Rev. 05/2008

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

To Bc Filed By:

L-3

LOBBYISTS (Sec. 67-6619) Page___of___Page(s)
THIS SPACE FOR OFFICE USE ONLY

09 FEB 23 AM 8: 00

STATE OF IDAHO

		Type or print clear ee instructions at								
		permanent busine			Da	te prepared		Period covered		
		E, XE						month ending		
B.	0. 63	× 785	5			2-21-1	フア	(Mo.) (Day) (Yr.)		
B	のノミモノ	solah.	Ü		"					
	·	2.3	1702					2 28 09		
Hem H	Total	ls of all reportal	ble expenditures made					of Lobbyist's Employer.		
Reimb Expense	s Pertaining to	Living and Travel Lobbying Activity	*Total Amount for All Employers	Item 3, at bottom of		·	1			
D.	Not Have to l	be Reported		Employer No	0. 1	Employer No. 2	Employer N	No. 3 Employer No. 4		
Enterta Food ai	inment nd Refreshm	ent	\$	\$		\$	\$	<u> </u>		
Living.	Accommoda	ations	\			The Arms of Land County of				
Adverti	sing					····				
Travel										
Celepho	one									
Other E	xpenses or S	Services	,				,,			
			8							
		Total	<u>s</u>	\$		\$	s	\$		
*When t	he number of	employers you as	re reporting for requires m	ultiple L-2 forms to	o be filed	a total amount for all c	nployers should l	be entered on Page 1.		
Item-	The totals		liture of more than seve					office, executive officials and		
2	Date		Place		Amount		Legislators, Public and Executive Officials and Household Members in Group			
			_					one of the order		
				ł						
	ontinued on a	ttached page(s)			Iten	<u> </u>	=			
INSTRUCTIONS						Em	Employer(s) Name(s) and Address(es)			
	should file		y lobbyist registered un	der Section	No. 1	50.60x 78	59 '	France Hasoc.		
		Monthly reported to the control of the past m	rts due within fifteen (nonth.	15) days of the	No. 2					
то в	E FILED W	ITH:								
		Ber Secret	n Ysursa ary of State		No. 3					
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282						No. 4				

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 personal property to any, for any or on behalf of any Legislator, Public or Executive Official or Household Member(s).									
	Date Amount Name of Legi					islator, Public or Executive Official and Household Member(s) Receiving or Benefiting					
Item 5 Subject	Subject matter of proposed legislation, the or House Bill, Resolution or other legisly the Lobbyist was supporting or opposing t Code Bill, Resolution or Other Apparent		ion, the number of the Senate legislative activity in which			BJECT IDENTIFICATION Code Subject 17 Health service, medicine, drugs and controlled substances, health insurance, hospitals					
					03 04 05 06 07 08 09 10 11 12 13 14 15		18 19 20 21 22 23 24 25 26 27 28 29 30	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 bi	Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.					CERTIFICATION: 1 hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code. Lobbyist signature Date					