LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282

To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

Page of Page(s)
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SECRETARY OF STATE STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page								SIAIE	STATE OF IDAHU				
Lobbyist's name and permanent business address						Date prepared				Period covered			
David Lehman													
802 W. Bannock St, Ste 700										month ending			
Boise, ID 83702						1/31/2011				(Mo.) (Day) (Yr.)			
,									1	31	2011		
Item 1	Totals	of all reportab	ole expenditures made or					<u> </u>				yer.	
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity All Employers				Proportionate amounts contributed by each employer (Ide Item 3, at bottom of page.)				dentify emplo	entify employers, under				
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			All Employers	Employer No. 1		Employer No. 2 Empl			mployer No. 3	3	Employer No. 4		
Entertainment Food and Refreshment			s0.00	s	0.00	s_	0.00	\$			\$	0.00	
Living Accommodations			0.00		0.00		0.00		0.	.00		0.00	
Advertising			0.00		0.00		0.00		0.	00		0.00	
Travel			0.00		0.00	l	0.00			.00		0.00	
Telephone			0.00		0.00	_	0.00		0.	.00		0.00	
Other Expenses or Services			0.00		0.00	_	0.00		0.	.00		0.00	
		Total	s0.00	s	0.00	s _	0.00	\$	0	.00	\$	0.00	
*When	the number of	employers you a	re reporting for requires mu	ultiple L-2 fo	rms to be file	ed a to	tal amount for all en	nploye	rs should be e	entered	on Page 1.		
		of each expend of their house	liture of more than one l	nundred dol	llars (\$100)	for a	legislator, other	older	of public of	ffice, e	executive	officials and	
Item- 2		or their mouse.	Place	A-m-a	Names of Legislators, I						cials		
	Date N/A		N/A		N/A		and Household Members in Group N/A						
M	/	attached page(s)	NA		N/A		In order for the in	format		he spa	ace put the	e employer name o	
INSTRUCTIONS					I	In order for the information to fit in the space, put the employer name the first line and the complete address on the second line. 3 Employer(s) Name(s) and Address(es)							
		67 Monthly repo	ny lobbyist registered un -6617 Idaho Code orts due within fifteen (19	5) days of th	-	1 20	ootenai Medic 003 Kootenai I 0011 D Alene AA of Idaho 155 W Dento	lealtl	h Way				
month for activities of the past month. TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720					-	No. 2 7155 W. Denton St. Roise ID 83704 Idaho Association of Developmental Disab. Agen. No. 3 818 West 15th St. Meridian ID 83642							

No. 4

	ouse Bill, Resolution or other obbyist was supporting or opporting or opporting or Other Legislative Ident. Number		Code 01 02	Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and	Code 17 18 19	Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes
17 29			03 04 05 06 07 08 09 10 11 12 13 14 15 16	Banking, innance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, special districts Government, state	20 21 22 23 24 25 26 27 28 29 30	Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining
Item 5 Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.				CERTIFICATION: I hereby certify correct statement in accordance with		
	N/A		i	Lebbyist etgnerure		Date