## LOBBYIST MONTHLY REPORT FORM



## State of Idaho

Ben Ysursa Secretary of State

(Type or print clearly in black ink)

PO Box 83720

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

To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)

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STATE OF IDAHO

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RA4	P# 1/	permanent busin	WHEELED			Date	e prepared		Period	covered	مائم
45	96	IFIND	WHERLED WHERELED						ا ا	month en	aing
41	i F.	ILLS.	TO 83211	,					(Mo.	) (Day)	(Yr.)
127	•••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	W 6241/			Ι.	3-4-0	7	نبر ا	2 28	27
Item	Totals	of all reportab	ole expenditures made o	r incurred b	y Lobb			-	alf of Lobb	vist's Emplo	over.
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported  * Total Amount for All Employers			Proportion	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)						* *	
			All Employers	Employ	er No.	. 1	Employer No. 2	Employ	er No. 3	Employ	er No. 4
Entertain Food and	ment I Refreshm	ent	s	\$			S	\$		\$	
Living Accommodations											
Advertis	ing										
Travel											
Telephone											
Other Ex	penses or	Services									
Total \$			s <b>D</b>	s -	s			\$		-   <u>-                                 </u>	
*117	h		,					۱ <u>"                                    </u>			
			s you are reporting for requiiture of more than fifty							entered on Pa	ge 1.
2	Date		Place	1	Amount			Names of Legislators & Public Officials in Group			
		NON6			N	5m2	Nome				
						Item	Er	nployer(s) Na	me(s) and A	ddress(es)	
		INST	TRUCTIONS			3 To				Phys;ca	m.3e5"
	should file 17 Idaho C		ny lobbyist registered t	ander Section	on	No.1	Borse, T		_		
		Monthly repties of the pas	ports due within ten (10 t month.	)) days of th	ne	No.2			• • •	'••	
то в	E FILED V	В	Ben Ysursa etary of State			No.3			,	•	

No.4

Item 4			byist or by the lobbyist's en lator, or for or on behalf of	in the nature of contributions of money or other tangible or intangible slator.							
	Date	Amount			Name of Legislator Receiving	or Ben	efited				
5	an.'07	Non	6 Nons								
		*		The second section of the section							
Item	-		ion, the number of the Senate legislative activity in which	LEGISLATIVE SUBJECT HOENTIFICATION .							
5	1	was supporting or of	posing.	Code	Subject	Code	e Subject				
Subject		Resolution or Other	Appropriation Bill Number	01	Agriculture, horticulture,	17	Health service, medicine, drugs				
(from	table) Legis	ative Ident. Number	and Section Number	02	farming, and livestock		and controlled substances, health				
1	10	1/0 = 46	$N\Delta$	02	Amusements, games, athletics and sports	18	insurance, hospitals Higher education				
	1 2	u los et dustant m mission bjoction.	1240	03	Banking, finance, credit and	19	Housing, construction, codes				
	AN	O WATER A			investments	20	Insurance (excluding health				
	Co	M MI SSIOTI		04	Children, minors, youth, senior citizens	21	insurance) Labor, salaries and wages,				
	-R	B/OCTION.		05	Church and religion	21	collective bargaining				
		′		06	Consumer affairs	22	Law enforcement, courts,				
				. 07	Ecology, environment, pollution,		judges, crimes, prisons				
					conservation, zoning, land and	23	License, permits				
				08	Education	24 25	Liquor Manufacturing, distribution and				
	i			09	Elections, campaigns, voting,		services				
					political parties	26	Natural resources, forest and				
	1			10	Equal rights, civil rights,		forest products, fisheries, mining				
				11	minority affairs Government, financing,	27	and mining products  Public lands, parks, recreation				
	ĺ			١	taxation, revenue, budget,	28	Social insurance, unemployment				
	l	İ			appropriations, bids, fees, funds		insurance, public assistance,				
	j			12	Government, county	- 20	workmen's compensation				
	1			13 14	Government, federal Government, municipal	29	Transportation, highways, streets and roads				
				15 16	Government, special districts Government, state	30	Utilities, communications, televisions, radio, newspaper,				
				10	Government, state	- 21	power, CATV, gas				
	-					31	Other (please specify)				
			W. Carlo		•		•				
	l			70 ( <b>*</b> *)	•		manda allo				
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CERTIFICATION: Micreby certify that the flowe is a true complement correct statement in accordance with Section 17-663 Idaho Chile.

Cobbyst signature Ultra 3-4-07