Rev 05/2008

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

To Be Filed By

LOBBYISTS (Sec. 67-6619)

Page	of	Page(s)
THIS SPACE	CE FOR OFFI	CE USE ONLY

II FEB II PM 3:

SECRETARY OF STATE OF IDAHO

	(Type or print clear See instructions at	•								STALE OF
Lobbyis	's name and pennanent busine				Date pre	epared		Period	covered	
Qwest Communications 999 Main 11th Floor Boise,ID 83702					02 11 11		1	(Mo.)	(D	th ending ay) (Yr.) 1 11
Item I	Totals of all reportal	ble expenditures made o	r incurred by	y Lobbyist	or by l	Lobbyist's Empl	oyer on b	ehalf of Lobb	yist's Er	nployer.
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity All Employers			Proportionate amounts Item 3, at bottom of p		ns contributed by each employer (Identify employers, under page.)					
Da Nat Have to be Reported			Employer No. 1		Employer No. 2		Employer No. 3		Employer No. 4	
Enterta Food as	inment nd Refreshment	s555.83		555.83	\$		s		\$ _	
Living	Accommodations		l ——							
Adverti	sing									
Travel										
Telepho										
Other E	Expenses or Services				1-					
	Total	s555.83	\$	555.83	s	0.00	s	0.00	s	0.00
*When	The totals of each expen- member(s) of their house	diture of more than seve				egislator, other l	older of		executi	ve officials and
	Date	Place		Amour			ina House	iold Members i	i Group	
_										
<u> </u>	Continued on attached page(s)			It	em		1 (-).1	NT		
INSTRUCTIONS					Employer(s) Name(s) and Address(es)) 	
	o should file this form: Ar 617 Idaho Code	ny lobbyist registered un	der Section	No.		vest Commun 9 Main 11th F			02	
	ng deadline: Monthly reports for activities of the past in		l5) days of	the No.	2					
TO BE FILED WITH: Ben Ysursa Secretary of State					3					
PO Box 83720 Boise, 1D 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282					4					

Item 4	Expend	ditures ty to an	made by the lobby sy, for any or on b	yist or by the lobbyist's emplocehalf of any Legislator, Pul	by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal for any Legislator, Public or Executive Official or Household Member(s).						
	Dat	<u> </u>	Amount		Name of Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting						
Item 5 Subjec (from 3)	or Hous the Lob (Code (able)	se Bill, l obyist wa Bill, Re Legislati	Resolution or other as supporting or opp	ion, the number of the Senate legislative activity in which posing. Apprepriation Bill Number and Section Number	Codd 01 02 03 04 05 06 07 10 11 12 13 13 14 15 16	LEGISLATIVE SUITED 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, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state		IDENTIFICATION 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		process	•	n, procurement, contract, or bond lobbyist was support-		CERTIFICATION: I hereby certify correct statement in accordance with Lobbyist signature					