State of Idaho

LOBBYIST REPORT FORM **☒** ANNUAL

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SCANNED



Ben Ysursa Secretary of State

> Secretary of State PO Box 83720 Boise, ID 83720-0080

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

To Be Filed By: 08 JAN - 7 AM 9: 25 LOBBYISTS

	(Sec	c. 67-6619)	STATA	RYM	J		
(Type or print clearly in black ink) See instructions at bottom of page				RY OF STA	TE		
Lobbyist's name and permanent business address		Date pr	1 .		Period co	overed	
John W. Mangan		/	1/7/08		\geq	year endir	ıg
1306 NW Hogt Street	56 400				(Mo.)	(Day)	(Yr.)
1306 NW Hoy & Street & Portland OR 97209					12	31	200
Item 1 Totals of all reportable expenditures made of	or incurred by Lobl	byist or by	Lobbyist's Emp	loyer on behalf o	f Lobbyi	st's Emplo	yer.
Category of Expenditure			outed by each emp	ployer (Identify en	mployers,	under	
Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity *Total Amount for All Employers	Item 3, at bottom		Z. Janes No. 2	Freedom No		Employer	No. 4
Do Not Have to be Reported	Employer No.	1 1	Employer No. 2	Employer No). 3	Employer	NO. 4
Entertainment Food and Refreshment \$ 6 -	\$	\$_		\$		\$	
Living Accommodations							
Advertising		_ _					
Travel							
Telephone		_				-	
Other Expenses or Services							
Total \$O -	\$	\$ _		\$:	\$	
***************************************	line I 2 form	t- b- 6:1		 	الحادماء	ha autonod s	om Dogga 1
*When the number of employers you are reporting for requirements. The totals of each expenditure of more than fifty							m rage 1.
2 Date Place		mount		slators, Public and			in Group
				Dr	CTI	' D	
				ΓU	ISTE	:U	
					_		
Continued on attached page(s)			l				
INSTRUCTIONS		Item 3	Eı	mployer(s) Name(s) and Add	dress(es)	
	1 0	—	American	Carneil Litution	of Z	ite 7	nswei
Who should file this form: Any lobbyist registered to 67-6617 Idaho Code	under Section	No. 1	101 Cons	Litution	Ave	- NW	ste 70
Filing deadlines Annual and in the second	at		washing	101 DC		1001-	013
Filing deadline: Annual report is due on January 31. Executive Lobbyist semi-annual rep		No. 2					
TO BE FILED WITH:							
Ben Ysursa		No. 3					

No. 4

4	Date	Amount		official or for or on behalf of any Legislator, Public or Executive Official. me of Legislator, Public or Executive Official Receiving or Benefiting		
Item 5 Subject (from 17 17	or House Bill, the Lobbyist of Code Bill, R Legisla	Resolution or other was supporting or or	ion, the number of the Senate legislative activity in which posing. Appropriation Bill Number and Section Number	Code Subject 01 Agriculture, horticulture, farming, and livestock 02 Amusements, games, athletics and sports 03 Banking, finance, credit and investments 04 Children, minors, youth, senior citizens 05 Church and religion 06 Consumer affairs 07 Ecology, environment, pollution, conservation, zoning, land and water use 08 Education 09 Elections, campaigns, voting, political parties 10 Equal rights, civil rights, minority affairs 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds 12 Government, county 13 Government, municipal 14 Government, special districts 16 Government, state	Code Subject 17 Health service, medicine, drugs and controlled substances, healt insurance, hospitals 18 Higher education 19 Housing, construction, codes 20 Insurance (excluding health insurance) 21 Labor, salaries and wages, collective bargaining 22 Law enforcement, courts, judges, crimes, prisons 23 License, permits 24 Liquor 25 Manufacturing, distribution and services 26 Natural resources, forest and forest products, fisheries, minin and mining products 27 Public lands, parks, recreation 28 Social insurance, unemploymer insurance, public assistance, workmen's compensation 29 Transportation, highways, streets and roads 30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas 31 Other (please specify)	
Item 6	contract bio		decision, procurement, ancial services agreement or opposing.	CERTIFICATION: I hereby certify the correct statement in accordance with S	Section 67-6624 Idaho Code.	
				Employer No. 1 signature	Date	
				Employer No. 2 signature	Date	
				Employer No. 3 signature	Date	
				Employer No. 4 signature	Data	