



State of Idaho
Ben Ysursa
Secretary of State

LOBBYIST MONTHLY REPORT FORM

To Be Filed By:

L-3 LOBBYISTS
(Sec. 67-6619)

Page 1 of 6 Page(s)
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07 FEB -6 AM 10:47

SECRETARY OF STATE
STATE OF IDAHO

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

Lobbyist's name and permanent business address Andrea K. Mihm SULLIVAN & REBERGER PO BOX 1703 BOISE ID 83701	Date prepared 2/2/07	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) 1 31 07
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Item 1 Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.

Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	* Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment	\$ 355.91				\$ 63.93
Food and Refreshment					
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
Total	\$ 355.91		\$ 0.00	\$ 0.00	\$ 63.93

*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.

Item 2 The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.

Date	Place	Amount	Names of Legislators & Public Officials in Group

Continued on attached page(s)

<p align="center">INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.</p> <p>Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.</p> <p>TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	Item 3	Employer(s) Name(s) and Address(es)
	No.1	ADVANTAGE WORKER COMPENSATION ✓ PO Box 571918, SLC, UT 84157
	No.2	ASSOCIATED GENERAL CONTRACTORS ✓ 110 N. 27th, Boise, ID 83702
	No.3	BATELLE ENERGY ALLIANCE ✓ PO Box 1625, Id. Falls, ID 83415
	No.4	CLEAR SPRINGS FOODS ✓ PO BOX 712, BUHL, ID 83316



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Lobbyist's name and permanent business address Patrick J. Sullivan SULLIVAN & REBERGER PO BOX 1703 BOISE ID 83701	Date prepared 2/2/07	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) 1 31 07
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Category of Expenditure <small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small>	* Total Amount for All Employers	Proportional amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 5	Employer No. 6	Employer No. 7	Employer No. 8
Entertainment	\$ _____	\$ _____	\$ _____	\$ 93 ³²	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Expenses or Services	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ 0.00	\$ 6	\$ 6	93 ³²	6

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Item 2	The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.			
Date	Place	Amount	Names of Legislators & Public Officials in Group	

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Item 1	Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.				
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	* Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. <u>9</u>	Employer No. <u>10</u>	Employer No. <u>11</u>	Employer No. <u>12</u>
Entertainment	\$ _____	\$ _____	\$ _____	\$ <u>105.40</u>	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Expenses or Services	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>105.40</u>	\$ <u>0.00</u>

*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.

Item 2	The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.			
	Date	Place	Amount	Names of Legislators & Public Officials in Group

Continued on attached page(s)

INSTRUCTIONS	Item 3 Employer(s) Name(s) and Address(es)
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		Employer No. <u>13</u>	Employer No. <u>14</u>	Employer No. <u>15</u>	Employer No. <u>16</u>
Entertainment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Expenses or Services	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

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Category of Expenditure <small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small>	* Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 17	Employer No. 18	Employer No. 19	Employer No. 20
Entertainment	\$ _____	\$ _____	\$ _____	\$ <u>93³²</u>	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Expenses or Services	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ <u>0.00</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>93³²</u>	\$ <u>0</u>

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Item 2	The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.			
Date	Place	Amount	Names of Legislators & Public Officials in Group	

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		Employer No. <u>21</u>	Employer No. <u>22</u>	Employer No. <u>23</u>	Employer No. <u>24</u>
Entertainment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
Total	\$ <u>0.00</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

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<p style="text-align: center; font-weight: bold; font-size: 1.2em;">INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.</p> <p>Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.</p> <p>TO BE FILED WITH:</p> <p style="text-align: center;">Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Item 3</th> <th style="font-size: 0.8em;">Employer(s) Name(s) and Address(es)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; vertical-align: top;">21</td> <td>THOMSON MEDSTAT 777 E. Eisenhower, Ann Arbor MI 48108</td> </tr> <tr> <td style="text-align: center; vertical-align: top;">22</td> <td>AAA of OREGON/IDAHO 7155 W. Denton St., Boise, ID 83704</td> </tr> <tr> <td style="text-align: center; vertical-align: top;">23</td> <td>IDAHO WHOLESALE MARKETERS ASS'N 1301 Pennsylvania #900, Denver CO 80203</td> </tr> <tr> <td style="text-align: center; vertical-align: top;">24</td> <td> </td> </tr> </tbody> </table>	Item 3	Employer(s) Name(s) and Address(es)	21	THOMSON MEDSTAT 777 E. Eisenhower, Ann Arbor MI 48108	22	AAA of OREGON/IDAHO 7155 W. Denton St., Boise, ID 83704	23	IDAHO WHOLESALE MARKETERS ASS'N 1301 Pennsylvania #900, Denver CO 80203	24	
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07 FEB -9 AM 9:39

Amended

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Lobbyist's name and permanent business address Andrea K. Mihm SULLIVAN & REBERGER PO BOX 1703 BOISE ID 83701	Date prepared <div style="font-size: 2em; text-align: center;"><i>2/7/07</i></div>	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) <div style="font-size: 1.5em; text-align: center;"><i>1 31 07</i></div>
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		Employer No. <i>21</i>	Employer No. <i>22</i>	Employer No. <i>23</i>	Employer No. <i>24</i>
Entertainment	\$ <i>6</i>	\$ <i>6</i>	\$ <i>6</i>	\$ <i>6</i>	\$ <i>6</i>
Food and Refreshment					
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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