Ben Ysursa Secretary of State

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

## LOBBYIST MONTHLY REPORT FORM

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

PO BOX 712. BUHL. ID 83316

| (Type or print clearly in black ink)  See instructions at bottom of page                                 |                                 |                                     |              |        |  |                     |              | <b>TUSILU</b>                           |               |             |  |
|--|---------------------------------|-------------------------------------|--------------|--------|--|---------------------|--------------|---|---------------|-------------|--|
| Lobbyist's name and  |                                 |                                     |              |        | Date   | prepared            | <del> </del> | Period                                  | covered       |             |  |
| Andrea K. Mihi   | m                               |                                     |              |        |  | N. i                |              | 1                                       | / month       | ending      |  |
| SULLIVAN & F   | REBERGER                        |                                     |              |        | 1 7  | 516107              |              | (Mo                                     | .) (Den       | ) (Yr.)     |  |
| PO BOX 1703  |                                 |                                     |              |        | -  | ,, ,,               |              |   | 170           | 7117        |  |
| BOISE ID 8370  | 01                              |                                     |              |        |  |                     |              | 1                                       | 4             | 101         |  |
| Item Totals  | s of all reportat               | de expenditures made or             | incurred by  | Lobby  | rist or b  | y Lobbyist's Empl   | oyer on      | behalf of Lobi                          | byist's Em    | ployer.     |  |
| Category of Ex   |                                 | T                                   |              |        |  | ributed by each emp | loyer (Id    | entify employe                          | rs, under     | <del></del> |  |
| Reimbursed Personal Livi<br>Expenses Pertaining to La  | ing and Travel obbying Activity | * Total Amount for<br>All Employers | Item 3, at 1 | bottem | of page.   | )<br>               | ·            | · . · · · · · · · · · · · · · · · · · · |               |             |  |
| Do Not Have to b   | e Reported                      | An Limproyers                       | Employ       | er No. | 1  | Employer No. 2      | Emp          | loyer No. 3                             | Emp           | loyer No. 4 |  |
| Entertainment<br>Food and Refreshm   | nent                            | \$ 34.18                            | \$           | ··     | \$   |                     | \$           |   | \$            |             |  |
| Living Accommod  | ations                          |                                     |              |        | _ .  |                     | <b> </b>     |   |               |             |  |
| Advertising  |                                 |                                     |              |        | _ .  |                     |              |   |               |             |  |
| Travel   |                                 |                                     |              |        | _ -  | <del></del>         |              | <del></del>                             |               |             |  |
| Telephone  |                                 |                                     |              |        |  |                     |              |   | l             |             |  |
| Other Expenses or  | Services                        | 2                                   |              |        | _  -   |                     |              |   |               |             |  |
|  | Total                           | 3418                                | \$           | Ď-     | _ <br>\$   | 0.00                | s_           | 0.00                                    | s             | 0.00        |  |
| #35/h the  |                                 | 1                                   |              | . 26   |  |                     |              |   |               | D           |  |
|  |                                 | s you are reporting for requi       |              |        |  |                     |              |   | entered on    | rage 1.     |  |
| 2 Date   |                                 | Place                               | T            |        | ount   |                     |              | tors & Public O                         | fficials in ( | Эгоир       |  |
|  | attached page(s)                |                                     |              |        |  |                     |              |   |               |             |  |
|  |                                 | RUCTIONS                            |              |        | Item<br>3  | Б                   | nployer(s    | ) Name(s) and A                         | \ddress(es)   |             |  |
|  | 1691                            |                                     |              |        |  |                     |              |   |               |             |  |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.                     |                                 |                                     |              | n l    | No.1 ADVANTAGE WORKER COMPENSATION<br>PO Box 571918, SLC, UT 84157 |                     |              |   |               |             |  |
| Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month. |                                 |                                     |              |        | No.2 ASSOCIATED GENERAL CONTRACTORS 110 N. 27th, Boise, ID 83702   |                     |              |   |               |             |  |
| TO BE FILED WITH:  Ben Y sursa  Secretary of State   |                                 |                                     |              |        | No.3 BATELLE ENERGY ALLIANCE PO Box 1625, Id. Falls, ID 83415      |                     |              |   |               |             |  |
| PO Box 83720<br>Boine, ID 83720-0080   |                                 |                                     |              |        | No.4 CLEAR SPRINGS FOODS   |                     |              |   |               |             |  |



State of Idoho

Ben Ysursa Secretary of State To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

Page of Page(s)
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|  |   |                  | learly in black ink)<br>at bottom of page |               |           |   |                       |   |             |              |  |  |  |
|--|---|------------------|---|---------------|-----------|---|-----------------------|---|-------------|--------------|--|--|--|
| •  | t's name and p  | permanent busine | as address                                |               | Date pro  | epared  |                       | Period co   | vered       |              |  |  |  |
| Patric   | k J. Sulliv   | ran Andre        | a K. Mihm                                 |               |           |   |                       |   | □ □         | month endi   | ng                                     |  |  |
| SULI   | .IVAN & R   | REBERGER         | ·   |               |           |   | 21/01/1               |   | (Mo.)       | (Day)        | (Yr.)                                  |  |  |
| PO B   | OX 1703   |                  |   |               |           |   | 3/6/07                |   | 7           | 1281         | 07                                     |  |  |
|  | E ID 8370   | )1               |   |               |           | <u> </u>  |                       |   | 1           | 128          | <u> </u>                               |  |  |
| Item<br>1  | Totals  | of all reportab  | le expenditures made or                   | r incurred by | Lobbyis   | t or by   | Lobbyist's Employe    | r on behalf o   | of Lobbyi   | st's Employ  | er.                                    |  |  |
| Reimburs   | tegory of Ex<br>ed Personni Livi<br>Pertaining to Le  |                  | * Total Amount for<br>All Employers       | Hem 3, at 1   | ottom of  | page.)  | buted by each employe |   |             |              |  |  |  |
| De   | Not Have to b   | e Reported       | All Zinployers                            | Employ        | er No.    | ) Er  | mployer No. 6         | Employer N  | <u>k</u> 7. | Employe      | r No 8                                 |  |  |
|  | inment<br>nd Refreshn   | nent             | \$  | s             | - U       | _ \$_   | s                     |   |             | \$           | ······································ |  |  |
| Living   | Accommod  | ations           | l   |               |           | _  _  | .                     |   |             |              |  |  |  |
| Advert   | ising   |                  |   |               |           | _  _  |                       |   |             |              |  |  |  |
| Travel   |   |                  | l   |               |           | _  _  | l.                    |   |             |              |  |  |  |
| Teleph   | one   |                  |   |               |           | _  _  |                       |   |             |              |  |  |  |
| Other  | Expenses or   | Services         |   |               |           | - -   |                       |   |             |              |  |  |  |
|  |   | Total            | \$  | \$            | Ø         | -is-  | <u> </u>              | - Ø   | . 1         | _/           | 5                                      |  |  |
|  |   |                  | you are reporting for requ                |               |           |   |                       |   | ould be en  | acred on Pag | e 1.                                   |  |  |
| Item<br>2  | Date  | от евси ехрено   | liture of more than fifty                 | dollars (220) | IOF a icg |   |                       | egislators & P  | ablic Offic | ials in Grou | <del></del>                            |  |  |
|  | Continued on  | attached puge(s) |   |               |           |   |                       |   |             |              |  |  |  |
|  |   | INST             | TRUCTIONS                                 |               |           | Jitema<br>3   | Emplo                 | oyer(s) Name(   | s) and Add  | ress(es)     |  |  |  |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.                     |   |                  |   |               |           | 6, CH2M-WG IDAHO LLC<br>PO Box 1625, idaho Falls, ID 83417              |                       |   |             |              |  |  |  |
| Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month. |   |                  |   |               | . 4       | 62 CORRECTIONAL MEDICAL SERVICES 12647 Olive Blvd., St. Louis, MO 63141 |                       |   |             |              |  |  |  |
| TO BE FILED WITH:  Ben Ysursa  Secretary of State  |   |                  |   |               | 7         | 7, ELI LILLY CORPORATION 161 St. Anthony, Ste. 820, St. Paul MN 55103   |                       |   |             |              |  |  |  |
|  | Secretary of State<br>PO Box 83720<br>Boise, ID 83720-0080<br>Phone: (208) 334-2852 Fax: (208) 334-2282 |                  |   |               |           |   |                       | FMC Corporation 1101 Pennsylvania #325. Washington DC 20004 |             |              |  |  |  |



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LOBBYISTS (Sec. 67-6619)

|   | learly in black ink)<br>at bottom of page |   |           |   |                      |                 |                 |               |                             |
|---|---|---|-----------|---|----------------------|-----------------|-----------------|---------------|-----------------------------|
| Lobbyist's name and permanent busine  | ess address                               |   |           | Date p  | repared              |                 | Period          | covered       |                             |
| Andrea K. Mihm  |   |   |           |   |                      |                 |                 | / mouth       | ending                      |
| SULLIVAN & REBERGER   |   |   |           |   | 1                    | `^4             | 040             | \ (Day        | . (V-)                      |
| PO BOX 1703   |   |   |           |   | 3/6/                 | 91              | (Mo.            | ) (Day        | $(\mathbf{r}_{\mathbf{r}})$ |
| BOISE ID 83701  |   |   |           | <u> </u>  | <u> </u>             |                 |                 | 1 8           | 101                         |
| Item Totals of all reportab   | le expenditures made or                   | r incurred by   | y Lobbyi: | t or by   | Lobbyist's Empl      | oyer on l       | behalf of Lobb  | yist's Em     | ployer.                     |
| Category of Expenditure<br>Reinstanced Personal Living and Travel   | * Total Amount for                        | Proportion:<br>Hem 3, at  |           |   | ibuted by each emp   | loyer (lide     | utily employe   | rs, under     |                             |
| Expenses Pertaining to Lobbying Activity Do Not Have to be Reported   | All Employers                             |   | yer No. ( | -T-   | imployer No. /       | Emp             | loyer No. //    | Empl          | loyer Ng/ 2                 |
| Entertainment<br>Food and Refreshment   | s   | \$  |           | _ \$.   |                      | s               |                 | \$            |                             |
| Living Accommodations   |   |   |           | _  _  |                      | l               |                 |               |                             |
| Advertising   |   |   |           | _ _   |                      |                 |                 |               |                             |
| Travel  |   |   |           | _ _   |                      |                 |                 |               |                             |
| Telephone   |   |   |           | _  _  |                      |                 |                 |               |                             |
| Other Expenses or Services  |   |   |           | _  _  |                      | <b> </b>        |                 |               |                             |
| Total   | \$0.00                                    | s   | 0.00      | _   \$ _  | 0.00                 | s               | 0.00            | s             | 0.00                        |
| *When the number of employers   | i<br>you are reporting for requi          | <br>ires multiple   | L-3 forms | j<br>to be fil  | ed a total amount fo | i<br>r all empi | overs should be | entered on    | Page 1.                     |
| hem The totals of each expend   |   |   |           |   |                      |                 |                 |               |                             |
| 2 Date  | Place                                     |   | Amo       | unt   | Names                | of Legisla      | tors & Public O | fficials in G | iroup                       |
| Continued on attached page(s)   |   |   |           |   |                      |                 |                 |               |                             |
| INST  | RUCTIONS                                  |   | L         | Stem<br>3   | E <sub>r</sub>       | uployer(s)      | Name(s) and A   | ddress(es)    |                             |
| Who should file this form: A 67-6617 Idaho Code.  | <b>30</b>                                 | GHS Data Management 45 Commerce Dr - Ste 5, Augusta ME 04332-1090 |           |   |                      |                 |                 |               |                             |
| <b>Piling deadline:</b> Monthly reports due within ten (10) days of the month for activities of the past month. |   |   |           | MOTION PICTURE ASS'N of AMERICA 1600 Eye Str NW, Washington DC 20006    |                      |                 |                 |               |                             |
| TO BE FILED WITH:  Ben Ysursa   |   |   |           | j /, MULTI-STATE ASSOCIATES<br>515 King Str., #300, Alexandria VA 22314 |                      |                 |                 |               | 4                           |
| Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282                  |   |   |           |   | WEST HEAR            |                 | TIO & BAR       |               |                             |





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L-3 LOBBYISTS
(Sec. 67-6619)

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|--|-----------------------|------------------------------------|-------------------------------------|-------------------|---|---|----------|--------------------|----------------|----------------|----------------|---------------|--|
| Lobbyist's name and permanent business address   |                       |                                    |                                     |                   |   | Date prepared   |          |                    |                | Period covered |                |               |  |
|  | ea K. Mihi            | n<br>REBERGER                      |                                     |                   |   |   |          | -) (1              | . —            |                | Z mo           | nth cading    |  |
|  | OX 1703               | KEDERGER                           |                                     |                   |   |   |          | 3/6/               | 07             | (Mc            | ).) (E         | Day) (Yr.)    |  |
|  | E ID 8370             | 34                                 |                                     |                   |   |   |          | "                  | *              | 17             | _ 17.          | X 107         |  |
| Item   |                       |                                    | ole expenditures made or            | incurred t        | by Lobby  | ist or  | by L     | obbyist's Emplo    | over on b      | chalf of Lob   | bvist's E      | Employer.     |  |
|  | tegory of Ex          |                                    |                                     |                   |   |   |          | nted by each empl  |                |                |                |               |  |
| Reimbura<br>Expenses   | ed Personal Livi      | ing and Travel<br>obbying Activity | * Total Amount for<br>All Employers | Item 3, at        | t bottom o  | f pag   | pe.)     | ployer No. 14      | -              | oyer No./5     |                | nployer No/ 6 |  |
| Enterta  | inment<br>nd Refreshn |                                    | \$                                  | s                 | <del>, , , , , , , , , , , , , , , , , , , </del> |   | \$       | anojor (vo. 10)    | s              | oyer rec./     | s_             | ipioya na C   |  |
| Living   | Accommod              | ations                             |                                     |                   |   |   |          |                    |                |                |                |               |  |
| Advert   | ising                 |                                    |                                     |                   |   |   |          |                    |                |                |                |               |  |
| Travei   |                       |                                    |                                     |                   | ···   | _   |          |                    |                |                | _              |               |  |
| Teleph   | one                   |                                    |                                     | <b></b>           |   |   |          |                    |                | ···            | _              |               |  |
| Other I  | Expenses or           | Services                           |                                     |                   |   | _   |          |                    |                | ~~~            |                |               |  |
|  |                       | Total                              | \$                                  | \$                | 0.0   | 0   | \$_      | 0.00               | s              | 0.00           | s_             | 0.00          |  |
| **   | When the nam          | ber of employen                    | I<br>s you are reporting for requi  | i<br>res multiple | e L-3 form  | s to be   | e filed  | a total amount for | ı<br>rall empl | oyers should b | i<br>e catered | on Page 1.    |  |
| Item   | The totals            | of each expend                     | liture of more than fifty           | dollars (\$5      | 0) for a k  | gisla   | tor o    | r other holder of  | f public o     | office.        |                |               |  |
|  | Date                  |                                    | Place                               |                   | Am  | ount  | _        | Names o            | f Legislat     | ors & Public ( | Afficials i    | n Group       |  |
|  |                       |                                    |                                     |                   |   |   |          |                    |                |                |                |               |  |
|  | Continued on          | attached page(s)                   |                                     |                   | <u> </u>  |   | İ        |                    |                |                |                |               |  |
| INSTRUCTIONS   |                       |                                    |                                     |                   |   | jten<br>3   | <u> </u> | En                 | ployer(s)      | Name(s) and    | Address(c      | <b>#</b> )    |  |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.                     |                       |                                    |                                     |                   |   | PNGC (Pacific N'West Generating Cooperative) 711 NE Halsey #200, Portland, OR 97232 |          |                    |                |                |                |               |  |
| Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month. |                       |                                    |                                     |                   | the /   | ソリ: QWEST Communications<br>999 Main Str., 11th Fl., Boise ID 83702                 |          |                    |                |                |                |               |  |
| TO BE FILED WITH:  Ben Ysursa  |                       |                                    |                                     |                   |   | 153 SOUTHEST IDAHO ENERGY   |          |                    |                |                |                |               |  |
|  |                       |                                    | retary of State                     |                   | ľ   | _   | 71 (     | Goldens Brid       | ge, Ka         | toneh, NY      | 1053           | 6<br>         |  |
| PO Box 83720   |                       |                                    |                                     |                   |   | //4 TNT Fireworks   |          |                    |                |                |                |               |  |
| Boise, ID 83720-0080<br>Phone: (208) 334-2852 Fax: (208) 334-2282  |                       |                                    |                                     |                   |   | / TNT Fireworks<br>16526 Shore Dr., NE. Lake Forest Park WA 98155                   |          |                    |                |                |                |               |  |



State of Idaho

Ben Ysursa Secretary of State

PO Box 83720

Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282

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-3 LOBBYISTS (Sec. 67-6619)

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|--|----------------------------------|-------------------|---|-------------------|--|------------------|------------------------------|---------------------|---------------|------------------|--------------|
| Lobbyis  | t's name and                     | permanent busin   |   |                   |  | Date p           | repared                      |                     | Period        | covered          |              |
| Andre  | ea K. Mihi                       | m                 |   |                   |  |                  |                              |                     | [             | month endi       | ng           |
| SULL   | IVAN & F                         | REBERGER          | ı<br>•                                      |                   |  |                  | 2) (1)                       | 1                   |               | 45               | ov           |
| PO B   | OX 1703                          |                   |   |                   |  | 1                | 3/4/0                        | <i>&gt;</i> 1       | (Mo.          | ) (Day)          | (YE)         |
| BOIS   | E ID 837                         | 01                |   |                   |  | <u> </u>         |                              |                     | 12            | 16               | 01           |
| Item<br>1  | Total                            | s of all reportab | ole expenditures made or                    | r incurred t      | y Lobby  | ist or by        | Lobbyist's Employ            | er on beh           | alf of Lobb   | yist's Employ    | er.          |
| Ca   | tegory of Ex                     |                   | * Total Amount for                          |                   |  |                  | ibuted by each employ        | er ( <b>ident</b> i | ly employer   | s, under         |              |
| Expenses   | Pertaining to L                  | obbying Activity  | All Employers                               | Item 3, at        |  |                  | <i>(a</i>                    | F 1                 |               | 7 5 1            | N . 0 .      |
|  | Not Have to b                    | e Keporaa         |   | Emplo             | yer No.  | <u> </u>         | imployer No. /8              |                     | er No je      | Employer         | No. 29       |
|  | inment<br>nd Refreshn            | nent              | s   | s                 |  | s                | 1,                           | .34                 | 118           | \$               |              |
| Living   | Accommod                         | ations            |   |                   |  |                  |                              | -                   |               | T                |              |
| B  |                                  |                   |   |                   | <del></del>  | -  -             |                              |                     |               |                  |              |
| Advert   | ising                            |                   |   |                   |  | _ _              |                              |                     |               |                  |              |
| Travel   |                                  |                   |   |                   |  |                  |                              |                     |               |                  |              |
|  |                                  |                   |   |                   |  | - -              |                              |                     |               |                  |              |
| Teleph   | one                              |                   |   |                   |  | _  _             |                              |                     |               |                  |              |
| Other I  | Expenses or                      | Services          |   |                   |  |                  | 1                            |                     |               |                  |              |
|  |                                  |                   |   |                   | <u> </u>   | -  -             |                              | 2                   | 418           |                  | _            |
|  |                                  | Total             | \$  | \$                | <u> </u>   | _ \$.            | _ <i>P</i>                   | 1                   | 4'            | \$               | -            |
| *1   | When the nun                     | sber of employer  | f<br>s you are reporting for requ           | <br>ires multiple | L-3 form   | i<br>s to be fil | i<br>ed a total amount for a | il employe          | ers should be | entered on Page  | <b>: 1</b> . |
| liem   | The totals                       | of each expend    | liture of more than fifty                   | dollars (\$5      | 0) for a k   | gislato          |                              |                     |               |                  |              |
|  | Date                             |                   | Place                                       |                   | Ame  | ount             | Names of I                   | Legislators         | & Public Of   | ficials in Group | ·            |
|  |                                  |                   |   |                   |  |                  | j                            |                     |               |                  |              |
|  |                                  |                   |   |                   | ^  |                  |                              |                     |               |                  |              |
|  |                                  |                   |   |                   |  |                  |                              |                     |               |                  |              |
|  |                                  |                   |   |                   |  |                  |                              |                     |               |                  |              |
|  |                                  |                   |   |                   |  |                  |                              |                     |               |                  |              |
|  |                                  |                   |   |                   |  |                  |                              |                     |               |                  |              |
|  | Continued on                     | attached page(s)  | •   |                   | ı  |                  | I                            |                     |               |                  |              |
|  |                                  |                   |   |                   | 1  | [tem             | Ford                         | loser(e) No         | me(s) and A   | (domestes)       |              |
| 1  |                                  | INST              | TRUCTIONS                                   |                   | ŀ  | 3                | <u> </u>                     |                     |               |                  |              |
|  |                                  |                   |   |                   |  | (e) Tr           | ans Canada                   |                     |               |                  |              |
|  | <b>o should hi</b><br>5617 Idaho |                   | ny lobbyist registered i                    | anger Secti       | on /   | <i>D</i> 14      | 00 SW 5th Aver               | nue, #9             | 00, Portia    | and, OR 97       | 201          |
|  |                                  |                   |   |                   |  | 116              | S TORACCO                    |                     |               |                  |              |
| Filing deadline: Monthly reports due within ten (10) days of the |                                  |                   |   | the               | US TOBACCO 1301 Pennsylvania #900, Denver CO 80203 |                  |                              |                     |               |                  |              |
| month for activities of the past month.                          |                                  |                   |   |                   |  |                  |                              | 500                 | , 20.1101     |                  |              |
| то   | BE FILED                         |                   | Ben Ysursa                                  |                   | f.   |                  | ASHINGTON G                  |                     |               |                  |              |
|  |                                  |                   | retary of State                             |                   | ,  | 23               | 45 Crystal Dr.,              | #708, A             | Arlington \   | VA 22202         |              |

20) JACKSON OIL CO.

3450 Commercial Ct.. Meridian ID 83642



State of Idaho

Ben Ysursa Secretary of State

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

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L-3 LOBBYISTS (Sec. 67-6619)

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(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Period covered Date prepared month cading Andrea K. Mihm SULLIVAN & REBERGER (Mo.) (Day) (Yr.) PO BOX 1703 **BOISE ID 83701** Totals of all reportable expenditures made or incurred by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure arsed Personal Living and Travel ses Pertaining to Lobbying Activity \* Total Amount for Item 3, at botte ons of page.) All Employers Do Not Have to be Reported Employer No\_2 Employer No. 2 Employer No. **Employer No** Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services 0.00 0.00 0.00 0.00 0.00 Total \*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. The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. Place Names of Legislators & Public Officials in Group Amount Continued on attached page(s) Employer(s) Name(s) and Address(es) INSTRUCTIONS THOMSON MEDSTAT Who should file this form: Any lobbyist registered under Section 777 E. Eisenhower, Ann Arbor MI 48108 67-6617 Idaho Code. 22 AAA of OREGON/IDAHO Filing deadline: Monthly reports due within ten (10) days of the 7155 W. Denton St., Boise, ID 83704 month for activities of the past month. TO BE FILED WITH: 23, IDAHO WHOLESALE MARKETERS ASS'N Ben Ysursa 1301 Pennsylvania #900, Denver CO 80203 Secretary of State PO Box 83720 **HOSPITAL CORPORATION of AMERICA** Boise, ID 83720-0080

One Plaza Place. Nashville. TN 37203

| Date   Name of Legislator Receiving or Benefited  | Item<br>4   |              |                                     |  | byist or by the lobbyist's e<br>lator, or for or on behalf of   |  |  | of mon   | ey or other tangible or intangible   |
|---|-------------|--------------|-------------------------------------|--|---|--|--|--|--|
| 64 Children, minora, youth, ember clistrens 65 Church and religion 66 Commerc affairs 66 Commerc affairs 77 Residency, environment, pollution, conservation, zoning, land and water us 68 Education 69 Education and person 69 Education, competigns, voting, pollutical person 69 Education, semple, civil rights, minority effairs 61 Government, finance, county products, fasherics, mining and mining products 61 Government, footeral 62 Government, county to describe the contract of | 5<br>Subjec | Subject He L | ect moder<br>was Bill,<br>obbyist w | Amount of prepared legislat Resolution or other as supporting or o | tion, the unanber of the Sounte<br>r legislative activity in which<br>pposing.  Appropriation Bill Number | Code:  | Name of Logislator Receiving  LEGISLATIVE SUB  Subject Agriculture, horticulture, farming, and livestock Assuscenses, games, subletics and sports  | JECT<br>Code<br>17                                       | IDENTIFICATION  Subject  Health service, medicine, drugs and controlled substances, houlth insurance, hospitals  Higher education  |
| (1, 1) $m(1)$ $m(1)$  |             |              |                                     |  |   | 94<br>05<br>06<br>97<br>19<br>19<br>11<br>12<br>13<br>14<br>15<br>16 | investments Children, minora, youth, sunter citizens Cherch 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, bith, fees, funds Government, foderal Government, foderal Government, special districts | 20<br>21<br>22<br>23<br>24<br>25<br>26<br>27<br>28<br>29 | Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and sorvices Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, memployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, telovisions, radio, newspaper, power, CATV, gas |