LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

> PO Box 83720 Boise, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)

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(Type or print See instruction	01:.::	G 1: 1: 12 Gr 777 11 G					
Lobbyist's name and permanent busin			Date pro	epared	Per	riod covered	
Michael E	CRG FLE	-	02	?-08	-05 a	month ending Mo.) (Day) (Yr.)	
PoxAtell	6 Id 8	3201			25	31 15	
Item Totals of all reporta	ble expenditures made o	r incurred by Lob	byist or by	Lobbyist's Emplo	oyer on behalf of Lo	obbyist's Employer.	
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity	* Total Amount for All Employers	Proportionate am Item 3, at botton		nts contributed by each employer (Identify employers, under f page.)			
Do Not Have to be Reported		Employer No	o. 1 Er	nployer No. 2	Employer No. 3	B Employer No. 4	
Entertainment Food and Refreshment	\$	\$	\$ _		\$	_ \$	
Living Accommodations							
Advertising						_	
Travel						_	
Telephone			_			_	
Other Expenses or Services					· .	·	
Total	\$	\$	\$		\$	\$	
*When the number of employe	I rs you are reporting for requ	 iires multiple L-3 fo	rms to be file	d a total amount fo	l or all employers should	l d be entered on Page 1.	
	•		a legislator or other holder of public office. Amount Names of Legislators & Public Officials in Group				
2 Date	Date Place			Names o	of Legislators & Public	e Officials in Group	
Continued on attached page(s)				POSTED		
		Item	En	nployer(s) Name(s) an	nd Address(es)		
INS		3 K r	wher his	A APEN	19 199 PC Auld		
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.				Filmor	Are Ro	igineers and atello Id 832	
Filing deadline: Monthly r month for activities of the pa		0) days of the	No.2				
	Ben Ysursa cretary of State		No.3				

No.4

ltem 4	Expenditures made by the lobbyist or personal property to any Legislator, or			by the lobbyist's employer in the nature of contributions of money or other tangible or intangible for or on behalf of any legislator.						
	D	ate	Amount		Name of Legislator Receiving or Benefited					
Item 5	or Ho	use Bill,	Resolution or other	tion, the number of the Senate r legislative activity in which		LEGISLATIVE SUE				
	L		vas supporting or o		Cod	Subject Agriculture, horticulture,	Code 17	Subject Health service, medicine, drugs		
Subject (from			esolution or Other ive Ident. Number	Appropriation Bill Number and Section Number	02 03 04 05 06 07 10 11 12 13 14 15 16	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	18 19 20 21 22 23 24 25 26 27 28 29 30	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)		

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

Lossyist signature Date