

LOBBYIST MONTHLY REPORT FORM

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THIS SPACE FOR OFFICE USE ONLY



State of Idaho
Ben Yursa
Secretary of State

To Be Filed By:
L-3 LOBBYISTS
(Sec. 67-6619)

10 APR -5 AM 9:15
SECRETARY OF STATE
STATE OF IDAHO

(Type or print clearly in black ink)
See instructions at bottom of page

Lobbyist's name and permanent business address <i>Shelley Sharron Idaho Health Facilities Authority PO Box 8867 Boise ID 83707</i>	Date prepared <i>04.05.10</i>	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) <i>03 31 10</i>
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Item 1	Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.				
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	*Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment					
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
Total	\$ <i>0</i>	\$ <i>0</i>	\$ <i>0</i>	\$ <i>0</i>	\$ <i>0</i>

*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.

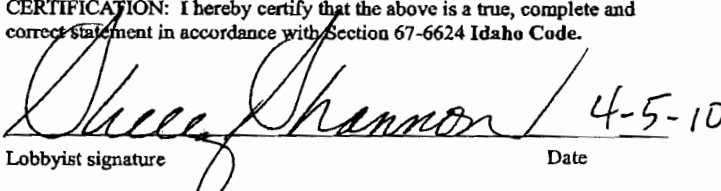
Item- 2	The totals of each expenditure of more than seventy-five dollars (\$75) for a legislator, other holder of public office, executive officials and member(s) of their household.			
Date	Place	Amount	Names of Legislators, Public and Executive Officials and Household Members in Group	
<i>N/A</i>				

Continued on attached page(s)

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)
<p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code</p> <p>Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.</p> <p>TO BE FILED WITH: Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	No. 1	<i>Idaho Health Facilities Authority PO Box 8867 Boise ID 83707</i>
	No. 2	
	No. 3	
	No. 4	

Item
4

Item 4 is no longer statutorily required.

Item 5			LEGISLATIVE SUBJECT IDENTIFICATION			
Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.			Code	Subject	Code	Subject
Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number				
N/A			01	Agriculture, horticulture, farming, and livestock	17	Health service, medicine, drugs and controlled substances, health insurance, hospitals
			02	Amusements, games, athletics and sports	18	Higher education
			03	Banking, finance, credit and investments	19	Housing, construction, codes
			04	Children, minors, youth, senior citizens	20	Insurance (excluding health insurance)
			05	Church and religion	21	Labor, salaries and wages, collective bargaining
			06	Consumer affairs	22	Law enforcement, courts, judges, crimes, prisons
			07	Ecology, environment, pollution, conservation, zoning, land and water use	23	License, permits
			08	Education	24	Liquor
			09	Elections, campaigns, voting, political parties	25	Manufacturing, distribution and services
			10	Equal rights, civil rights, minority affairs	26	Natural resources, forest and forest products, fisheries, mining and mining products
			11	Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds	27	Public lands, parks, recreation
			12	Government, county	28	Social insurance, unemployment insurance, public assistance, workmen's compensation
			13	Government, federal	29	Transportation, highways, streets and roads
			14	Government, municipal	30	Utilities, communications, televisions, radio, newspaper, power, CATV, gas
			15	Government, special districts	31	Other (please specify) _____
			16	Government, state		
Item 6			CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.			
Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.						
			Lobbyist signature		Date	