PAGE 02/05

## LOBBYIST MONTHLY REPORT FORM

rcey, 05/2008

State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619)

Page 1 of 4 Page(s) THIS SPACE FOR OFFICE USE ONLY

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SECREMENT OF STATE STATE OF IDAHO

		pe or print clear instructions at										ž	
Lobbyisi		manent busine				TDa	e pre	pared		Period	covered		
Michael J. Kane											month	ending	
1087 W. River Street, Suite 100 Boise, Idaho 83702											) (Day	/) (Yr.)	
00136	, idano os			March 2, 2009		2	1 28	1					
Item	Total .	-5-11					1 7	- bibartatla Pranala					
t			hie expenditures made or									ployer.	
Category of Expenditure Reimbursed Personal Living and Travel			*Total Amount for	Item 3, at bottom of		nts contributed by each employer (Identify employers, under fpage.)							
Expenses Pensining to Lobbying Activity  Do Not Have to be Reported		All Employers	Employer No. 1			Employer No. 2		Employer No. 3		Employer No. 4			
	Entertainment Food and Refreshment		\$178.80	0 s 29.1		2	\$0.00		\$	0.00	\$	149.68	
Living A	Accommodat	ions						***					
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Travel					\ <u>.</u>	_							
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Other E	xpenses or S	ervices										·	
			178.80		29.1	_		0.00		0.00		149.68	
		Total	\$	\ <u>\$</u>	29.1	<del>-</del>	\$	0.00	<b>s</b>	0.00	S	149.00	
*When t			are reporting for requires m			_							
Item-		of their house			nigis (e)	,5) 10							
_ 2	Date		Place							ors, Public and Executive Officials chold Members in Group			
_							_						
	Continued on a	stached page(s)	,			_							
	INSTRUCTIONS							Employer(s) Namc(s) and Address(cs)					
-					[		lda	ho Sheriffs A	ssocia	ition			
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code						700 W. Washington St., Boise, ID 83702							
Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.						No. 2 ICRMP P. O. Box 15249, Boise, ID 83716							
TO BE FILED WITH:						Idaha Board of Brof. Essineers/Land Supress							
Ben Ysursa Secretary of State PO Box 83720						No. 3 Idaho Board of Prof. Engineers/Land Surveyors 5535 W. Overland Road, Boise, ID 83705							
	Boisc, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282							No. 4 Property Casualty Insurers Association of America					

Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal Item property to any, for any or on behalf of any Legislator, Public or Executive Official or Household Member(s). Amount Name of Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting Subject matter of proposed legislation, the number of the Senate LEGISLATIVE SUBJECT IDENTIFICATION Ĭtem or House Bill. Resolution or other legislative activity in which the Lobbyist was supporting or opposing. Cade Subject Code Subject Health service, medicine, drugs Agriculture, horticulture, Subject Code Bill, Resolution or Other Appropriation Bill Number and controlled substances, health farming, and livestock (from table) Legislative Ident. Number and Section Number Amusements, games, athletics insurance, hospitals 22 22 18 Higher education and aports Banking, finance, credit and Housing, construction, codes 19 22 RS18495 Insurance (excluding health investments H42 Children, minors, youth, insurance) 20 senior citizens 21 Labor, salaries and wages, H 16 Church and religion collective bargaining 06 Consumer affairs 22 Law enforcement, courts, H109 Ecology, environment, pollution, judges, crimes, prisons conservation, zoning, land and 23 License, permits water usc 24 Liquor H 164 H 165 Education 25 Manufacturing, distribution and 22 Elections, campaigns, voting, services political parties 26 Natural resources, forest and 22 Equal rights, civil rights, forest products, fisherics, mining H163 minority affairs and mining products 22 Government, financing, Public lands, parks, recreation taxation, revenue, budget, Social insurance, unemployment appropriations, bids, fees, funds insurance, public assistance, 12 Government, county workmen's compensation Government, federal Transportation, highways, H183 Government, municipal streets and roads 15 Government, special districts Utilities, communications, H186 Government, state televisions, radio, newspaper, power, CATV, gas Other (please specify) 4187 20 H194 S1080 20 80 51098 CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idahn Code. identify any rule, ratemaking decision, procurement, contract, rucked flene bid or bid process, financial services or bond lobbyist was supporting or apposing, Lobbyist signature

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Rev. 05/2008

## LOBBYIST MONTHLY REPORT FORM

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State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

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LOBBYISTS (Sec. 67-6619)

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SECRETARY OF STATE STATE OF IDAHO

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.obbyist	s name and perm		bottom of page			Date prepa	ired		Period o	covered	
Michael J. Kane									1 6	month end	ding
1087 W. River Street, Suite 100										· (D)	
Boise, Idaho 83702					[		March 2,	2009	(Mo.)		(Yr.)   00
		,						*****	2	28	09
Ttem 1	Totals of	all reportat	ole expenditures made	or incurred by	Lobhyist	or by Lo	bbyist's Emp	loyer on behalf	f of Lobby	yist's Employ	уст.
Reimbu Expense:	regory of Expensed Personal Living Personal Living	g and Trave) Dying Activity	*Total Amount for All Employers	Item 3, at b	ottom of p	igc.)		loyer (identify			N
Do	Not Have to be R	eported		Employe	CF No.5	Em	ployer No.	Employer	No	Employer	NC
Entertaí Food an	nment d Refreshment		s	s	0.00	s		s		S	
	Accommodation		/see	-		"		-			
Adverti:		ii.a	total			***					
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,	ne xpenses or Serv	viana	\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{						• • • •		**
Other is	xpenses or ser	vices				_				7 9 140.14	
		Tatal		s	0.00	s		s		s	
		Total	3	-  *		• – •	•	-  -		J	
*When t	he number of em	ployers you	are reporting for requires r	nultiple L-2 for	rms to be fil	ed a total	amount for all	employers shoul	d be entere	d on Page 1,	
			diture of more than sev	venty-five dol	llars (\$75)	for a leg	islator, other	holder of pub	lic office,	executive o	fficials a
ltem-	member(s) of	their nouse	noid,	т		—Т	Names	of Legislators, Pr	ublic and E	xecutive Offic	cials
	Date		Place		Amou	nt	···-	and Household			
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	Continued on alta	iched page(s)									
	INSTRUCTIONS							Employer(s) Nan	ne(s) and A	ddress(cs)	
	o should file th		ny lobbyist registered t	ınder Section	No			Health Distret, Caldell, II			
	ng deadline: ] th for activities		oorts due within fifteen month,	(15) days of	the No						
TO	BE FILED WI	TH;									
Ben Ysursa											
Secretary of State PO Box 83720											
	Boise, ID 83720-0080 Phone: (208) 334-2852										
4	Phone:	12081334-2	ZXコス - Fax: (20X) 334								

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 person property to any, for any or on behalf of any Legislator, Public or Executive Official or Household Member(s).												
	Date Amount Name of Legis				slator, Public or Executive Official and Flousehold Member(s) Receiving or Benefiting								
Item 4  Item 5  Subject (from t	Subject matter or House Bill the Lobhyist value   Legislar	Amount Amount of proposed legislate	ochalf of any Legislator, Pul Name of Legis ion, the number of the Senate legislative activity in which	olic or lator, P	Executive Official or Household	Memboschold M	er(s). ember(s) Receiving or Benefiting						
6	oid or bid proce	ss, fittancial services	n, procurement, contract, or band lobbyist was support-		CERTIFICATION: I hereby certify to correct statement in accordance with Medice Hand Lobbyist signature								