

**LOBBYIST MONTHLY REPORT FORM**



**State of Idaho**  
Ben Ysursa  
Secretary of State

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

07 FEB -9 PM 12: 05  
DEPARTMENT OF STATE  
STATE OF IDAHO

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

Lobbyist's name and permanent business address  <b>Kris Ellis</b> 11220 W. Daniel Ct. Boise, ID 83713	Date prepared  <p style="text-align: center;"><b>February 1, 2007</b></p>	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) <p style="text-align: center;">1   31   07</p>
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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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
<b>Total</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>

\*When the number of employers you are reporting for requires multiple L-2 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, other holder of public office, and executive officials.			
Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group	
N/A				

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<p><b>INSTRUCTIONS</b></p> <p><b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code</p> <p><b>Filing deadline:</b> Monthly reports due within ten (10) days of the month for activities of the past month.</p> <p><b>TO BE FILED WITH:</b></p> <p style="text-align: center;">Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Item 3</th> <th>Employer(s) Name(s) and Address(es)</th> </tr> </thead> <tbody> <tr> <td>No. 1</td> <td><b>Idaho Association of Developmental Disability</b> Agencys 818 W. 15th Meridian, ID 83642</td> </tr> <tr> <td>No. 2</td> <td><b>Idaho Naturopathic Physicians Association</b> <i>4219 W. Emerald Boise, ID 83705</i></td> </tr> <tr> <td>No. 3</td> <td></td> </tr> <tr> <td>No. 4</td> <td></td> </tr> </tbody> </table>	Item 3	Employer(s) Name(s) and Address(es)	No. 1	<b>Idaho Association of Developmental Disability</b> Agencys 818 W. 15th Meridian, ID 83642	No. 2	<b>Idaho Naturopathic Physicians Association</b> <i>4219 W. Emerald Boise, ID 83705</i>	No. 3		No. 4	
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CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

  
 Lobbyist signature

2/1/07  
 Date

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**State of Idaho**

Ben Ysursa  
Secretary of State

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STATE OF IDAHO

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Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
<b>Total</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>

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	No. 2	<b>Idaho Land Title Association</b> <i>7154 W. State St. Boise, ID 83703</i>
	No. 3	<b>Idaho Progressive Health Care Coalition</b> <i>461 Wacker Dr. Chicago, IL 60601</i>
	No. 4	<b>Idaho Assisted Living Association</b> <i>P.O. Box 140062 Boise, ID 83714</i>

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, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.		
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**LEGISLATIVE SUBJECT IDENTIFICATION**

Code	Subject	Code	Subject
01	Agriculture, horticulture, farming, and livestock	17	Health service, medicine, drugs and controlled substances, health insurance, hospitals
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CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

Item 6	Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.
	18.01.54

*Kiri Ellis* \_\_\_\_\_  
 Lobbyist signature Date

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	No. 2	<b>ID. Chapter of Am. Inst. of Architects</b> <i>270 N. 27th Boise, ID 83702</i>
	No. 3	<b>Idaho Association of Nurse Anesthetist</b> <i>2560 Nuthatch Rd McCall, ID 83301</i>
	No. 4	<b>Federation of Private &amp; Career Schools &amp; Colleges</b> <i>16700 NE 79th St, #201 Redmond, WA 98052</i>

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