## LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

## ODDIEST MONTELLI REPORT

To Bc Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

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(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered 3-17-09 month ending BOGast (Mo.) (Day) (Yr.) Boise, It Aho Îtem Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Category of Expenditure Proportionate amounts contributed by each employer (Identify employers, under \*Total Amount for Reimbursed Personal Living and Travel Item 3, at bottom of page.) Expenses Pertaining to Lobbying Activity All Employers Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 4 Employer No. 3 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone . . 55 Other Expenses or Services\_ Total \*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. Item-Names of Legislators, Public and Executive Officials Date Amount and Household Members in Group Continued on attached page(s) Item Employer(s) Name(s) and Address(cs) INSTRUCTIONS Store Farm sus, No. I Who should file this form: Any lobbyist registered under Section ox 5000 Dupont WA 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 Bcn Ysursa Secretary of State PO Box 83720

No. 4

Boise, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

	property to any, for any or on behalf of		ehalf of any Legislator, Pul	the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal any Legislator, Public or Executive Official or Household Member(s).						
	Date	Amount	t Name of Legi		islator, Public or Executive Official and Household Member(s) Receiving or Benefiting					
u or h	House Bill, Rescondent Logislative	esolution or other supporting or opp	Appropriation Bill Number and Section Number	Code 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Government, federal		Subject Health service, and controlled sinsurance, bospi Higher educatio Housing, constr Insurance (exchinsurance) Labor, salaries a collective barga Law enforcement judges, crimes, j License, permit Liquor Manufacturing, services Natural resource forest products, and mining proc Public lands, pa Social insurance insurance, public workmen's com Transportation, streets and road Utilities, commit televisions, radipower, CATV, g	medicine, drug ubstances, hea itals in uction, codes uding health und wages, ining int, courts, prisons s distribution an es, forest and fisheries, mini fucts rks, recreation c, unemployme c assistance, pensation highways, s unications, o, newspaper, as	ad ing	
5 bid or			n, procurement, contract, or bond lobbyist was support-	-	CERTIFICATION: I hereby certify to correct statement in accordance with cobbyist signature				<i>0</i>	