

LOBBYIST MONTHLY REPORT FORM



State of Idaho
Ben Ysursa
Secretary of State

To Be Filed By:
L-3 LOBBYISTS
(Sec. 67-6619)

FEB 16 AM 7:32

SECRETARY OF STATE
STATE OF IDAHO

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

Lobbyist's name and permanent business address JULIE LYNDE 5237 UMATILLA AVE. BOISE, ID 83709	Date prepared 2-11-10	Period covered <input checked="" type="checkbox"/> month ending JAN. (Mo.) (Day) (Yr.) 1 31 10
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Item 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 Do Not Have to be Reported	*Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Expenses or Services	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ 0	\$ _____	\$ _____	\$ _____	\$ _____

*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.

Item 2	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.			
Date	Place	Amount	Names of Legislators, Public and Executive Officials and Household Members in Group	
_____	_____	_____	_____	

Continued on attached page(s)

<p align="center">INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code</p> <p>Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.</p> <p>TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	Item 3	Employer(s) Name(s) and Address(es)
	No. 1	CORNERSTONE FAMILY COUNCIL P.O. BOX 563 EAGLE ID 83616
	No. 2	_____
	No. 3	_____
	No. 4	_____

Item
4

Item 4 is no longer statutorily required.

Item 5			LEGISLATIVE SUBJECT IDENTIFICATION	
Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.			Code	Subject
Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number	Code	Subject
05	HJR #? not yet Printed		01	Agriculture, horticulture, farming, and livestock
			02	Amusements, games, athletics and sports
			03	Banking, finance, credit and investments
			04	Children, minors, youth, senior citizens
			05	Church and religion
			06	Consumer affairs
			07	Ecology, environment, pollution, conservation, zoning, land and water use
			08	Education
			09	Elections, campaigns, voting, political parties
			10	Equal rights, civil rights, minority affairs
			11	Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds
			12	Government, county
			13	Government, federal
			14	Government, municipal
			15	Government, special districts
			16	Government, state
			17	Health service, medicine, drugs and controlled substances, health insurance, hospitals
			18	Higher education
			19	Housing, construction, codes
			20	Insurance (excluding health insurance)
			21	Labor, salaries and wages, collective bargaining
			22	Law enforcement, courts, judges, crimes, prisons
			23	License, permits
			24	Liquor
			25	Manufacturing, distribution and services
			26	Natural resources, forest and forest products, fisheries, mining and mining products
			27	Public lands, parks, recreation
			28	Social insurance, unemployment insurance, public assistance, workmen's compensation
			29	Transportation, highways, streets and roads
			30	Utilities, communications, televisions, radio, newspaper, power, CATV, gas
			31	Other (please specify) _____

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

Julie A. Lynde 2-11-10
 Lobbyist signature Date