## LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

## CODDITION MONTHER RELOT

To Be Filed By:

**L-3** 

LOBBYISTS (Sec. 67-6619)

| Page      | of         | Page(s)     |
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STATE OF IDAHO

|  |                      | pe or print clear<br>instructions at |                               |                   |                               |                  |                     | 3 IA I                                 | t Ur        | IDAHU                     |
|--|----------------------|--------------------------------------|-------------------------------|-------------------|-------------------------------|------------------|---------------------|--|-------------|---------------------------|
| Da   | s name and pe        | perdi                                | ss address                    |                   |                               |                  | Merch               | 2010                                   | Period      | month ending  (Day) (Yr.) |
| Item<br>1  | Totals               | of all reportal                      | ole expenditures made         | or incurred b     | y Lobbyis                     | st or by         | Lobbyist's Emp      | loyer on behalf                        | of Lobb     | oyist's Employer.         |
| Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity       |                      | *Total Amount for<br>All Employers   | Item 3, at bottom of p        |                   |                               |                  |                     |  |             |                           |
|  | Not Have to be       | Reported                             | -                             | Employ            | er No. I                      | _                | Employer No. 2      | Employer 1                             | No. 3       | Employer No. 4            |
| Entertai<br>Food an  | nment<br>d Refreshme | nt                                   | \s                            | _ \$              |                               | _                |                     | _                                      |             | \$                        |
| Living A   | Accommodat           | ions                                 |                               |                   |                               |                  |                     |  |             |                           |
| Adverti  | sing                 |                                      |                               |                   |                               | _ _              |                     |  |             |                           |
| Travel   |                      |                                      |                               | _                 |                               | _ _              |                     |  |             |                           |
| Telepho  | ne                   |                                      |                               | _                 |                               | _   _            |                     |  |             |                           |
| Other E  | xpenses or S         | ervices                              |                               | _                 |                               | _   _            |                     |  |             | · ·                       |
|  |                      | Total                                | s                             | \$                | 0                             | _   \$_          | 0                   |  |             | \$                        |
| *When t  | he number of         | employers you a                      | re reporting for requires n   | nultiple L-2 fo   | rms to be f                   | iled a to        | otal amount for all | employers should                       | l be enter  | ed on Page 1.             |
|  |                      | of each expen                        |                               | venty-five do     | llars (\$75                   | ) for a          | legislator, other   | holder of publi                        | ic office   | , executive officials and |
| Item-<br>2   | Date                 |                                      | Place                         |                   | Amo                           | unt              | Names               | of Legislators, Pul<br>and Household N |             | Executive Officials       |
|  | Date                 | _                                    | 11400                         |                   | 7 11110                       | <u></u>          |                     | una mousement i                        | ···ciiioois | т отоар                   |
|  |                      |                                      |                               |                   |                               |                  |                     |  |             |                           |
|  |                      |                                      |                               |                   |                               |                  |                     |  |             |                           |
|  |                      |                                      |                               |                   |                               |                  |                     |  |             |                           |
|  |                      |                                      |                               |                   |                               |                  |                     |  |             |                           |
|  | Continued on a       | ittached page(s)                     |                               |                   |                               |                  | <u> </u>            |  |             |                           |
| INSTRUCTIONS   |                      |                                      |                               | Item<br>3         | I .                           | Employer(s) Name | e(s) and A          | Address(es)                            |             |                           |
|  |                      | _                                    | <del></del>                   |                   |                               | 0. 1             | ZJaho               | Crain                                  | Proc        | les Coes                  |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code                          |                      |                                      |                               | ı [ˈ <sup>\</sup> | 0. 1                          | 82/13            | N. Sto              | Be                                     | 8 3 70 S    |                           |
| Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month. |                      |                                      |                               | f the N           | No.2 983 East Baiss Id. 83717 |                  |                     |  |             |                           |
| то   | BE FILED W           |                                      |                               |                   | ,,                            |                  |                     |  |             | ,                         |
|  |                      | _                                    | Ben Ysursa<br>retary of State |                   | N                             | 0. 3             |                     |  |             |                           |
|  |                      | PC                                   | Box 83720                     |                   | ļ.,                           | . 4              |                     |  |             |                           |
| Boise, ID 83720-0080<br>Phone: (208) 334-2852 Fax: (208) 334-2282  |                      |                                      |                               |                   | l <sup>N</sup>                | o. 4             |                     |  |             |                           |

| Date Amount Name of Legis |  |   | lator, Public or Executive Official and Household Member(s) Receiving or Benefiting   |   |  |  |  |  |  |
|---------------------------|--|---|---|---|--|--|--|--|--|
| or H                      | ject matter of proposed legislat (ouse Bill, Resolution or other Lobbyist was supporting or op Regislative Ident. Number S7C / 354 S00 / 38/ | legislative activity in which                               | Code Subject  O1 Agriculture, horticulture, farming, and livestock  O2 Amusements, games, athletics and sports  O3 Banking, finance, credit and investments  O4 Children, minors, youth, senior citizens  O5 Church and religion  O6 Consumer affairs  O7 Ecology, environment, pollution, conservation, zoning, land and water use  O8 Education  O9 Elections, campaigns, voting, political parties  10 Equal rights, civil rights, minority affairs  11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds  12 Government, county  13 Government, municipal  14 Government, municipal  15 Government, special districts  16 Government, state | Code Subject  17 Health service, medicine, drugs and controlled substances, health insurance, hospitals  18 Higher education 19 Housing, construction, codes 20 Insurance (excluding health insurance) 21 Labor, salaries and wages, collective bargaining 22 Law enforcement, courts, judges, crimes, prisons 23 License, permits 24 Liquor 25 Manufacturing, distribution and services 26 Natural resources, forest and forest products, fisheries, mining and mining products 27 Public lands. parks, recreation 28 Social insurance, unemployment insurance, public assistance, workmen's compensation 29 Transportation, highways, streets and roads 30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas 31 Other (please specify) |  |  |  |  |  |
| 6 bid or                  | fy any rule, ratemaking decision<br>bid process, financial services<br>opposing.   | on, procurement, contract,<br>or bond lobbyist was support- | CERTIFICATION: I hereby certify to correct statement in accordance with Lobbyist signature  |   |  |  |  |  |  |