LOBBYIST MONTHLY REPORT FORM



State of Idaho

Bcn 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)
THIS SPACE FOR OFFICE USE ONLY

10 FEB 19 PM 1:41

STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page									STATE	OF ID	АНО	
Lobbyist's name and permanent business address						Date prepared				Period covered		
Emma Roemhildt						1 = 10.10 0010				month ending		
Box.							Teb 19 2010				··) (Va)	
Boxzz94 Cordova AK 99574						·			(Mo.) (Day) (Yr.)			
										_ 31	2010	
Item 1	Totals	s of all reportal	ble expenditures made o	or incurred by	Lobbyist o	r by l	Lobbyist's Empl	oyer on	behalf of Lob	byist's Em	ployer.	
Category of Expenditure Reimbursed Personal Living and Travel *To			*Total Amount for All Employers	Proportionate Item 3, at bo		ts contributed by each employer (Identify employers, under page.)						
			Zang o j vio	Employer	No. 1	Employer No. 2		Employer No. 3		Employer No. 4		
Entertair Food ar	innient id Refreshme	ent	s_ <i>f</i>	_ s		s	s			\$		
Living	Accommoda	tions	Ø								<u> </u>	
Adverti	si ng											
Travel			<u> </u>							-		
Telepho	one										******	
Other E	xpenses or S	crvices	- B									
			7							-	-	
		Total	s Ø	s e	5	\$	B	\$	Ø	. s	<u> </u>	
											- 111	
*When			ere reporting for requires m									
		of each expen- of their house	diture of more than sev hold.	cnty-five dolla	ars (\$75) fo	or a l	egislator, other	holder o	f public office	e, executiv	e officials and	
Item-	Date		Place		Amount		Names of Legislators, Public and Executive Officials and Household Members in Group					
							1					
	Continued on a	 nttached page(s)										
Unstructions Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code						m	Er	Employer(s) Name(s) and Address(es)				
						ide	ahours for Choice in Education					
						Idahoans for Choice in Education No. 1 BOX 933 Boise 1D 83701						
Filing dendline: Monthly reports due within fifteen (15) days of the month for activities of the past month.					he No. 2	No. 2						
TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080					No. 3					•		
					No. 4	No. 4						

Item 4 is no longer statutorily required.

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Item Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which				LEGISLATIVE SUBJECT IDENTIFICATION					
		Bill, Resolution of Other Bill, Resolution or Other Legislative Ident, Number		01 02 03 04 05 06 07 08 09 10	taxation, revenue, budget, appropriations, bids, fees, funds	17 18 19 20 21 22 23 24 25 26 27 28 29 30	Subject Health service, medicine, drugs and controlled substances, health insurance, heapitals 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)		
Item 6 dentify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.					CERTIFICATION: I hereby certify to correct statement in actordance with frame of the control of				