LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

Boise, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

ODDITIST MONTHLY REPORT

To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)

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THIS	SPACE FOR OFFICE	USE ONLY

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SECRETARY OF STATE STATE OF IDAHO

	pe or print clear e instructions at					J	STAT	E OF	WAH	J
obbyist's name and permanent business address					ate prepared		P	eriod cov	ered	
PAUL VENUSDEL				2/1				month ending		
2475 N. Som Valley			11/08		8	(Mo.) (Day		(Day)	(Yr.)	
	AGLE I	ED 83616			148.014.0			01	31	08
Item Total	ls of all reportal	ole expenditures made o	r incurred by l	Lobbyist o	r by Lobbyis	st's Employer on	behalf of	Lobbyis	t's Emplo	yer.
Category of E Reimbursed Personal Expenses Pertaining to	Living and Travel Lobbying Activity	*Total Amount for All Employers	Item 3, at bot	ttom of pa	ge.)	each employer (Io				N. 4
Do Not Have to Entertainment Food and Refreshm		\$	Employer \$	NO. 1	Employer \$	No. 2 Em	ployer No.		Employer	No. 4
Living Accommoda	tions							_ _		
Advertising								_		
Travel		J						_ _		
Telephone										
Other Expenses or	Services									
	Total	s	s		\$	s		\$		
*When the number	of employers you	' u are reporting for require	' es multiple L-2	forms to	oe filed a tota	l amount for all	employers :	should be	e entered o	on Page 1.
Item The totals		ture of more than fifty do			or, other hold	ler of public offi	ce, and exe	ecutive o	fficials.	
2 Date		Place		Amount	Names	of Legislators, Pr	iblic and E	xecutive	Officials i	n Group
NONE			P							
Continued on	attached page(s)									
INSTRUCTIONS					m	Employer(s) Name(s) and Address(es)				
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code			No. 1	NO. 1 NONE OPV Solutions						
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.			e No. 2							
TO BE FILED WITH: Ben Ysursa Secretary of State			No. 3							
	PO	Box 83720								

No. 4

Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangil personal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.								
	Date	Amount	Nar	Name of Legislator, Public or Executive Official Receiving or Benefiting					
∤⁄. Item			ion, the number of the Senate legislative activity in which		LEGISLATIVE SUB	JECT	IDENTIFICATION		
, 5		as supporting or op		Code	Subject	Code	Subject		
Subject (from	Code Bill, Re	esolution or Other ive Ident. Number	Appropriation Bill Number and 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 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		Health service, medicine, drugs 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)		
		ss, financial service	ision, procurement, contract, es or bond lobbyist was		CERTIFICATION: I hereby certify correct statement in accordance w				