

LOBBYIST MONTHLY REPORT FORM



State of Idaho
Lawrence Denney
Secretary of State

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

17 MAR 08 PM 04:34
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 Kris Ellis 11220 W. Daniel Ct Boise, ID 83713	Date prepared 3/8/2017	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) 2 28 2017
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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	\$ \$0.00	\$ \$0.00	\$ \$0.00	\$ \$0.00	\$ \$0.00
Food and Refreshment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Living Accommodations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Advertising	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Telephone	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Expenses or Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$ \$0.00	\$ \$0.00	\$ \$0.00	\$ \$0.00	\$ \$0.00

*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.

Item-2	The totals of each expenditure of more than one hundred ten dollars (\$110) for a legislator, other holder of public office, executive officials and member(s) of their household.			
	Date	Place	Amount	Names of Legislators, Public and Executive Officials and Household Members in Group

Continued on attached page(s)

<p align="center">INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code</p> <p>Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.</p> <p>TO BE FILED WITH:</p> <p align="center">Lawrence Denney Secretary of State PO Box 83720 Boise, ID 83720-0080 elections@sos.idaho.gov 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>Idaho Acupuncture Association PO Box 9381 Moscow ID 83843 USA</td> </tr> <tr> <td>No. 2</td> <td>Idaho Ambulatory Surgical Centers PO Box 140357 Boise ID 83714 USA</td> </tr> <tr> <td>No. 3</td> <td>Idaho Association of Certified Registered Nurse Anesthetists 713 W. Highland Dr. Boise ID 83702 USA</td> </tr> <tr> <td>No. 4</td> <td>Idaho Chapter-American Association of Naturopathic Physicians 1416 W. Washington St. Boise ID 83702 USA</td> </tr> </tbody> </table>	Item 3	Employer(s) Name(s) and Address(es)	No. 1	Idaho Acupuncture Association PO Box 9381 Moscow ID 83843 USA	No. 2	Idaho Ambulatory Surgical Centers PO Box 140357 Boise ID 83714 USA	No. 3	Idaho Association of Certified Registered Nurse Anesthetists 713 W. Highland Dr. Boise ID 83702 USA	No. 4	Idaho Chapter-American Association of Naturopathic Physicians 1416 W. Washington St. Boise ID 83702 USA
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Item 4	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.		LEGISLATIVE SUBJECT IDENTIFICATION																																																																				
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Item 5	Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.		<p>CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.</p> <p><u>Electronically signed</u> <u>3/8/2017</u></p> <p>Lobbyist signature Date</p>																																																																				

Employer No.	Employer Name(s)	Employer Address(es)
No.5	Idaho Health Care Association	1524 W. Cayuse Creek Dr. Meridian ID 83646 USA
No.6	Idaho Midwifery Council	1142 Cow Horse Dr. Kuna ID 83634 USA
No.7	Idaho Optometric Physicians	740 W. Watersford Dr. Boise ID 83714 USA
No.8	Idaho Orthopedic Society	PO Box 140357 Boise ID 83714 USA
No.9	Idaho Psychological Association	223 W. State St. Boise ID 83702 USA
No.10	Northwest Career Colleges Federation	4200 6th Ave. Ne Ste 313 Lacey WA 98503 USA

Date	Place	Amount	Names of Legislators, Public and Executive Officials and Household Members in Group