

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa
Secretary of State

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

07 MAR -7 AM 10:07
STATE OF IDAHO

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

Lobbyist's name and permanent business address Patrick J. Sullivan SULLIVAN & REBERGER PO BOX 1703 BOISE ID 83701	Date prepared <div style="font-size: 2em; text-align: center;">3/6/07</div>	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) <div style="font-size: 1.5em; text-align: center;">2 28 07</div>
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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 <small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small>	* 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	\$ 684 ⁵³		\$ 225 ¹⁶		
Food and Refreshment					
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
Total	\$ 684 ⁵³	\$ 0	225 ¹⁶	\$ 0	\$ 0

*When the number of employers you are reporting for requires multiple L-3 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 fifty dollars (\$50) for a legislator or other holder of public office.			
	Date	Place	Amount	Names of Legislators & Public Officials in Group

Continued on attached page(s)

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 for activities of the past month. TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	Item 3 Employer(s) Name(s) and Address(es) No.1 ADVANTAGE WORKER COMPENSATION PO Box 571918, SLC, UT 84157 No.2 ASSOCIATED GENERAL CONTRACTORS 110 N. 27th, Boise, ID 83702 No.3 BATELLE ENERGY ALLIANCE PO Box 1625, Id. Falls, ID 83415 No.4 CHM2-WG IDAHO LLC. PO Box 1625, Idaho Falls, ID 83417
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Page 2 of 6 Page(s)
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		Employer No 5	Employer No 6	Employer No 7	Employer No 8
Entertainment		\$ 8.95		\$ 103.15	
Food and Refreshment					
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
Total	\$ 0.00	\$ 8.95	\$ 0	\$ 103.15	\$ 0

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Date	Place	Amount	Names of Legislators & Public Officials in Group	

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	<p>5. CLEAR SPRING FOODS PO Box 712, Buhl ID 83316</p> <p>6. CORRECTIONAL MEDICAL SERVICES 12647 Olive Blvd., St. Louis, MO 63141</p> <p>7. ELI LILLY CORPORATION 161 St. Anthony, Ste. 820, St. Paul MN 55103</p> <p>8. FMC Corporation 1101 Pennsylvania. #325. Washington DC 20004</p>



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Category of Expenditure <small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small>	* Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 9	Employer No. 10	Employer No. 11	Employer No. 12
Entertainment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Expenses or Services	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ 0.00	\$ 0	\$ 0	\$ 0	\$ 0

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Secretary of State
PO Box 83720
Boise, ID 83720-0080
Phone: (208) 334-2852 Fax: (208) 334-2282

Item 3	Employer(s) Name(s) and Address(es)
9	GHS Data Management 45 Commerce Dr - Ste 5, Augusta ME 04332-1090
10	MOTION PICTURE ASS'N of AMERICA 1600 Eye NW, Washington DC 20006
11	Multi-State Associates, Inc. for Comm Fin Svcs 515 King Street #300, Alexandria VA 22314
12	PNGC (Pacific Northwest Generating Cooperative) 711 NE Halsev #200. Portland OR 97232



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		Employer No. <u>13</u>	Employer No. <u>14</u>	Employer No. <u>15</u>	Employer No. <u>16</u>
Entertainment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
Total	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

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Item 2 The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.				
Date	Place	Amount	Names of Legislators & Public Officials in Group	

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		Employer No. 17	Employer No. 48	Employer No. 19	Employer No. 20
Entertainment	\$ _____	\$ 199 ⁵⁵	\$ _____	\$ _____	\$ 147 ⁷⁷
Food and Refreshment	\$ _____	_____	_____	_____	_____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
Total	\$ 0.00	\$ 199 ⁵⁵	\$ 0.00	\$ 0.00	\$ 147 ⁷⁷

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INSTRUCTIONS	Item 3 Employer(s) Name(s) and Address(es)
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		Employer No. 1/	Employer No	Employer No.	Employer No.
Entertainment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
Total	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

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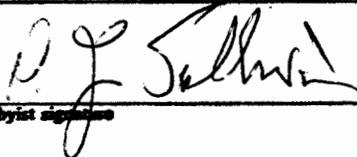
Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.		
	Date	Amount	Name of Legislator Receiving or Benefited

Item 5	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.		
	Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number

LEGISLATIVE SUBJECT IDENTIFICATION

- | | |
|--|---|
| Code Subject | Code Subject |
| 01 Agriculture, horticulture, farming, and livestock | 17 Health service, medicine, drugs and controlled substances, health insurance, hospitals |
| 02 Amusements, games, athletics and sports | 18 Higher education |
| 03 Banking, finance, credit and investments | 19 Housing, construction, codes |
| 04 Children, minors, youth, senior citizens | 20 Insurance (excluding health insurance) |
| 05 Church and religion | 21 Labor, salaries and wages, collective bargaining |
| 06 Consumer affairs | 22 Law enforcement, courts, judges, crimes, prisons |
| 07 Ecology, environment, pollution, conservation, zoning, land and water use | 23 Licenses, permits |
| 08 Education | 24 Liquor |
| 09 Elections, campaigns, voting, political parties | 25 Manufacturing, distribution and services |
| 10 Equal rights, civil rights, minority affairs | 26 Natural resources, forest and forest products, fisheries, mining and mining products |
| 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds | 27 Public lands, parks, recreation |
| 12 Government, county | 28 Social insurance, unemployment insurance, public assistance, workman's compensation |
| 13 Government, federal | 29 Transportation, highways, streets and roads |
| 14 Government, municipal | 30 Utilities, communications, television, radio, newspaper, power, CATV, gas |
| 15 Government, special districts | 31 Other (please specify) _____ |
| 16 Government, state | |

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


 Lobbyist signature _____ Date _____