Rev. 05/2008

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

Total

To Be Filed By:

L-3

0.00

LOBBYISTS (Sec. 67-6619)

Page of Page(s)
THIS SPACE FOR OFFICE USE ONLY

09 MAY - 1 AM 10: 02

0.00

0.00

STATE OF IDAHO

				5 IA	IE Ur	IDAHU
(Type or print clear See instructions at						
Lobbyist's name and permanent busines			Date prepared	Period covered		
Mark Benson				month ending		
Potlatch Corporation					1	·
601 W. First Avenue, Suite 1600			4/30/09	(Mo.)	(Day) (Yr.)	
Spokane, WA 99201					30 09	
Item 1 Totals of all reportal	ole expenditures made o					4
Category of Expenditure Reimbursed Personal Living and Travel	mbursed Personal Living and Travel *Total Armount for Item 3, at bottom of page.)					under
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	An corproyous	Employer No. 1	Employer No. 2	Ecuployer l	ployer No. 3 Employer N	
Entertainment	s 0.00	s	c			\$
Food and Refreshment	0.00	J	- -	• . —		J
Living Accommodations	0.00		-			
Advertising			_			
Travel	00.00			<u> </u>		
Telophone	0.00		_			
Other Expenses or Services	0.00		_		l	

*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.

The totals of each expenditure of more than seventy-five dollars (\$75) for a legislator, other holder of public office, executive officials and member(s) of their household.

Date Place Amount Names of Legislators, Public and Executive Officials and Household Members in Group

Continued on attached page(s)

INSTRUCTIONS

Employer(s) Name(s) and Address(es)

0.00

0.00

Potlatch Corporation No. 1 Who should file this form: Any lobbyist registered under Section 601 W. First Ave., Ste 1600, Spokane, WA 99201 67-6617 Idaho Code Filing deadline: Monthly reports due within fifteen (15) days of the No. 2 month for activities of the past month. TO BE FILED WITH: No. 3 Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 No. 4 Phone: (208) 334-2852 Fax: (208) 334-2282

em I	property to a	ny, for any or on b	ehalf of any Legislator, Pul	blic or	the nature of contributions of mo Executive Official or Household	Membe	er(s).
	Date	Amount	Name of Legis	lator, P	ublic or Executive Official and Hous	ehold M	ember(s) Receiving or Benefiting
 1	or House Bill, the Lobbyist woode Bill, Re		on, the number of the Senate legislative activity in which cosing. Appropriation Bill Number and Section Number	01 02 03 04 05 06 07	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	Code	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
6 bio		ss, financial services	n, procurement, contract, or bond lobbyist was support-		CERTIFICATION: I hereby certify correct statement in accordance with Lobbyist signature		