## Rev. 06/2006

## LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619)

age	of	Page(s)
THIS SPA	CE FOR OFFICE	CE USE ONLY



(Type	or print	clearly	in bl	ack ink)
See in		ns at bo		of page

		instructions at		page									. 17/	$2^{\gamma}$	
Lobbyist's name and permanent business address							Date prepared					Period covered			
Randy Nelson												/ month ending			
PO Box 1665									0.10.4.10.4						
Boise, ID 83701									3/31/08	3		(Mo.)	(Day)	(Yr.)	
												03	31	08	
Item 1	Totals	of all reportal	ole expend	itures made o	r incur	red by Lobb	yist o	r by	Lobbyist's Empl	oyer on	behalf o	f Lobby	yist's Empl	oyer.	
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity			1	Amount for Employers	Proportionate amount.  Item 3, at bottom of				buted by each empl	oyer (Id	entify er	nployer	s, under		
Do	Not Have to b	e Reported			Employer No. 1				Employer No. 2 Emp		ployer No. 3		Employer No. 4		
	d Refreshme		\$	0.00	\$_			\$		\$			\$		
Living A	Accommodat	ions			-		<del></del>	_	W						
Adverti	sing				_			_							
Travel					_			_							
Telepho	ne														
Other E	xpenses or S	ervices													
		Total	s	0.00	\$	0.0	00	\$	0.00	\$		0.00	\$	0.00	
					-										
*When	the number o	of employers yo	u are repor	ting for requir	es mul	tiple L-2 for	ms to	be f	iled a total amoun	t for all	employe	rs shoul	d be entere	d on Page	
Item		f each expendi			ollars (	<del></del>			other holder of pu						
2	Date		Pla	ace		A	mount		Names of Legis	lators, P	iblic and	Execut	ive Official	s in Group	
	Continued on	attached page(s	)			1			1						
INSTRUCTIONS							Ite		Employer(s) Name(s) and Address(es)						
							<u> </u>	3 Employer(s) Name(s) and Address(es)							
		e this form: A	ny lobbyi	st registered u	ınder S	Section	No.	ı A	ssociated Tax	payers	of Ida	ho			
67-0	6617 Idaho C	Code					-								
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.							No. 2 PO Box 1665 Boise, ID 83701								
TO	BE EII ED 1	WITH.						_							
TO BE FILED WITH:  Ben Ysursa  Secretary of State							No. 3	3							
PO Box 83720 Boise, ID 83720-0080							No.	4							
	Pho	ne: (208) 334-			2282		140.	*							

Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or personal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official														
anilar (Malifacture)	Dat	te			me of	Legislator, Public or Executive Offi	cial Re	ceiving or Benefiting						
Item 5	I or House Bill Resolution or other legislative activity in which					LEGISLATIVE SUBJECT IDENTIFICATION								
Subject (from	t Code	Bill, R	vas supporting or op esolution or Other tive Ident. Number	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Government, federal	Code 17  18 19 20 21 22 23 24 25 26  27 28  29 30	Subject 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)						
Item 6	bid or b	id proc		cision, procurement, contract es or bond lobbyist was		CERTIFICATION: I hereby certificorrect statement in accordance v								