LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

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L-3 LOBBYISTS (Sec. 67-6619)

Page	of	Page(s)
THIS SPACE	E FOR OFFI	CE USE ONLY

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(Type or print clearly in black ink) See instructions at bottom of page							STATE OF IDAHO					
Lobbyist's name and permanent business address						Date	prepared Period covered					
Mike O'Bleness 555 West 25th Street									37	X month endi		
Idaho Falls, ID 83402						ine 9, 200)9	(Mo.)	(Day)	(Yr.)		
									05	31	09	
Item 1	Total	s of all reporta	ble expenditures made	or incurred by	y Lobby	yist or b	y Lobbyist's Emp	loyer on behal	lf of Lobby	ist's Employ	yer.	
Reimbe Expense	es Pertaining to	iving and Travel Lobbying Activity	*Total Amount for All Employers	Item 3, at b	ottom o	of page.)		oyer (Identify	employers,			
D	Not Have to b	e Reported		Employ	er No. 1		Employer No. 2	Employe	r No. 3	Employer	No. 4	
Enterta: Food ar	inment nd Refreshm	ent	s			\$_		\$		\$		
Living .	Accommoda	tions				_						
Adverti	sing			- <u>-</u> -								
Travel						_						
Telepho	one					_						
Other E	expenses or S	Services			_	_						
		Total	s00	s		\$_		s		\$		
+177	d							·				
when			are reporting for requires me diture of more than sev								ficials and	
Item-		of their house										
2	Date		Place	ice		nount	Names of Legislators, Public and Exec and Household Members in G				als	
		NONE										
		NONE										
	Continued on a	attached page(s)					<u> </u>					
INSTRUCTIONS						Item 3	Er	Employer(s) Name(s) and Address(es)				
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code					1	No. 1	555 We	Development Workshop, Inc. 555 West 25th Street Idaho Falls, ID 83402				
Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.					the	No. 2						
TO BE FILED WITH:												
Ben Ysursa Secretary of State						No. 3						
	PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282									_		

Item		Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible persons property to any, for any or on behalf of any Legislator, Public or Executive Official or Household Member(s).							
4				slator, Public or Executive Official and Household Member(s) Receiving or Benefiting					
	D	ate	Amount	Name of Legi	stator, F	Tublic or Executive Official and Hou	isehold M	ember(s) Receiving or Benefiting	
Item 5	or Ho	use Bill, l bbyist wa	Resolution or other as supporting or opp	None ion, the number of the Senate legislative activity in which posing. Appropriation Bill Number	Code	Subject Agriculture, horticulture,		IDENTIFICATION Subject Health service, medicine, drugs	
	table)		ive Ident. Number	and Section Number	0.0	farming, and livestock		and controlled substances, health	
(IIIIII)	1	Medio	caid Fund		02 03 04 05 06 07 10 11 12 13 14 15 16	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, federal Government, municipal Government, special districts Government, state	18 19 20 21 22 23 24 25 26 27 28 29 30	insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salarics 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	
Item 6		d process		n, procurement, contract, or bond lobbyist was support-	-	COMMUTE CERTIFICATION: I hereby certify correct statement in accordance with Lobbyist signature	that the a	Other (please specify)Rehab Program	