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

LOBBYIST REPORT FORM of\_ Page(s) Page\_ Rev. 11/2011 THIS SPACE FOR OFFICE USE ONLY ANNUAL SEMI-ANNUAL State of Idaho Ben Ysursa 12 FEB 17 PH 12: 38 To Be Filed By: Secretary of State LOBBYISTS L-2 STATE OF TOAHO (Sec. 67-6619) (Type or print clearly in black ink) See instructions at bottom of page Period covered Date prepared Lobbyist's name and permanent business address year ending BRAD HUERTA 357 WEST CENTER ST. H 212 FFA. 17, 2012. (Day) (Yr.) (Mo.) POCATELLO, ID 83204 2011 Tte no 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 Item 3, at bottom of page.) \*Total Amount for Reimbussed Personal Living and Travel cuses Pertaining to Lobbying Activity All Employers Employer No. 1 Employer No. 4 Employer No. 2 Employer No. 3 Do Not Have to be Reported Entertainment O.® ٥. ° 0,\* 0.0 <u>o.°</u> Food and Refreshment er) <u>o</u>. " <u>O</u>." O." 0 0 Living Accommodations 00 0." Q." ø 0 0 Advertising <u>o</u> " <u>o</u>.° 8 0 0 Travel \* 0 0 0 Telephone 0 0 O. O. Other Expenses or Services **O**." 0.4 0.0 Total \*When the number of couployers 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 one hundred (\$100) for a legislator, other holder of public office, executive officials and member(s) of their household. [tem Names of Legislators, Public and Executive Officials 2 Date Place Amount and Household Members in Group 44 AIG NA MA Continued on attached page(s) **Item** INSTRUCTIONS Employer(s) Name(s) and Address(es) PORTHER MEDICAL CENTRE Who should file this form: Any lobbyist registered under Section No. I Pagnetro, ID 8801 67-6617 Idaho Code 777 HOSTAL WAY. Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. No. 2 TO BE FILED WITH: No. 3 Ben Yaursa Secretary of State PO Box 83720 Boise. ID 83720-0080 No. 4

Terror	Subject matter of proposed legislation, the number of the Senate			LEGISLATIVE SUBJECT IDENTIFICATION			
	or House Bill, Resolution or other legislative activity in which						
•	the L	obbyist was supporting or op-	posing.	Code	Subject	Code	Subject
	<u> </u>		- ha a	01	Agriculture, horticulture,	17	Health service, medicine, drugs
Subject		Bill, Resolution of Other	Appropriation Bill Number	ľ	farming, and livestock		and controlled substances, health
(from table)		Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals
		_			and sports	18	Higher education
17		170216		03	Banking, finance, credit and	19	Housing, construction, codes
٠.			ì		investments	20	Insurance (excluding health
		H0260		04	Children, minors, youth.		insurance)
				1	scnior citizens	21	Labor, salaries and wages,
		1-10298		05	Church and religion		collective bargaining
		1	1	06	Consumer affairs	22	Law enforcement, courts.
				07	Ecology, environment, pollution,		judges, crimes, prisons
			i e	]	conservation, zoning, land and	23	License, permits
			i		Water use	24	Liquor
			l	08	Education	25	Manufacturing, distribution and
				09	Elections, campaigns, voting,		services
				)	political parties	26	Natural resources, forest and
			1	10	Equal rights, civil rights,		forest products, fisheries, mining
			ļ .	l	minority affairs		and mining products
			i	11	Government, financing,	27	Public lands, parks, recreation
				ľ	taxation, revenue, budget,	28	Social insurance, unemployment
				i	appropriations, bids, fees, funds		insurance, public assistance,
			ĺ	12	Government, county		workmen's compensation
			i	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,
				1			power, CATV, gas
						31	Other (please specify)
			i				
				_ ا			
				CI	ERTIFICATION: I hereby certify th	et the at	ove is a true, complete and
				co	rrect statement in accordance with S	COTION 6	7-6624 Idako Code.
				_		<del></del>	
						1	
						/	4-1
	Triansi C			_			0417/2012
Item Identify any rule, ratemaking decision, procurament, contract bid or bid process, financial services agreement or			1.0	bbyist signature		Date	
		bbyist was supporting or ope		{	17 17 / Nove 2		-1.1
	******	to your manager op	, country	<b>&gt;</b>	you divin		0417/2012
				Em	ployer Mo. / signature		Date
			Еп	ployer No. 2 signature		Date	
			,	-Fred or A see a selection		Cate	
			Em	ployer No. 3 signature		Date	
					-		
				Em	ployer No. 4 signature		Date