Rev. 05/2008

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)

Риде	of	Page(s)
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STATE OF TOAHO

		pe or print clear												
Lobbyisi's name and permanent business address						Date prepared				Perio	d cov	ered	_	
	Pouliot						-					1	month en	gnib
305 W Jefferson St										l M	o.)	(Day)	(Yr.)	
Boise ID 83702						4/8/2010		0	`	3	31	2010		
item 1	Totals	of all reporta	ble expendit	ures inade o					obbyist's Empl					усг.
Category of Expenditure Reimbursed Personal Living and Travel			*Total Amount for All Employers			Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)								
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported		Employer No. 1			Employer No. 2		Employer No. 3			Employer No. 4				
	inment nd Refreshme	enst.	s	0.00	s			s		s		8		
	Accommoda		•——	0.00	"					"		- "		
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Telepho	expenses or S	om/loan		0.00			_		A III BERLIEDE PROFI			- -		
Other I	xpenses or a	ervices												
		Totul	s	0.00	s	0.0	00	s	0.00	,	0.00	s		0.00
		111111			"		-			*'		- "		
When									amount for all c					
		of cach expen- of their house		re than seve	enty-five d	lollars (\$	75) fo	rale	gislator, other l	nolder of p	public offic	c, cx	ecutive o	fficials and
Item- 2	Date	OI MED NOUSE	Pluc	·		Ar	mouns				s, Public and old Member			eials
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\Box	Continued on a	ι ιπached page(s)												
INSTRUCTIONS							Iten 3	n	En	mployer(s) Name(s) and Address(cs)				
Wh	o should tile	this form: A	ny lobbyist i	egistered ur	nder Sectio	on .	No. 1		aho Medical A 5 W Jefferson			כחי		
	6617 Idaho C					- 1				1 01, 001	36 10 03			
Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.					of the	No. 2								
то	BE FILED W	TTH:				İ	_	•						
Ben Ysursa Secretary of State							No. 3							
P() Box 83720					ŀ	_								
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282							No. 4							

Item 4

Item 4 is no longer statutorily required.

Item		et matter of proposed legislat		LEGISLATIVE SUBJECT IDENTIFICATION							
Subject (from	or Ho	Bill, Resolution or other obbyist was supporting or opposition of Other Legislative Ident. Number HB 432 SB 1272 SB 1270 SB 1258 SB 1313 SB 1314 SB 1301 HB 528 HB 530 SB 1353 HB 530 SB 1353 HB 530 SB 1353 HB 530 SB 1353 HB 391A HJR 4 SB 1373 HB 534 SB 1369 SB 1369 SB 1399 SB 1397 SB 1397 SB 1365A HB 582		Code 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	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, cumpaigns, voting, political parties Equal rights, civil rights, minorly affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state	Code 17 18 19 20 21 22 23 24 25 26 27 28 29 30	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)				
Item 6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code. A-9-10						
Lie at all toping.					Lobbyist signature		Date				