

LOBBYIST MONTHLY REPORT FORM

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State of Idaho

Ben Yursa
Secretary of State

To Be Filed By:
L-3 LOBBYISTS
(Sec. 67-6619)

06 APR 10 AM 11:48
SECRETARY OF STATE
STATE OF IDAHO

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

SULLIVAN & REBERGER
PO Box 1703
Boise, ID 83701

Date prepared

Period covered

month ending

(Mo.) (Day) (Yr.)

3 | 31 | 06

Anoara K Milin

4-4-06

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 Lobbying 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	\$ <i>142¹²</i>	\$ <i>0</i>	\$ <i>0</i>	\$ <i>20⁵⁰</i>	\$ <i>69¹⁶</i>
Food and Refreshment					
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
Total	\$ <i>142¹²</i>	\$ <i>0</i>	\$ <i>0</i>	\$ <i>20⁵⁰</i>	\$ <i>69¹⁶</i>

*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

Continued on attached page(s)

INSTRUCTIONS	Item 3 Employer(s) Name(s) and Address(es)
<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: Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	<p><i>ASSOCIATED GEN'L CONTRACTORS</i> No.1 <i>110 N. 27th</i> <i>BOISE ID 83702</i></p> <p><i>ADVANTAGE WORKERS COMP</i> No.2 <i>PO BOX 571918 SLC UT 84157</i></p> <p><i>Clear Springs Foods</i> No.3 <i>PO BOX 712</i> <i>Boise ID 83316</i></p> <p><i>St. Lilly Anthony</i> No.4 <i>161 St. Anthony Ste 820</i> <i>St Paul MN 55103</i></p>

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3 | 31 | 06

Andrea K Michm

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Category of Expenditure <small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying 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 5	Employer No 6	Employer No 7	Employer No 8
Entertainment	\$ _____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Expenses or Services	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

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	No	6 Krispy Kreme 313 Pilot RD Ste B Las Vegas NV 89119
	No	7 MIAA State Assoc. DDC 515 King Str #300 Alexandria VA 22314
	No	8 Motion Picture Assn of America 1600 84th St. NW Washington DC 20006

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Andrea K. Michm

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Category of Expenditure <small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying 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. 9	Employer No. 10	Employer No. 11	Employer No. 12
Entertainment	\$ _____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Expenses or Services	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

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Date	Place	Amount	Names of Legislators & Public Officials in Group

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SULLIVAN & REBERGER PO Box 1703 Boise, ID 83701 <i>Andrea K Mihm</i>	Date prepared	Period covered
	<i>4-11-06</i>	<input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) <i>3 31 06</i>

Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	* Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. <i>13</i>	Employer No. <i>14</i>	Employer No. <i>15</i>	Employer No. <i>16</i>
Entertainment	\$ _____	\$ <i>0</i>	\$ <i>0</i>	\$ <i>0</i>	\$ <i>0</i>
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Expenses or Services	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ <i>0</i>	\$ <i>0</i>	\$ <i>0</i>	\$ <i>0</i>

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	<i>14</i>	<i>TNT FIREWORKS 16526 Shore Dr. NE 98155 Lake Forest Park WA 98021</i>
	<i>15</i>	<i>CH2M-W6 IDATA LLC PO Box 1625 ID Falls ID 83417</i>
	<i>16</i>	<i>NORTHWEST HEARTH PATIO PO Box 2016 EDMONDS WA 98020-9516</i>

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SULLIVAN & REBERGER PO Box 1703 Boise, ID 83701 <i>ANDREA K MINN</i>	Date prepared <div style="font-size: 2em; text-align: center;">4-4-06</div>	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) <div style="font-size: 1.5em; text-align: center;">3 31 06</div>
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Category of Expenditure <small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying 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. 17	Employer No. 18	Employer No. 19	Employer No. 20
Entertainment	\$ _____	\$ 0	\$ 52.51	\$ 0	\$ 0
Food and Refreshment	\$ _____				
Living Accommodations	\$ _____				
Advertising	\$ _____				
Travel	\$ _____				
Telephone	\$ _____				
Other Expenses or Services	\$ _____				
Total	\$ _____	\$ 0	\$ 52.51	\$ 0	\$ 0

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