Rev. 06/2006

LOBBYIST MONTHLY REPORT FORM



Living Accommodations

Other Expenses or Services

Advertising Travel Telephone State of Idaho

Ben Ysursa Secretary of State

To	Be	Filed	By:	

LOBBYISTS (Sec. 67-6619)

Page	of	Page(s
THIS SPAC	E FOR OFFI	CE USE ONL'

07 MAR -8 AN 10:25

STATE OF IDAHO

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

Total

see histractions at t	nomoni or bage						
Lobbyist's name and permanent busine	ss address		Date prepared		Period co		
Shelley Sh	annon	1			Œ	month en	ding
1607 W. C	7	03.08.0	7	(Mo.)	(Day)	(Yr.)	
Boise 1D	83702		/		02	28	07
Item Totals of all reportab	ele expenditures made o	or incurred by Lobbyi	st or by Lobbyist's Emp	loyer on behalf o	f Lobby	ist's Emplo	yer.
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity *Total Amount for All Employers		Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)					
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	All Employers	Employer No. 1	Employer No. 2	Employer N	o. 3	Employer	No. 4
Entertainment Food and Refreshment	s	s	s	2		s	

•When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.

********			E TOINE 10 CO II	Tou a sour minoria zor an origination of original and a second or
Item	The totals o	feach expenditure of more than fifty dollars (\$50)	for a legislator, o	ther holder of public office, and executive officials.
2	Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group
	/			
^/	A			
' ' /				
•				

Continued on attached page(s)

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)
	.7	daho Health Facilities Authorit
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code	No. 1	daho Health Facilities Authority 607 W. Jefferson Boise 10 83702
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.	No. 2	
TO BE FILED WITH:		
Ben Ysursa Secretary of State	No. 3	
PO Box 83720		
Boise, ID 83720-0080	No. 4	•
Phone: (208) 334-2852 Fax: (208) 334-2282		

1	Date Amo	ount Na	Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official. Name of Legislator, Public or Executive Official Receiving or Benefiting					
or H	ect matter of proposed le ouse Bill, Resolution or obbyist was supporting	Other Appropriation Bill Number	Code	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		Subject Health service, medicine, drugs 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		
bid or		ng decision, procurement, contra services or bond lobbyist was	15 16	Government, special districts Government, state CERTIFICATION: I hereby certific correct statement in accordance v	fy that the vith Sec	televisions, radio, newspaper, power, CATV, gas Other (please specify)		