LOBBYIST MONTHLY REPORT FORM



State of Idaho

Pete T. Cenarrusa Secretary of State To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

11 APR -5 PM 12: 57

SECRETAGE OF STATE

(Type or print clearly) See instructions at bottom of page Date prepared Period covered Lobbyist's name and octmanent business address 4-5-11 month ending (Day) (Mo.) (Yr.) Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure Total Item 3, at bottom of page.) Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Expenditure Do Not Have to be Reported Employer No. 4 Employer No. 1 Employer No. 2 Employer No. 3 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Office Expenses Other Expenses or Services Total The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. Item 2 Names of Legislators & Public Officials in Group Place Amount Date Continued on attached page(s) Employer(s) Name(s) and Address(es) INSTRUCTIONS 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 No. 2 for activities of the past month. TO BE FILED WITH: No. 3 Pete T. Cenarrusa Secretary of State PO Box 83720 Boise, ID 83720-0080 No. 4 Phone: (208) 334-2852 Fax: (208) 334-2282

Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal term.							
4		to any, for any or on b	chalf of any Legislator, Put	Public or Executive Official or Household Member(s). Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting			
Item 5	Subject n	natter of proposed legislate Bill, Resolution or other	ion, the number of the Senate legislative activity in which		LEGISLATIVE SUE	JECT	IDENTIFICATION
_		yist was supporting or op Bill, Resolution or Other	Appropriation Bill Number	Code 01	Subject Agriculture, horticulture,	Code 17	Subject Health service, medicine, drugs
C C C C C C C C C C C C C C C C C C C	table) L	Gerislative Ident. Number + B 243,5 B II + B, 91,125,311 B 1093,1001 1015, 1024 1025, 1072 1088 AA 1089 B 131, 171 B 1090	and Section Number	02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	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	18 19 20 21 22 23 24 25 26 27 28 29 30	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)
					ERTIFICATION: I hereby certify the perfect statement in accordance with S		
Item 6 Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing.				ī	obbyist signature	,	Date
				Eı	mployer No. 1 signature		Date
	İ		+	E	mployer No. 2 signature		Date
	am	4 HAM	1/ 4.5-11	E	mployer No. 3 signature		Date
	1	VVIII		E	mployer No. 4 signature		Date