Rev. 06/2006

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page 1 of 2 Page(s) THIS SPACE FOR OFFICE USE ONLY

09 JUN 17 AM 9:33

STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page

Lobbyist's name and permanent business address HOWARD WEEKS 10250 HWY 12 OLOGAD, ID. 83544

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

Date prepared 6/16/2009 Period covered month ending

(Day) (Mo_i)

(Yr.)

Item I	Totals	of all reportat	ble 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			*Total Amount for	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)								
	s Pertuining to Le Not Have to be		All Employers	Employer No. 1		Employer No. 2		Employer No. 3	Employer No. 4			
Entertainment Food and Refreshment			s	. \$.s_		\$	\$			
Living Accommodations					·	_		100				
Advertising												
Travel				40 1-		-						
Telepho	one		2072			_		Pov-				
Other E	Expenses or Se	rvices			-							
		Total	s 0	\$		\$_	, i de	\$	\$			
*When	the number of	employers yo	u are reporting for requir	es multiple I	L-3 forms to	be fi	led a total amoun	for all employers shou	ld be entered on Page 1.			
Item 2	The totals of Date	each expendi	ture of more than fifty d	ollars (\$50)	for a legisla				ive officials.			
	 Continued on a	ttached page(s)										
INSTRUCTIONS						em 3	Нп	nployer(s) Name(s) and Address(es)				
67-6 Filis	Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.						No. 1 10250 HUY 12 ORDFIND ID 83544					
TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720					No. 3							
Baise ID 83720-0080						No. 1						

Item 4	Expenditure personal pro	es made by the lobb operty to any Legisl	yist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible tor. Public or Executive Official or for or on behalf of any Legislator. Public or Executive Official.								
	Date	Antount	Nar	Name of Legislator, Public or Executive Official Receiving or Benefiting							
Item 5 Subject (from	or House Bil the Lobbyist Code Bill,	er of proposed legislatil, Resolution or other was supporting of of Resolution or Other lative Ident. Number	ion, the number of the Senate legislative activity in which oposing. Appropriation Bill Number and Section Number	Code 01 02 03 04 05 96 07 10 11	LEGISLATIVE SUB Subject Agriculture, horticulture, farming, and tivestock 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, county Government, municipal 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		eess. financial service	ision, procurement, contract, es or bond lobbyist was	CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code. Hamman Late of the complete and correct statement in accordance with Section 67-6624 Idaho Code. Labbiyer signature Date							