Ben Ysursa

Secretary of State

Boise, ID 83720-0080

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

Rev. 11/2011

LOBBYIST MONTHLY REPORT FORM

State of Idaho

To Be Filed By:

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

11 MAY 19 AM 9: 45

(Type or print clearly in						SEC. S	TĂTE O	. J. S FIDAH	TATE 10		
See instructions at bottom of page Lobbyist's name and permanent business address					pared	Period covered					
JOHN Bodden								month end	ling		
Magic Valley Rehabilitation Services					- 19 - 11		().(=) (Day) (Y=)				
PO BOX 189				5 /4 //		(Mo.)	(Day)	(Yr.)			
TWIN FAILS, FD						4_	30	2011			
Totals of all reportable e	expenditures made or	r incurred by	Lobby	ist or by L	obbyist's Empl	oyer on behalf	of Lobbyis	it's Employ	yer.		
Category of Expenditure Reimbursed Personal Living and Travel Expenses Penaining to Lobbying Activity	*Total Amount for All Employers	Item 3, at bottom of									
Do Not Flave to be Reported		Employer No. 1		E:	mployer No. 2	Employer No. 3		Employer No. 4			
Entertainment	<i>a</i>		•	\$		S					
_	S		<u> </u>	_ •_			——) <i>,</i>				
Living Accommodations			 	_			-				
Advertising		l ———		- -							
Travel			 	- -			 -				
Telephone			 	- -		·					
Other Expenses or Services				— —							
Total \$_ *When the number of employers you are re			rms to b				l be entered				
The totals of each expenditure member(s) of their household		hundred dol	lars (\$1	00) for a	legislator, other	holder of publ	ic office,	executive o	officials and		
2 Date	Place		Amo		Names of Legislators, Public and Executive Officials and Household Members in Group			cials			
<u> </u>) A		No								
Continued on attached page(5)											
INSTRUCTIONS				Item 3	Employer(s) Name(s) and Address(es)						
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code				Magic Valley Rehabilitation Services No.1 PO BOX 189 TWIN FAILS, ID 83303							
Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.				No. 2							
TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720					No. 3						

No. 4

	elect matter of proposed legislation, the number of the Senate		LEGISLATIVE SUBJECT IDENTIFICATION							
	House Bill, Resolution or other c Lobbyist was supporting or opp		Code	Subject	Code	Subject Health service, medicine, drugs				
Subject Cod			01	Agriculture, horticulture, farming, and livestock Amusements, games, athletics	17	and controlled substances, health insurance, hospitals				
<u> </u>			03	and sports Banking, finance, credit and	18 19	Higher education Housing, construction, codes				
011		NA	04	investments Children, minors, youth, senior citizens	20	Insurance (excluding health insurance) Labor, salaries and wages,				
08		,,,,,	05 06	Church and religion Consumer affairs	22	collective bargaining Law enforcement, courts,				
31			07	Ecology, environment, pollution, conservation, 20ning, land and	23	judges, crimes, prisons License, permits				
	·		08	water use Education Elections, campaigns, voting,	24 25	Liquor Manufacturing, distribution and services				
			10	political parties Equal rights, civil rights,	26	Natural resources, forest and forest products, fisheries, mining				
			11	minority affairs Government, financing, taxation, revenue, budget,	27 28	and mining products Public lands, parks, recreation Social insurance, unemployment				
			12	appropriations, bids, fees, funds Government, county		insurance, public assistance, workmen's compensation				
			13 14 15	Government, federal Government, municipal Government, special districts	29 30	Transportation, highways, streets and roads Utilities, communications,				
			16	Government, state	30	televisions, radio, newspaper,				
					31	Other (please specify) Rehabili to t				
				·						
				CERTIFICATION: I hereby certify correct statement in accordance will						
Item 5 Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was support ing or opposing.			t-	John Bod						
				Lobbyist signature	XV4	Date				