## Rev 05/2008

## LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

## DDIISI MONINLI KEFOKI F

To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)

Page of Page(s)

THIS SPACE FOR OFFICE USF ONLY

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SECFL LY OF STATE

		pe or print clear e instructions at	rly in black ink) bottom of page					STATE OF IDAM		
obbyist's name and permanent business address						repared	Peri	Period covered		
2		h 6th Str ID 837			3/2/11			month ending  (Day) (Yr.)		
Item 1	Totals	s of all reporta	ble expenditures made of	or incurred by Lot	byist or by	Lobbyist's Emp	loyer on behalf of Lo	2 28 11 bbyist's Employer.		
Reimbi		penditure iving and Travel obbying Activity	*Total Amount for All Employers	Proportionate am		contributed by each employer (Identify employers, under ige.)				
	Not Have to be			Employer No	. 1	Employer No. 2	Employer No. 3	Employer No 4		
intertai		ent	\$	\$	\$		\$	s		
	ood and Refreshment \$iving Accommodations			-	"		- J			
Adverti										
ravel										
elepho	one									
Other E	xpenses or S	ervices			_					
					_					
		Total	s0	_ so	s_	0	so	_ so		
Item-		of each expen			(\$75) for a  Amount	Names of Legislators, Public and Executive Officials and Household Members in Group				
	Continued on a	attached page(s)								
INSTRUCTIONS						Е	Employer(s) Name(s) and Address(es)			
Who should file this form: Any lobby ist registered under Section 67-6617 Idaho Code  Filing deadline: Monthly reports due within fifteen (15) days of the						IBEW Local 291 No.1 225 N 16th Street Boise ID 83702				
		ies of the past		() <del></del>	No 2					
TO BE FILED WITH:  Ben Ysursa Secretary of State										
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282										

ltem			ion, the number of the Senate	LEGISLATIVE SUBJECT IDENTIFICATION					
4		,	legislative activity in which	0.1	Code Subject Code Subject				
•	the Lo	obbyist was supporting or opp	posing.		Agriculture, horticulture,				
uhiect	Code	Bill, Resolution or Other	Appropriation Bill Number	01	farming, and livestock	17	Health service, medicine, drugs and controlled substances, health		
from t		Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		,		
nom (	abic)	Ecgistative ident. (valities)	und Section (vanise)	- 02	<u> </u>	10	insurance, hospitals		
			}	0.2	and sports	18 19	Higher education		
	- 1			03	Banking, finance, credit and investments	20	Housing, construction, codes Insurance (excluding health		
			}	04	Children, minors, youth,	20	insurance)		
				04	senior citizens	21			
lon	e		J	0.5		21	Labor, salaries and wages,		
	_			05	Church and religion	22	collective bargaining		
				06	Consumer affairs	22	Law enforcement, courts,		
	1			07	Ecology, environment, pollution,		judges, crimes, prisons		
					conservation, zoning, land and	23	License, permits		
	1				water use	24	Liquor		
				08	Education	25	Manufacturing, distribution and		
	- (			09	Elections, campaigns, voting,		services		
					political parties	26	Natural resources, forest and		
				10	Equal rights, civil rights,		forest products, fisheries, mining		
					minority affairs		and mining products		
	- 1			11	Government, financing,	27	Public lands, parks, recreation		
			ļ		taxation, revenue, budget,	28	Social insurance, unemployment		
	1				appropriations, bids, fees, funds		insurance, public assistance,		
			}	12	Government, county		workmen's compensation		
	ł			13	Government, federal	29	Transportation, highways,		
			}	14	Government, municipal		streets and roads		
	- 1			15	Government, special districts	30	Utilities, communications,		
				16	Government, state		televisions, radio, newspaper,		
	- 1			}			power, CATV, gas		
						31	Other (please specify)		
				CERTIFICATION: I hereby certify	that the a	bove is a true, complete and			
					correct statement in accordance with				
Item		dentify any rule, ratemaking decision, procurement, contract,							
5	bid or	bid process, financial service	s or bond lobbyist was support	-	\( \( \) \( \)	1			
ing or opposing.				K) an AKat	-/.	3/2/11			
				7	10000	$\sim$			
					Lobbyist signature		Date		