

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Yursa
Secretary of State

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

10 APR 12 AM 10:27

STATE OF IDAHO

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

Lobbyist's name and permanent business address Patrick J. Sullivan SULLIVAN & REBERGER PO BOX 1703 BOISE ID 83701	Date prepared <p style="font-size: 24px; text-align: center;">4-6-10</p>	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) <p style="font-size: 24px; text-align: center;">3 31 10</p>
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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	\$ 1067.48	\$ 0	\$ 0	\$ 224.01	\$ 0
Food and Refreshment					
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
Total	\$ 4067.48	\$ 0.00	\$ 0.00	\$ 224.01	0.00

*When the number of employers you are reporting for requires multiple L-3 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 fifty dollars (\$50) for a legislator or other holder of public office.			
Date	Place	Amount	Names of Legislators & Public Officials in Group	

Continued on attached page(s)

<p style="text-align: center;">INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.</p> <p>Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.</p> <p>TO BE FILED WITH:</p> <p style="text-align: center;">Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Item 3</th> <th style="font-size: 8px;">Employer(s) Name(s) and Address(es)</th> </tr> </thead> <tbody> <tr> <td style="font-size: 8px;">No.1</td> <td>ADVANTAGE WORKER COMPENSATION PO Box 571918, SLC, UT 84157</td> </tr> <tr> <td style="font-size: 8px;">No.2</td> <td>AREVA NC, INC. 4800 Hampden Ln, # 1100, Bethesda MD 20814</td> </tr> <tr> <td style="font-size: 8px;">No.3</td> <td>ASSOCIATED GENERAL CONTRACTORS 1649 W. Shoreline Dr., Boise, ID 83702</td> </tr> <tr> <td style="font-size: 8px;">No.4</td> <td>BATELLE ENERGY ALLIANCE PO Box 1625. Id. Falls. ID 83415</td> </tr> </tbody> </table>	Item 3	Employer(s) Name(s) and Address(es)	No.1	ADVANTAGE WORKER COMPENSATION PO Box 571918, SLC, UT 84157	No.2	AREVA NC, INC. 4800 Hampden Ln, # 1100, Bethesda MD 20814	No.3	ASSOCIATED GENERAL CONTRACTORS 1649 W. Shoreline Dr., Boise, ID 83702	No.4	BATELLE ENERGY ALLIANCE PO Box 1625. Id. Falls. ID 83415
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Page 2 of 6
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Category of Expenditure <small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small>	* Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. <u>5</u>	Employer No. <u>6</u>	Employer No. <u>7</u>	Employer No. <u>8</u>
Entertainment	\$ _____	\$ <u>75³¹</u>	\$ <u>0</u>	\$ <u>47²⁵</u>	\$ <u>0</u>
Food and Refreshment	\$ _____				
Living Accommodations	\$ _____				
Advertising	\$ _____				
Travel	\$ _____				
Telephone	\$ _____				
Other Expenses or Services	\$ _____				
Total	\$ <u>0.00</u>	\$ <u>75³¹</u>	\$ <u>0.00</u>	\$ <u>47²⁵</u>	\$ <u>0.00</u>

*When the number of employers you are reporting for requires multiple L-3 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 fifty dollars (\$50) for a legislator or other holder of public office.			
Date	Place	Amount	Names of Legislators & Public Officials in Group	

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		Employer No. <u>9</u>	Employer No. <u>10</u>	Employer No. <u>11</u>	Employer No. <u>12</u>
Entertainment	\$ _____	\$ <u>425.89</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>75.87</u>
Food and Refreshment	\$ _____	_____	_____	_____	_____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
Total	\$ <u>0.00</u>	\$ <u>425.89</u>	\$ <u>0.00</u>	\$ <u>0</u>	\$ <u>75.87</u>

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ALEXANDRIA, VA 22314

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Page 4 of 6 Page(s)
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		Employer No. <u>13</u>	Employer No. <u>14</u>	Employer No. <u>15</u>	Employer No. <u>16</u>
Entertainment	\$ _____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Food and Refreshment	\$ _____				
Living Accommodations	\$ _____				
Advertising	\$ _____				
Travel	\$ _____				
Telephone	\$ _____				
Other Expenses or Services	\$ _____				
Total	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

*When the number of employers you are reporting for requires multiple L-3 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 fifty dollars (\$50) for a legislator or other holder of public office.			
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		Employer No <u>17</u>	Employer No <u>18</u>	Employer No <u>19</u>	Employer No <u>20</u>
Entertainment	\$ _____	\$ <u>102.89</u>	\$ <u>116.26</u>	\$ <u>0</u>	\$ <u>0</u>
Food and Refreshment	\$ _____				
Living Accommodations	\$ _____				
Advertising	\$ _____				
Travel	\$ _____				
Telephone	\$ _____				
Other Expenses or Services	\$ _____				
Total	\$ <u>0.00</u>	\$ <u>102.89</u>	\$ <u>116.26</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

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		Employer No. <u>21</u>	Employer No. <u>22</u>	Employer No. <u>23</u>	Employer No. <u>24</u>
Entertainment	\$ _____	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.		
	Date	Amount	Name of Legislator Receiving or Benefited

Item 5	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.		LEGISLATIVE SUBJECT IDENTIFICATION																																																																					
	Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number																																																																					
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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																																																																							

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

P. J. Sullivan 4.9.10
 Lobbyist signature Date