LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

Page	of	Page(s
THIS SP	ACE FOR OFF	CE USE ONL

M OB APR -2 AM 8: 12 SECRETARY OF STATE OF IDAHO

	e or print clear										~4,	40.,	ζ
See instructions at bottom of page Lobbyist's name and permanent business address						Da	Date prepared				Period covered		
Bradley J. Dixon, Attorney Stoel Rives LLP						444/0000					month ending		
101 S. Capital Blvd., Suite 1900								4/1/200	18		(Mo.) (Day) (Yr.)		
Boise, Idaho	83702										3	3	1 200
Item Totals	s of all reportal	ole expend	litures made o	r incurred	by Lobb	yist o	r by	Lobbyist's Emp	loyer on	behalf of	Lobb	yist's E	mployer.
Category of Ex Reimbursed Personal L Expenses Pertaining to I	*Total Amount for All Employers	Item 3, at bottom of							- · ·				
Do Not Have to b	e Reported			Emple	oyer No. 1	l	1	Employer No. 2	Em	ployer No.	3	Emp	loyer No. 4
Entertainment Food and Refreshme		\$		\$			\$_		\$			\$	
Living Accommodat	ions					-	_						
Advertising							_	-					
Travel						_	_						
Telephone							*****						
Other Expenses or S	ervices						_						
				·									
	Total	s	0.00	s	0.0	00	\$ _	0.00	s	0	.00	s	0.00
		I		1						,			
*When the number of								ther holder of pu					
2 Date	- Cacil Capellar		ace	onaro (os o	_	nount		Names of Legis					
		· No	one										
Continued on	attached page(s))			<u> </u>								
	INST	RUCTIO	INS			Ite 3		Er	nployer(s) Name(s)	and A	ddress(e	s)
		- KCC11C											
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code					on	No. 1 Idaho Mortgage Lenders Association P.O. Box 2362, Boise, ID 83701							
Filing deadline month for activit			within ten (10) days (of the	No. 2	!						
· ·													
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					No. 4								
<u> </u>				_									

Item 4			res made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible roperty to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.							
	Da	ite	Amount	Name of Legislator, Public or Executive Official Receiving or Benefiting						
Item				None ion, the number of the Senate		LEGISLATIVE SUI	вјест	IDENTIFICATION		
5			as supporting or op	legislative activity in which	Code	Subject	Code	Subject		
Calairan					01	Agriculture, horticulture,	17	Health service, medicine, drugs		
Subject (from		,	esolution or Other ive Ident. Number None	Appropriation Bill Number and Section Number	02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	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	18 19 20 21 22 23 24 25 26 27 28 29 30	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)		
Item 6	bid or b	id proce	le, ratemaking dec ss. financial service pposing. None	ision, procurement, contract es or bond lobbyist was		CERTIFICATION: I hereby certificorrect statement in accordance with the control of the control o				

LOBBYIST MONTHLY REPORT FORM

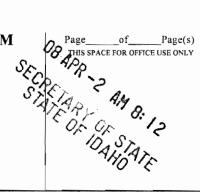


State of Idaho

Ben Ysursa Secretary of State

To Be Filed By:

LOBBYISTS (Sec. 67-6619)



(Type or print clearly in black ink)

See instructions at bottom of page Lobbyist's name and permanent business address		I Data n	roporo d		In-riad assured					
	Date pr	repared		Period covered						
Bradley J. Dixon, Attorney Stoel Rives LLP		-			month ending					
101 S. Capital Blvd., Suite 1900		- }	4/1/200	8	(Mo.) (Day) (Yr.)					
Boise, Idaho 83702		1			3 31 2008					
Item 1 Totals of all reportable expenditures made o	r incurred by Lobb	yist or by	Lobbyist's Empl	oyer on behalf o	f Lobbyist's Employer.					
Category of Expenditure Reimbursed Personal Living and Travel *Total Amount for	Proportionate amo	amounts contributed by each employer (Identify employers, under tom of page.)								
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported All Employers	Employer No.	1 1	Employer No. 2	Employer N	o. 3 Employer No. 4					
Entertainment Food and Refreshment \$	\$	\ \ \ \ \		\$	\$					
Living Accommodations		_								
Advertising		_ _								
Travel		_ _								
Telephone		_ _								
Other Expenses or Services										
Total \$0.00	\$0.0	00 8 _	0.00	\$	0.00 \$0.00					
	1									
*When the number of employers you are reporting for require										
The totals of each expenditure of more than lifty do Date Place		gislator, o nount			Executive officials.					
Trace Trace	- 81	nount	Traines of Begins	ators, I torre une	Executive Officially III Group					
None										
Continued on attached page(s)	I									
INSTRUCTIONS		Item 3	Employer(s) Name(s) and Address(es)							
		No. 1 Recreational Vehicle Association P.O. Box 2999, Reston, VA 20195-0999								
Who should file this form: Any lobbyist registered un 67-6617 Idaho Code	nder Section									
Filing deadline: Monthly reports due within ten (I month for activities of the past month.	10) days of the	No. 2								
TO BE FILED WITH:										
Ben Ysursa		No. 3								
Secretary of State PO Box 83720										
Boise, ID 83720-0080		No. 4								
Phone: (208) 334-2852 Fax: (208) 334-2	282									

Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible of 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								
			None									
Item 5		r of proposed legislation, t , Resolution or other legis		LEGISLATIVE SUBJECT IDENTIFICATION								
Subject (from	t Code Bill, F	""	ng. Propriation Bill Number and Section Number	Code Subject O1 Agriculture, horticulture, farming, and livestock O2 Amusements, games, athletics and sports O3 Banking, finance, credit and investments O4 Children, minors, youth, senior citizens O5 Church and religion O6 Consumer affairs O7 Ecology, environment, pollution, conservation, zoning, land and water use O8 Education O9 Elections, campaigns, voting, political parties 10 Equal rights, civil rights, minority affairs 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds 12 Government, county 13 Government, federal 14 Government, municipal 15 Government, special districts 16 Government, state	Code 17 18 19 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) 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)						
		ule, ratemaking decision less, financial services or opposing.		CERTIFICATION: I hereby certify correct statement in accordance w								