Services		0.00													
***		Total	,	0.00	s	0.0	00	s	0.00	s		0.00	s		0.00		
		10141	J		-			J		"			<u> </u>				
*When t	he number of	employers you a	are reporting f	or requires in	ultiple L-2	forms to t	se file	d a tota	al amount for all e	mployers	should be	e entere	d on Pag	e 1.			
		,		ore than sev	enty-five	dollars (\$	375) 1	or a l	egislator, other l	holder of	public	office.	executi	ve offi	icials an		
ltem-	member(s)	of their house	noia.						Names of	Legislate	ors. Public	c and E	xecutive	Officia	uls.		
2	Date		Plac	re		A	moun	t		and House							
$\Box$	Continued on	 attached page(s)															
	Communication of the		RUCTION	c		-		em 3	Er	nployer(s)	) Name(s	) and Ad	ldress(es	)			
		10.51	KUCHUN	3			┢										
	o should file 617 Idaho C	this form: A	ny lobbyist r	egistered ur	nder Secti	on	No.		iggs Urban R D Box 971, Dr		_	-					
17212	a deadh-	Monthly	outa dos mili	hin fiftage	(15) dan-	of the		Ac	da County Dra	ainage	District	l No. :	3				
		Monthly repties of the past		nin iiiteen (	(15) days	or the	No. 2	<u>,                                     </u>	O Box 1539, I	_					_		
ТО	BE FILED V																
			len Ysursa etary of Stat	e			No. 3	5									
		PO	Box 83720														
	Boise. ID 83720-0080  Phone: (208) 334-252								No. 4								

# Item 4 is no longer statutorily required.

		LEGISLATIVE SUI	ЗЈЕСТ	IDENTIFICATION
	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Agriculture, horticulture. 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, municipal Government, special districts Government, state	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	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, 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)
	- 2	.obby ist signature		3/8//o
or House Bill, Resolution or other the Lobbyist was supporting or optocode Bill, Resolution or Other Legislative Ident. Number  4, HB 556 HB 560 HB 567 HB 568 HB 569 HB 570 HB 571 HB 572 HB 578 HB 583 HB 616	dentify any rule, ratemaking decision, procurement, contract, and or bid process, financial services or bond lobbytst was support-	or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.  Code Bill, Resolution or Other Legislative Ident. Number and Section Number  4, HB 556 9 HB 560 HB 567 HB 568 HB 569 HB 570 HB 571 HB 572 HB 578 HB 583 HB 616  Interpretation Bill Number and Section Number  Code O1  O2  O3  O3  O3  O4  O4  O5  O6  O7  O7  O7  O7  O7  O7  O7  O8  O9  O7  O8  O9  O7  O7  O8  O9  O8  O9  O9  O8  O9  O9	or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.    Code   Bill, Resolution or Other   Appropriation Bill Number	or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.  Code Bill. Resolution or Other Chegislative Ident. Number Appropriation Bill Number and Section Number  4. HB 556 4. HB 560 4. HB 567 4. HB 568 4. HB 569 4. HB 570 4. HB 571 4. HB 572 4. HB 572 4. HB 578 5. HB 583 5. HB 616  HB 616  HB 616  HB 616  Code Subject Ocde Subject 17  Appropriation Bill Number and Section Number 17  Code Subject Ocde Code Ocde Occessor 17  Appropriation Bill Number 17  Banking, finance, credit and 19  Investments 20  Children, minors, youth, senior citizens 21  Charten and religion 22  Consumer affairs 22  Ecology, environment, pollution, conservation, zoning, land and 23  water use 24  Education 25  Equal rights, crvif rights minority affairs 11  Government, financing, 27  taxation, revenue, budget, 28  appropriations, bids, fees, funds Government, decertal 29  Government, federal 29  Government, financing, 27  taxation, revenue, budget, 28  appropriations, bids, fees, funds Government, federal 29  CERTIFICATION: I hereby certify that the a correct statement in accordance with Section 19  CERTIFICATION: I hereby certify that the a correct statement in accordance with Section 19  CERTIFICATION: I hereby certify that the a correct statement in accordance with Section 19  CERTIFICATION: I hereby certify that the a correct statement in accordance with Section 19  CERTIFICATION: I hereby certify that the a correct statement in accordance with Section 19  CERTIFICATION: I hereby certify that the a correct statement in accordance with Section 19  CERTIFICATION: I hereby certify that the a correct statement in accordance with S