Rov. 96/2006	LOBBYIS	OM T	THI	ΥR	EP	ORT FORM	1	-	;c		age(s)	
	Ī	To Be Filed By:						7711	IS SPACE	FOR OFFICE US	E ONLY	
State of Idal Ben Ysurs	10	L-3 LOBB' (Sec. 6'				07	07 FEB		5 AN 9:58			
Secretary of S	itate							F 5	TATE			
						712	TATE	OF	IDAH	ATE 10		
(Type or print clear	rly in black ink)					`	٠, ١, ١					
See instructions at		715	444 45	epared			Period (onsværed.				
Lobbyist's name and permanent busin		٦	410 341	charco			_	Zimenthen	ding			
Patrick V. Collins P.O. Box 1617												
Boise, ID 83701-1617					02/05/07				(Mo.)	1	(Yr.)	
									01	31	2007	
Item Totals of all reporta	ble expenditures made o	r incurred	by Lobl	oyist o	r by	Lobbyist's Empl	oyer on	behalf o	Lobby	yist's Emplo	yer.	
Category of Expenditure	*Total Amount for					uted by each empl	oyer (Id	entify ea	aployen	s, under		
Reinbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity	All Employers		Employer No. 1			· · · · · · · · · · · · · · · · · · ·			Noyer No. 3 Employer No. 4			
Do Nat Have to be Reported		Embio			imployer No. 2	yer No. 2 Employe		yer No. 3 tanpa		110. 4		
Entertainment Food and Refreshment	s	_ s			s _		s			s		
Living Accommodations				_	_		l					
Advertising												
Travel							l					
Telephone							l					
Other Expenses or Services		·			_	1 11 1 11 11 11						
												
Total	s s	\$			\$_	0.00	0.00 s		s		0.00	
*When the number of employers ye	I In one reporting for require	t ex multiple	L-2 for	ms to	i bo liti	rd a total amount	for all a	rmelove	r. should	l be entered	on Page 1	
Item The totals of each expendi						her holder of put	offic offic	c, and c	xecutiv	e officials.		
2 Date	Place		^:	mount		Names of Legisl	lators, Pu	blic and	Executi	ive Officials	in Group	
Continued on attached page(s)												
INSTRUCTIONS						Item 3 Employer(s) Name(s) and Address(es)						
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code						No. I Idaho Banker's Association 512 W Bannock, Boise, ID 83702						
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.					No. 2 Idaho Health Facilities Authority 1607 W Jefferson, Boise, ID 83702							
TO BE FILED WITH: Ben Ysursa							,					
Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282												
Filone: (200) 534-2												

Hawley Troxell 2/5/2007 9:49 PAGE 3/3 FAX: (208)342-3829

Item 4	Expe	ersonal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.									
	D	alc	Amount		Name of Legislator, Public or Executive Official Receiving or Benefiting						
Item					umber of the Senate	<u> </u>	LEGISLATIVE SUE	LIECT	IDENTIFICATION		
5			as supporting or op		to petterny be trusted	Code	Subject	Code	Subject		
Subject (from	Code	Bill, Re		Арргорі	viation Bill Number Section Number	01 02 03 04 05 06 07 08 09 10 11	Agriculture, horticulture, 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 Efections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal	20 21 22 23 24 25 26 27 28 29 30 31	Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labot, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons		
Item 6	bid or b	any rule id process ng or op	s. financial service	ision, pr	ocurement, contract, d lobbyist was		CERTIFICATION: I hereby certification in accordance to the control of the certification of th				