LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

Page of Page(s)
THIS SPACE FOR OFFICE USE ONLY

07 FEB 12 PM 2: 40

STATE OF IDAHO

			learly in black ink) s at bottom of page				STATE UF 10	AHO			
۸ -		permanent busine	ess address		I	Date prepared	Period	covered			
A0	REAN 0 S O	CASP	ER STREET, SU	TE B		2/12/07	(Mo	month ending (Day) (Yr.)			
BOSE, 1D 83705					:			3107			
Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.											
Reimburs	itegory of Ex ed Personal Liv Pertaining to Lo		* Total Amount for All Employers	Proportiona Item 3, at 1							
Do	Not Have to b	e Reported	All Employers	Employ	er No. 1	Employer No. 2	Employer No. 3	Employer No. 4			
Food a	ainment ind Refreshn		s	\$		\$	\$	\$			
Living Accommodations			<u> </u>								
Advert	ising		0								
Travel					· · · · · · · · · · · · · · · · · · ·						
Telephone O											
Other Expenses or Services											
Total			s	\$		\$	\$	\$			
*	When the num	iber of employers	 s you are reporting for requi	 res multiple I	L-3 forms to	be filed a total amount f	 or all employers should be	e entered on Page 1.			
Item		of each expend	iture of more than fifty of	lollars (\$50)							
2	Date		Place		Amoun	t Names	of Legislators & Public C	officials in Group			
	Continued on	attached page(s)		i		1					
		INST	RUCTIONS			em 3 E	mployer(s) Name(s) and A	Address(es)			
	o should fil		ny lobbyist registered u	nder Sectio	n No.	NOT Sallen Casper					
		: Monthly repities of the past	ports due within ten (10 t month.) days of th	e No.	No. 1 ADZEAN CASEL American Hear ASSN. 2705 ORCHARD ST. S. R. B BOX 108300					
то	BE FILED				No.	3					
		Secr	en Ysursa etary of State		1,0.						
		Boise,	Box 83720 ID 83720-0080		No.	4					
	Pho	ne: (208) 334-	2852 Fax: (208) 334-2	282							

Item 4		Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.										
	Date		Amount		Name of Legislator Receiving or Benefited							
ltem				ion, the number of the Senate legislative activity in which		LEGISLATIVE SUB	JECT	IDENTIFICATION				
1			as supporting or o		1	Subject Agriculture, horticulture,	Code 17	Subject Health service, medicine, drugs				
	t Code table)	Legislat	esolution or Other ive Ident. Number	Appropriation Bill Number and Section Number MILLENIUM FUND Above in a true complete and	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church 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, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state	18 19 20 21 22 23 24 25 26 27 28 29 30	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 Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)				
CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.												
Lobble	si signa		an Cas	Je 1/2/07								

Date