## LOBBYIST MONTHLY REPORT FORM

Page / of Z Page(s)
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State of Idaho

2084767218

Ben Ysursa Secretary of State

Boise, ID 83720-0080

To Be Filed By:

L-3 LOBBY

LOBBYISTS (Sec. 67-6619)

IIFEB II PM 3: 23

SECRETARY OF STATE STATE OF IDAHO

	(Турс от	print clear	ly in black ink)									
See instructions at bottom of page Lobbyist's name and permanent business address						Date prepared		Period covered				
OWARD WEEKS								<u>-</u>	<del>] mo</del> nth en	ding		
250 HWY 12 LOFINO, IDAHO 83544						2/11/2011		(Mo.)	(Day)	(Yr.)		
LOFINO, 10440 83544					2/11/2011		7.7	/	31	2011		
tem	Totals of a	il reportal	ole expenditures made o	or incurred by Le	obbvist o	by Lobbyist's Empl	loyer on behalf	of Lobbyi		yer.		
1 (2)	tegory of Expend		l componential control			tributed by each empl						
Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			*Total Amount for All Employers	Item 3, at botte								
				Employer No. 1		Employer No. 2 Employe		r No. 3 Employer No. 4				
Entertainment						c	•		•			
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Man €	the mumber of empl	A. (200 1/A)	! are reporting for requires m	l ultiple I -2 forms	to be filed	a total amount for all	 	ho onte <del>r</del> ori	on Page I			
W IICI) L			diture of more than sev							fficials and		
Item-		member(s) of their household.										
2	Date	Date Place			Amount			ntors, Public and Executive Officials usehold Members in Group				
						[						
	Continued on attach	ad nacate)				j						
اسار	Communication attack	ou page(s)			Iter	n	-1(-) 31(-)	(a) and 6 dd	(2-)			
INSTRUCTIONS							Employer(s) Name(s) and Address(cs)					
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code						NO.1 / 0250 HWY 1Z AGSOC OLOVIND, I DAHO 83544						
							10 123					
	ng deadline: Mo th for activities o		orts due within fifteen ( month.	(15) days of the	No. 2							
TO BE FILED WITH:												
			en Ysursa etary of State		No. 3							
			Box 83720									

No. 4

Item 4	Expendi property	tures made by the lobby to any, for any or on h	chalf of any Legislator, Pu	mployer in the nature of contributions of money or other tangible or intangible personal.  Public or Executive Official or Household Member(s).						
	Date	Amount	Name of Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting							
Item 5 Subject (from	or House the Lobby		ion, the number of the Senate legislative activity in which posting.  Appropriation Bill Number and Section Number	Code 01 02 03 04 05 06 07 08 09 10 11	LEGISLATIVE SU  Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Beology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, rovenue, budget, appropriations, bids, fees, funds Government, federal Government, municipal Government, special districts Government, state		Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (accluding 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			n, procurement, contract, or bond lobbyist was support-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CERTIFICATION: I hereby certify correct statement in accordance with lobbyast signature	that the all Section 6	nove is a true, complete and 57-6624 Idaho Code.  2/11/201/ Date			