02/10/08

Twin Falls, Idaho 83301

Rev. 06/2006

## LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

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To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

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(Type or print clearly in black ink) See instructions at bottom of page		
Lobbyist's name and permanent business address	Date prepared	Period covered
Bob Naerebout		month ending
1182 Fastland Drive North, Suite A		1

ltem Totals of all reportable expenditures made or incurred by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure \*Total Amount for Reimbursed Personal Living and Travel Item 3, at bottom of page.) enses Pertaining to Lobbying Activity

De Nat Have to be Reported All Employers Employer No. I Employer No. 2 Employer No. 3 Employer No. 4 Entertainment 230.93 230.93 Food and Refreshment 383.51 383.51 Living Accommodations 0.00 0.00 Advertising 414,11 414.11 Travel 200,00 200.00 Telephone 66.42 66.42 Other Expenses or Scrvices 1,294.97 1,294.97 0.00 0.00 0.00 \$ Total

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

łtem	The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials,						
2	Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group			
			\$0.00				
<u>~</u>							

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	1101 1	No. I Idaho Dairymen's Association 1182 Eastland Dr. North Suite A, Twin Falls, ID.			
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.					
TO BE FILED WITH:  Ben Ysursa  Secretary of State	No. 3				
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282					

Item 4	Expense	enditures onal prop	made by the lob erty to any Legisl	lator, Public or Executive O	t or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible. Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.					
	r	Dute	Amount Name of Legislator, Public or Executive Official Receiving or Benefiting				ceiving or Benefiting			
Item 5	or He	ouse Bill,		ion, the number of the Senate legislative activity in which sposing.		LEGISLATIVE SUB	Code	Subject		
	t Code			Appropriation Bill Number	01	Agriculture, horticulture, farming, and livestock	17	Health service, medicine, drugs and controlled substances, health		
(from			ive Ident Number	and Section Number	02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	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	18 19 20 21 22 23 24 25 26 27 28 29 30	insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective hargaining 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)		
6	bid or i		as, financial service	sion, procurement, contract, s or bond lobbyist was		CERTIFICATION: I hereby certify correct statement in accordance w	ith Sect			
						ohbyist signature		Date		