LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)

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THIS SPACE FOR OFFICE USE ONLY

09 FEB -5 PM 3: 10

STATE OF IDAHO

See instructions at bottom of page		STATE OF IDATIO
Lobbvist's name and permanent business address	Date prepared	Period covered
J. BRENT OLMSTEAD PO BOX 2751		month ending
BOISE, IDAHO 83701	FEBRUARY 4, 2009	(Mo.) (Day) (Yr.)

1	Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.							
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity	*Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)						
Do Not Have to be Reported	7th Employers	Employer No. 1	Employer No. 2	Employer No. 3	Employer No 4			
Entertainment Food and Refreshment	§91.81	\$91.81	\$	\$	\$			
Living Accommodations								
Advertising								
Travel								
Telephone								
Other Expenses or Services	129.07	20.00	109.07					
Total	\$220.88	s111.81	s109.07	s0.00	s0.00			

*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.

Continued on attached page(s)				
INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)		
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code	No. 1	MILK PRODUCERS OF IDAHO		
Filing deadline: Monthly reports due within fifteen (15) days of month for activities of the past month.	the No. 2	PO BOX 2751 BOISE, IDAHO 83701		
TO BE FILED WITH: Ben Ysursa Secretary of State	No. 3	IDAHO BUSINESS COALTION FOR IMMIGRATION REFORM		
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282		PO BOX 2751 BOISE, ID 83701		

4		perty to any, for any or on behalf of any Legislator, Public or Executive Official or Household Member(s). Date Amount Name of Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting					
	Date	Amount	Name of Legis	lator, Pr	ublic or Executive Official and Hous	ehold M	ember(s) Receiving or Benefiting
Subject (from ta 01 07 29	or House E the Lobbyis Code Bill lible) Leg	Bill, Resolution or other st was supporting or opp	on, the number of the Senate legislative activity in which osing. Appropriation Bill Number and Section Number	Code 01 02 03 04 05 06 07 10 11 12 13 14 15 16	LEGISLATIVE SUE Subject Agriculture, horticulture, 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 Government, county Government, special districts Government, state		IDENTIFICATION 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)
6 6		ocess, financial services	n, procurement, contract, or bond lobbyist was support-		CERTIFICATION: I hereby certify to correct statement in accordance with		
NONE] ;	Loobyist signature		Date	