LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

PO Box 83720

Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282

To Be Filed By:

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LOBBYISTS (Sec. 67-6619)

Page of Page(s)
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SEUNCIALT DE STATE STATE OF IDAHO

No. 4 Idaho Progressive Health Care Coalition
461 & Wacler On Chicago, 775001

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obbvist's name and permanent busi			Da	te prepared	1000	Period co	vered	
Kris Ellis 11220 W. Daniel Ct.							month en	ding
Boise, ID 83713			M arch 16, 2009		(Mo.) 2	(Day)	(Yr.) 2009	
Item Totals of all repor	table expenditures made of	or incurred by Lob	hvist o	by Lobbyist's Emp	lover on behalf	of Lobbyis	t's Emplo	ver.
Category of Expenditure	*/T1 A 6		ounts co	ntributed by each emp				
Reimbursed Personal Living and Trave Expenses Pertaining to Lobbying Activi Do Not Have to be Reported		Employer No				nployer No. 3 Employ		r No. 4
ntertainment	\$ 0.00	s		<u> </u>	S	5		
iving Accommodations	0.00	~ <u> </u>						-
dvertising	0.00							
ravel	0.00						-	
elephone	0.00			***				
Other Expenses or Services	0.00							
Total	s0.00	s0	.00	s0.00	S	0.00	S	0.00
When the number of employers yo	u are reporting for requires m	ultiple L-2 forms to	be filed	a total amount for all	employers should	be entered of	on Page 1.	
The totals of each expe	enditure of more than sev							fficials a
Item- member(s) of their hou	sehold			Names o	of Legislators, Pul	blic and Exe	cutive Offic	cials
2 Date	Place		Amount		and Household N	Members in (Group	
Continued on attached page((s)							
			Itei 3		mployer(s) Name	e(s) and Add	ress(es)	
	STRUCTIONS			Idaha Asumuna	Associa			
Who should file this form: 67-6617 Idaho Code	Any lobbyist registered u	nder Section	No. 1	Idaho Acupuno 4219 W. Emera			_	
Filing deadline: Monthly r month for activities of the pa		(15) days of the	No. 2	Idaho Chapter Physicians 42				-
TO BE FILED WITH:	Ben Ysursa ecretary of State		No 3	Idaho Health 0 802 W. Banno			_	

Item 4 is no longer statutorily required.

							
Item		ect matter of proposed legislat			LEGISLATIVE SUI	ВЈЕСТ	IDENTIFICATION
5		ouse Bill. Resolution or other	•				
	Ine L	obbyist was supporting or opp	oosing.		e Subject		Subject
Subjec	t Code	Bill, Resolution or Other	Appropriation Bill Number	- 01	Agriculture, horticulture,	17	Health service, medicine, drugs
(from	table)	Legislative Ident. Number	and Section Number		farming, and livestock		and controlled substances, health
				02	Amusements, games, athletics		insurance, hospitals
		SB 1014			and sports	18	Higher education
		-, , -, ,		03	Banking, finance, credit and	19	Housing, construction, codes
		HB 123			investments	20	Insurance (excluding health
		1010		04	Children, minors, youth,		insurance)
		142 14/2			senior citizens	21	Labor, salaries and wages,
		HD 174		05	Church and religion		collective bargaining
		IND ON MAI		06	Consumer affairs	22	Law enforcement, courts,
		HIPVY YALOVE		07	Ecology, environment, pollution,		judges, crimes, prisons
					conservation, zoning, land and	23	License, permits
		5/3/1/14			water use	24	Liquor
				08	Education	25	Manufacturing, distribution and
		112 174		09	Elections, campaigns, voting.		services
		HB 123 HB 146 HBMAGA 5B 1/14 HB 174			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	• •	streets and roads
				15	Government, special districts	30	Utilities, communications,
				16	Government, state		televisions, radio, newspaper,
						2.1	power, CATV, gas
						31	Other (please specify)
					CERTIFICATION, I hereby certify	that tha a	shove is a true, complete and
					correct statement in accordance with		
	1			-	content statement in accordance with	Section	
Item		any rule, ratemaking decisio				~//	^ ,
6			or bond lobbyist was support-	,	17 44 8	2 U L	1/2/2/-0
	ing or o	opposing.		$\downarrow -I$.	/ / / / /		x 0/16/67
				"	Lobbyist signature		Date
					and on the state of the state o		

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Ben Ysursa Secretary of State

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SECNETARY OF STATE STATE OF IDAHO

		pe or print clear e instructions at										
Lobbyist		ermanent busine				D	ate pr	epared		Period	covered	
Kris E	Ilis									[✓ month	ending
) W. Danie									(Mo.) (Day	/) (Yr.)
Boise	, ID 8371	3						March 16, 2	2009	l '	28	1
										2		2009
Item 1	Total	s of all reportal	ble expenditures made o	r incurred b	y Lobb	byist (or by	Lobbyist's Empl	oyer on beh	alf of Lobb	yist's Em	ployer.
Reimbu		penditure iving and Travel Jobbying Activity	*Total Amount for All Employers	Proportion Item 3, at				uted by each emplo	oyer (Identif	y employers	, under	
	Not Have to b		, , , , , ,	Employ	yer No.	1	F	Employer No. 2	Employ	er No. 3	Emplo	yer No. 4
Entertair			0.00	•			\$		s		\$	
	d Refreshme		0.00	\$.		3		ъ	
_	Accommoda	tions	0.00									
Advertis	sing		0.00									
Travel			0.00									
Telepho			0.00									
Other E	xpenses or S	Services	0.00									
			s 0.00		0.1	00		0.00	_	0.00		0.00
		Total	S	- S	0.		S	0.00	S	0.00	S	
*When t	he number of	employers you a	re reporting for requires m	ultiple L-2 fo	orms to	be file	d a tot	al amount for all e	mployers sho	uld be entere	d on Page	1.
	The totals	of each expen	diture of more than seve									
Item-	member(s)	of their house	hold.					Names of	Legislators,	Public and E	xecutive C)fficials
2	Date		Place		A	moun	t	1	and Househol			, triciais
	Continued on	ı attached page(s)										
			RUCTIONS				em 3	En	nployer(s) Na	ıme(s) and A	ddress(es)	
<u> </u>							Fe	ederation of P	rivate and	Career (Colleges	
	o should file 617 Idaho C		ny lobbyist registered ur	nder Section	1	No.	l	700 NE 79th			_	
		: Monthly repties of the past	orts due within fifteen ((15) days o	f the	No. 2	?.	ental Health F O Box 44802			on	
ТОТ	BE FILED V	В	Ben Ysursa retary of State			No :	,	laho M idwifer 07 W. Washin		se, ID 83	702	
	PO Box 83720 Boise, ID 83720-0080				No. 4 Idaho Optometric Assoc. 1216 Torey Lane Nampa					ne Nampa,		

Item 4 is no longer statutorily required.

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of Page(s) THIS SPACE FOR OFFICE USE ONLY

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SECRETARY 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 Period covered Date prepared

Kris Ellis month ending 11220 W. Daniel Ct. (Day) Boise, ID 83713 (Mo.) (Yr.) March 16, 2009 2 28 2009 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

Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity	*Total Amount for All Employers	Item 3, at bottom of page.)							
Do Not Have to be Reported	Titl Employets	Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4				
Entertainment Food and Refreshment	s0.00	\$	\$	\$	\$				
Living Accommodations	0.00								
Advertising	0.00								
Travel	0.00								
Telephone	0.00								
Other Expenses or Services	0.00								
Total	s0.00	s0.00	s0.00	s0.00	s0.00				

*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.

The totals of each expenditure of more than seventy-five dollars (\$75) for a legislator, other holder of public office, executive officials and

Item-	member(s)	of their household.		
2	Date	Place	Amount	Names of Legislators, Public and Executive Officials and Household Members in Group
	Continued on a	ttached page(s)		

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)		
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code	No. 1 Idaho Association of Nurse Anesthetist 2560 Nuthatch Road McCall, ID 83505			
Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.	No. 2	Idaho Land Title Association 7154 W. State St. Boise, ID 83702		
TO BE FILED WITH: Ben Ysursa Secretary of State	No. 3	Idaho State Broadcasters Association 270 N. 27th Boise, ID 83702		
PO Box 83720 Boise, ID 83720-0080	No. 4	Idaho Chapter of American Int. of Architects		

Phone: (208) 334-2852 Fax: (208) 334-2282

270 N. 27th Baise, 70 83702

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or H	ect matter of proposed legislationse Bill, Resolution or other	legislative activity in which		LEGISLATIVE SUI		
the Labject Code from table)	Bill. Resolution or Other Legislative Ident. Number SB / 029 HB 21 SB / III3	Appropriation Bill Number and Section Number	Code 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	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 Ecology, environment, pollution, 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 Government, county Government, federal Government, municipal Government, special districts Government, state	20 21 22 23 24 25 26 27 28 29 30 31	Subject Health service, medicine, drugs 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)
6 bid or	y any rule, ratemaking decisio bid process, financial services opposing.			CERTIFICATION I hereby certify correct statement in accordance with		