

LOBBYIST MONTHLY REPORT FORM

Page _____ of _____ Pages(s)
THIS SPACE FOR OFFICE USE ONLY



State of Idaho
Ben Yursa
Secretary of State

To be Filed By:

L-3 LOBBYISTS
(Sec. 67-6619)

06 SEP 18 AM 10:46

SECRETARY OF STATE
STATE OF IDAHO

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

Lobbyist's name and permanent business address Dustin Miller P.O. Box 167 Boise, ID 83701-0167	Date prepared Sept. 14 2006	Period covered month ending <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">(Mo.)</td> <td style="border: 1px solid black; text-align: center;">(Day)</td> <td style="border: 1px solid black; text-align: center;">(Yr.)</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8</td> <td style="border: 1px solid black; text-align: center;">01</td> <td style="border: 1px solid black; text-align: center;">2006 to</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8</td> <td style="border: 1px solid black; text-align: center;">31</td> <td style="border: 1px solid black; text-align: center;">2006</td> </tr> </table>	(Mo.)	(Day)	(Yr.)	8	01	2006 to	8	31	2006
(Mo.)	(Day)	(Yr.)									
8	01	2006 to									
8	31	2006									

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 <small>Reimbursed Personal Living and Travel Expenses pertaining to Lobbyist 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. 1	Employer No. 2	Employer No. 3	Employer No. 4	
Entertainment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
Food and Refreshments	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
Living Accommodations	_____	_____	_____	_____	_____	
Advertising	_____	_____	_____	_____	_____	
Travel	_____	_____	_____	_____	_____	
Telephone	_____	_____	_____	_____	_____	
Other Expenses or Services	_____	_____	_____	_____	_____	
Total	\$ none	\$ _____	\$ _____	\$ _____	\$ _____	

*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	
Dustin Miller ended employment with the Idaho Farm Bureau Federation on 5-1-06				

Continued on attached page(s)

<p style="text-align: center; font-weight: bold; margin: 0;">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 style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%; text-align: center;">Item 3</th> <th style="text-align: left;">Employer(s) Name(s) and Address(es)</th> </tr> <tr> <td style="text-align: center;">No. 1</td> <td>Idaho Farm Bureau Federation P.O. Box 4848 Pocatello, ID 83205-4848</td> </tr> <tr> <td style="text-align: center;">No. 2</td> <td> </td> </tr> <tr> <td style="text-align: center;">No. 3</td> <td> </td> </tr> <tr> <td style="text-align: center;">No. 4</td> <td> </td> </tr> </table>	Item 3	Employer(s) Name(s) and Address(es)	No. 1	Idaho Farm Bureau Federation P.O. Box 4848 Pocatello, ID 83205-4848	No. 2		No. 3		No. 4	
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No. 1	Idaho Farm Bureau Federation P.O. Box 4848 Pocatello, ID 83205-4848										
No. 2											
No. 3											
No. 4											

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
		None	


Item 5 Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislature activity in which the Lobbyist was supporting or opposing.

Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number
11	H0001 S1001	

LEGISLATIVE SUBJECT IDENTIFICATION

Code	Subject	Code	Subject
01	Agriculture, horticulture farming, and livestock	17	Health service, medicine, drugs and controlled substances, health insurance, hospitals
02	Amusements, games, athletics and sports	18	Higher education
03	Banking, finance, credit and investments	19	Housing construction codes
04	Children, minors, youth, senior citizens	20	Insurance (excluding health insurance)
05	Church and religion	21	Labor, salaries and wages, collective bargaining
06	Consumer affairs	22	Law enforcement, courts, judges, crimes, prisons.
07	Ecology, environment, pollution Conservation, zoning, land and water use	23	License, permits
08	Education	24	Liquor
09	Elections, campaigns, voting political parties	25	Manufacturing, distribution and services
10	Equal rights, civil rights, minority affairs	26	Natural resources, forest and forest products, fisheries, mining and mining products
11	Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds	27	Public lands, parks, recreation
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.

 Justin Miller
Lobbyist signature

9-18-06
Date