	/2012	LOBBYI		ST MONTHLY REPORT FORM				PageofPage(s)			
		State of Idaho To Be Filed By:						THIS SPA	ACE FOR OFFIC	E USE ONLY	
		Ben Ysursa Secretary of State		L-3 LOBBYISTS (Sec. 67-6619)				14 APR 14 AM 10:30 SECRETARY OF STAT			
20	and the second se		L								
								517	ATE OF	IDAHO	
		(Type or print clean See instructions at	bottom of page								
Lobbyist's name Ryan Armb		id permanent busine	Date prepared 4/14/2014				Period covered				
PO Bo	ox 1539				4/	14/2014			mont	h ending	
Boise	, ID 837	01						(N	Io.) (Da	y) (Yr.)	
								3	31	201	
Item 1	Тс	otals of all reportation	ble expenditures made	or incurred by	Lobbyist or	by Lobbyist's Empl	loyer on beh	nalf of Lo	bbyist's Em	ployer.	
Reimbu Expense	ursed Person es Pertaining	Expenditure al Living and Travel to Lobbying Activity	*Total Amount for All Employers	Proportionate amounts contributed by each employer (Ide Item 3, at bottom of page.)				entify employers, under			
		to be Reported		Employe	er No. 1	Employer No. 2	Employer No. 3		Empl	Employer No. 4	
Entertai Food ar	inment nd Refresl	hment	\$_\$0.00	\$_\$0.00	3	\$ \$0.00	\$ \$0.00	\$ \$0.00		\$ \$0.00	
	Accommo		\$0.00	\$0.00		\$0.00		\$0.00		\$0.00	
Adverti	ising		\$0.00	\$0.00		\$0.00		\$0.00		\$0.00	
Travel			\$0.00	\$0.00		\$0.00	\$0.00)	\$0.	\$0.00	
Telepho	one		\$0.00	\$0.00		\$0.00		\$0.00		\$0.00	
Other E	Other Expenses or Services		\$0.00	\$0.00		\$0.00		\$0.00		\$0.00	
Total					\$_\$0.00\$_		\$_\$0.00		\$_\$0.00		
		Total	\$_\$0.00	\$_\$0.00	\$	\$0.00	<u>\$ \$0.00</u>)	<u>\$</u> \$0.	00	
*When		r of employers you a	re reporting for requires n	nultiple L-2 for	ms to be filed a	total amount for all e	employers sho	ould be ent	ered on Page	e 1.	
	The tot	r of employers you a als of each expendence	are reporting for requires n diture of more than one	nultiple L-2 for	ms to be filed a	total amount for all e	employers sho	ould be ent	ered on Page	e 1.	
Item-	The tota and me	r of employers you a	 are reporting for requires n diture of more than one ousehold.	nultiple L-2 for	ms to be filed a dollars (\$10	total amount for all e 5) for a legislator, c Names o	employers sho other holder f Legislators,	ould be ent of public Public and	ered on Page office, exe	e 1. coutive offici	
	The tot	r of employers you a als of each expendence	are reporting for requires n diture of more than one	nultiple L-2 for	ms to be filed a	total amount for all e 5) for a legislator, c Names o	employers sho other holder	ould be ent of public Public and	ered on Page office, exe	e 1. coutive offici	
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Item- 2	The tota and me Date	r of employers you a als of each expend mber(s) of their ho on attached page(s) INST file this form: A	re reporting for requires n diture of more than one ousehold. Place	nultiple L-2 for hundred five	Amount Item No. 1	total amount for all e 5) for a legislator, o Names o Names o Ada County Draina PO Box 1539 Boise	mployer(s) N ge District N = ID 83701 U	ame(s) and	e office, exe d Executive (rs in Group	e 1. ecutive offici Officials	
Item- 2	The tota and me Date	r of employers you a als of each expend mber(s) of their he on attached page(s) INST file this form: A: 67 ne: Monthly repo	re reporting for requires n diture of more than one ousehold. Place	nultiple L-2 for hundred five	Amount Item Item No. 1 e	total amount for all e 5) for a legislator, c Names o En Ada County Draina	mployer(s) N ge District N = ID 83701 U ewal Agency	ould be ent of public Public and old Membe ame(s) and lo 3 JSA	e office, exe d Executive (rs in Group	e 1. ecutive offici Officials	
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	Subi	ect matter of proposed legislat	ion, the number of the Senate		LEGISLATIVE SUB	JECT	IDENTIFICATION		
Item	Item or House Bill, Resolution or other legislative activity in which								
4	the I	obbyist was supporting or op-	posing.	Code	Subject	Code	Subject		
			1	01	Agriculture, horticulture,	17	Health service, medicine, drugs		
Subject			Appropriation Bill Number		farming, and livestock		and controlled substances, health		
(from	table)	Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals		
11, 12	2	H.B. 631, H.B. 560			and sports	18	Higher education		
16		H.B. 574, H.B. 573		03	Banking, finance, credit and	19	Housing, construction, codes		
10		H.B. 546, H.B. 523			investments	20	Insurance (excluding health		
		H.B. 496, H.B. 490		04	Children, minors, youth,		insurance)		
		H.B. 470			senior citizens	21	Labor, salaries and wages,		
				05	Church and religion		collective bargaining		
				06	Consumer affairs	22	Law enforcement, courts,		
				07	Ecology, environment, pollution,		judges, crimes, prisons		
					conservation, zoning, land and	23	License, permits		
					water use	24	Liquor		
				08	Education	25	Manufacturing, distribution and		
				09	Elections, campaigns, voting,		services		
					political parties	26	Natural resources, forest and		
				10	Equal rights, civil rights,		forest products, fisheries, mining		
				-	minority affairs		and mining products		
				11	Government, financing,	27	Public lands, parks, recreation		
					taxation, revenue, budget,	28	Social insurance, unemployment		
					appropriations, bids, fees, funds		insurance, public assistance,		
				12	Government, county		workmen's compensation		
				13	Government, federal	29	Transportation, highways,		
				14	Government, municipal	2)	streets and roads		
				15	Government, special districts	30	Utilities, communications,		
				16	Government, state	50	televisions, radio, newspaper,		
				10	Government, state		power, CATV, gas		
						31	Other (please specify)		
						51	other (please speeny)		
						1.4.1			
				1	CERTIFICATION: I hereby certify t		· 1		
τ.	Identi	fy any rule, ratemaking decisi	on, procurement, contract,		correct statement in accordance with	Section	67-6624 Idaho Code.		
Item			s or bond lobbyist was support-						
5		opposing.	• • • • • • • • • • • • • • • • • • •						
		rrrow.		-	Electronically signed		4/14/2014		
				i	Lobbyist signature		Date		
				1			Dute		
				1					

Lobbyist Report Form Attachment

Lobbyist's name and permanent business address

Ryan Armbruster PO Box 1539 Boise, ID 83701

Employer No.	Entertainment Food & Refreshment	Living Accommodations	Advertising	Travel	Telephone	Other Expenses or Services	Employer Tota
No.5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Employer No.	Employer Name(s)	Employer Address(es)
No.5	Rexburg Redevelopment Agency	PO Box 280 Rexburg ID 83440 USA