Rev. 05/2008

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

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

To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)

Page of Page(s)
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STATE OF IDAHO

		ype or print clear e instructions at								O () ()		
Lobbyis		ermanent busine				Date	e pre	pared		Period	covered	
			ey Troxell Ennis & H bise, ID 83702	lawley LL	_P, 877	7				[✓ month	n ending
				March 2, 2010			(Mo.) (Day	y) (Yr.)			
								, _		02	28	3 10
Item 1	Total	s of all reportal	ble expenditures made o	r incurred b	by Lobby	yist or	by I	Lobbyist's Empl	oyer on b	ehalf of Lobb	yist's Em	ployer.
Reimb		openditure Living and Travel Lobbying Activity	*Total Amount for All Employers	Proportion Item 3, at				ted by each emplo	oyer (Iden	tify employers	, under	
Do Not Have to be Reported			Employer No. 1			Employer No. 2		Employer No. 3		Employer No. 4		
Entertai Food at	inment nd Refreshme	ent	\$ 0.00	\$		9			\$		s	
	Accommoda		0.00			$-\mid$ "						
Adverti			0.00			_ -			_			
Travel			0.00	*****								
Telepho	one		0.00			_ _						
Other E	Expenses or S	Services	0.00			_ -					_	
			0.00		0.0	0		0.00		0.00		0.00
		Total	s	\$	0.0	<u> </u>	S	0.00	\$		\$	
*When t	the number of	employers you a	are reporting for requires mu	ultiple L-2 fo	orms to be	e filed a	tota	l amount for all e	mployers s	hould be entere	d on Page	1.
_		of each expend of their house	diture of more than seve	enty-five do	ollars (\$7	75) for	a le	egislator, other l	nolder of	public office,	executiv	e officials and
Item- 2	Date		Place		An	nount				s, Public and E		Officials
	None										•	
							1					
Continued on attached page(s)							<u> </u>					
		INST	RUCTIONS		L	Item 3		En	nployer(s)	Name(s) and A	ddress(es)	
						No. I Idaho Health Facilities Authority						
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code						P.O. Box 8867, Boise, ID 83707-2867						
		Monthly repoies of the past	orts due within fifteen (15) days of	f the	No. 2						
то	BE FILED V				Ī,	No. 3						
	Ben Ysursa Secretary of State											
		PO	Box 83720 ID 83720-0080		,	No. 4						_

Item 4 is no longer statutorily required.

T4	Subje	ect matter of proposed legislat	ion, the number of the Senate	LEGISLATIVE SUBJECT IDENTIFICATION						
Item 5 Subjec (from No	or Ho the L	puse Bill, Resolution or other obbyist was supporting or opporting or opporting or opporting or other Legislative Ident. Number	Appropriation Bill Number and Section Number	Code 01 02 03 04 05 06 07 08 09 10	Subject 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,	Code 17 18 19 20 21 22 23 24 25 26	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			
Item 6	bid or bi			12 13 14 15 16	Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state CERTIFICATION: I hereby certify correct statement in accordance with	28 29 30 31	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)			
				I	Lobbyist signature	Date				