

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Yursa
Secretary of State

To Be Filed By:

L-3 LOBBYISTS
(Sec. 67-6619)

08 APR - 8 PM 4: 50
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 Sharon Burke 700 W. Washington Boise, ID 83702 | Date prepared 04/01/08 | Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) 03 31 08 |
|---|-------------------------------|---|

| 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 <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. 1 | Employer No. 2 | Employer No. 3 | Employer No. 4 |
| Entertainment | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ _____ | \$ _____ |
| Food and Refreshment | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Living Accommodations | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Advertising | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Travel | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Telephone | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Other Expenses or Services | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Total | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

*When the number of employers you are reporting for requires multiple L-2 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, other holder of public office, and executive officials. | | | |
|--------|--|--------|---|--|
| Date | Place | Amount | Names of Legislators, Public and Executive Officials in Group | |
| | | | | |

Continued on attached page(s)

| <p style="text-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:</p> <p style="text-align: center;">Ben Yursa 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: 10%;">Item 3</th> <th>Employer(s) Name(s) and Address(es)</th> </tr> </thead> <tbody> <tr> <td>No. 1</td> <td>Idaho Association of Counties P.O. Box 1623, Boise, ID 83701</td> </tr> <tr> <td>No. 2</td> <td>Idaho Public Health Districts c/o Carol Moehrle 215 10th Street, Lewiston, ID 83501</td> </tr> <tr> <td>No. 3</td> <td> </td> </tr> <tr> <td>No. 4</td> <td> </td> </tr> </tbody> </table> | Item 3 | Employer(s) Name(s) and Address(es) | No. 1 | Idaho Association of Counties P.O. Box 1623, Boise, ID 83701 | No. 2 | Idaho Public Health Districts c/o Carol Moehrle 215 10th Street, Lewiston, ID 83501 | No. 3 | | No. 4 | |
|---|--|--------|-------------------------------------|-------|---|-------|--|-------|--|-------|--|
| Item 3 | Employer(s) Name(s) and Address(es) | | | | | | | | | | |
| No. 1 | Idaho Association of Counties P.O. Box 1623, Boise, ID 83701 | | | | | | | | | | |
| No. 2 | Idaho Public Health Districts c/o Carol Moehrle 215 10th Street, Lewiston, ID 83501 | | | | | | | | | | |
| No. 3 | | | | | | | | | | | |
| 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 intangible personal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official. | | |
| | Date | Amount | Name of Legislator, Public or Executive Official Receiving or Benefiting |
| | | | |

Item 5 Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.

| Subject Code (from table) | Bill, Resolution or Other Legislative Ident. Number | Appropriation Bill Number and Section Number |
|---------------------------|---|--|
| | Please see attached page. | |

LEGISLATIVE SUBJECT IDENTIFICATION

| Code | Subject | Code | Subject |
|------|---|------|--|
| 01 | Agriculture, horticulture, farming, and livestock | 17 | Health service, medicine, drugs and controlled substances, health insurance, hospitals |
| 02 | Amusements, games, athletics and sports | 18 | Higher education |
| 03 | Banking, finance, credit and investments | 19 | Housing, construction, codes |
| 04 | Children, minors, youth, senior citizens | 20 | Insurance (excluding health insurance) |
| 05 | Church and religion | 21 | Labor, salaries and wages, collective bargaining |
| 06 | Consumer affairs | 22 | Law enforcement, courts, judges, crimes, prisons |
| 07 | Ecology, environment, pollution, conservation, zoning, land and water use | 23 | License, permits |
| 08 | Education | 24 | Liquor |
| 09 | Elections, campaigns, voting, political parties | 25 | Manufacturing, distribution and services |
| 10 | Equal rights, civil rights, minority affairs | 26 | Natural resources, forest and forest products, fisheries, mining and mining products |
| 11 | Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds | 27 | Public lands, parks, recreation |
| 12 | Government, county | 28 | Social insurance, unemployment insurance, public assistance, workmen's compensation |
| 13 | Government, federal | 29 | Transportation, highways, streets and roads |
| 14 | Government, municipal | 30 | Utilities, communications, televisions, radio, newspaper, power, CATV, gas |
| 15 | Government, special districts | 31 | Other (please specify) _____ |
| 16 | Government, state | | |

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

Item 6 Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.

See Burke 4-4-08

Lobbyist signature

Date

LOBBYIST MONTHLY REPORT FORM (L-3)
 ATTACHMENT TO IDAHO ASSOCIATION OF COUNTIES REPORT
 FOR THE MONTH ENDING MARCH 31

| | | |
|------------|-------------|----------------------|
| H387 11 | H676 29 | S1258 09 |
| H400 08/11 | H677 29 | S1275 22 |
| 402 09 | H678 29 | S1289 07 |
| 408 22 | H680 15 | S1293 07 |
| 413 09 | H688 11 | S1297 12/16 |
| 419 16 | H689 29 | S1298 12/16 |
| 420 11/12 | H691 12 | S1299 12/16 |
| 436 15/12 | H692 11 | S1300 12/16 |
| 437 15/12 | H693 11 | S1304 11 |
| 438 11/19 | H694 11 | S1312 12/16 |
| 447 22/30 | H695 16/22 | S1314 07 |
| H458 07 | | S1337 12/30 |
| H460 11 | HCR45 11 | S1339 22 |
| H465 07 | HCR49 21 | S1349 22 |
| H468 11/29 | HCR58 17/22 | S1356 22 |
| H469 11 | | S1362 22 |
| H470 11/14 | HJR4 11 | S1363 12/17 |
| H482 07 | | S1365 28 |
| H518 07 | | S1366 28 |
| H524 07 | | S1367 28 |
| H525 07 | | S1381 22/31 Firearms |
| H529 11 | | S1384 17 |
| H535 07 | | S1385 12/11 |
| H544 11 | | S1400 12/16 |
| H545 07 | | S1401 16 |
| H550 11 | | S1402 01 |
| H562 11 | | S1421 29 |
| H568 11/14 | | S1422 22 |
| H577 11 | | S1426 17 |
| H578 11 | | S1432 22 |
| H579 11 | | S1441 22/31 Firearms |
| H580 29 | | S1444 20 |
| H586 07 | | S1458 17/22 |
| H594 11 | | S1506 09 |
| H599 11 | | S1507 09 |
| H604 07 | | S1512 29 |
| H616 15 | | |
| H617 15 | | SCR125 29 |
| H624 09 | | SCR106 11 |
| H637 09 | | SCR107 11 |
| H657 29 | | |