Rev. 05/2008

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619)

of Page(s) THIS SPACE FOR OFFICE USE ONLY

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CRETARY OF STATE STATE OF DAHN

(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered Robert Vande Merwe month ending 802 W Bannock, suite 304 Boise, ID 83702 (Ma.) (Day) (Yr.) 2/19/09 31 2009 Item 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 Item 3, at bottom of page.) Reimburged Personal Living and Travel All Employers Expenses Pertaining to Lobbying Activity Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Employer No. 4 Entertainment 0.00 0.00 Food and Refreshment 0.000.00 Living Accommodations 0.00 0.00 Advertising 0.00 0.00 Travel 0.00 0.00 Telephone 0.00 0.00 Other Expenses or Services 0.00 0.000.00 0.00 0.00 Total *When the number of employers you are reporting for requires multiple 1.-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 2 Date Place Amount and Household Members in Group Continued on attached page(s) ltem Employer(s) Name(s) and Address(es) INSTRUCTIONS Idaho Health Care Association No. I Who should file this form: Any lobbyist registered under Section 802 W Bannock suite 304, Boise Id 83702 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 Bon Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 No. 4 Phone: (208) 334-2852 Fax: (208) 334-2282

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 perso property to any, for any or on behalf of any Legislator, Public or Executive Official or Household Member(s).							
,	_	Date	- Amount O	Name of Legis	slator, I	Public or Executive Official and House	sehold M	ember(s) Receiving or Benefiting
Subject (from	or Ho the L	ouse Bill, l obbyist w Bill, Re		ion, the number of the Senate legislative activity in which possing. Appropriation Bill Number and Section Number	Codd 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	LEGISLATIVE SUITE Subject Agriculture, horticulture, farming, and livestock Amusementa, garnes, athletics and sports Banking, finance, credit and investmenta 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, municipal Government, state		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)
Item 6	Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.				CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code. Lomyist signature Date			