

State of Idaho

Ben Ysursa Secretary of State

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

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

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Kris E 11220	's name and po Ilis ) W. Danie	ermanent busine				_	Date	prepared  January 31	. 2011	Perio	Period covered  month ending			
Boise	, ID 83713	3						odiladiy o i	, 2011	Ja	1	) (Yr.) 2011		
Item 1	Totals	s of all reportal	ble expenditure	es made o	r incurred b	y Lobbyis	st or l	y Lobbyist's Emp	loyer on l	behalf of Lob	byist's Emp	loyer.		
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity			*Total Amount for All Employers		Proportionate amounts Item 3, at bottom of p			<u> </u>						
Do Not Have to be Reported					Employ	er No. 1	Employer No. 2 Employer			ployer No. 3	Employ	yer No. 4		
Entertai Food an	nment ad Refreshme	ent	\$		\$		_   \$		_ \$		_ s			
Living A	Accommodat	tions	 				_   _		-l		-			
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Travel							- -		-		-			
Telepho	ne						-   -				-			
Other E	xpenses or S	ervices			·		_   -		-		-			
		Total	s	0.00	s	0.00	) s	0.00		0.00	s	0.00		
*When t	The totals	<del></del>	diture of more					total amount for all of a legislator, other	holder o		e, executive	officials and		
	Date		Place	_		Amo	unt			ehold Members in Group				
<del>- '-'</del>	Continued on a	attached page(s)	RUCTIONS	_			In order for the information to fit in the space, put the employer name the first line and the complete address on the second line.							
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code						N	Idaho Acupuncture Association  No. 1 1405 Little Blacktail Rd Cocalalla, ID 83813							
Filir	ıg deadline:	Monthly repo		fifteen (1		he No	Idaho Ambulatory Surgical Centers Association No. 2 PO Box 140357 Garden City, ID 83714							
TO	BE FILED W	В	en Ysursa etary of State			No	Idaho Association of Cosmetology Schools  No. 3 602 Main Street Lewiston, ID 83501							
	Phon	PO	Box 83720 ID 83720-008		282	No	No. 4 Idaho Association of Nurse Anesthetists 10447 W. Bucktail Dr. Garden City, ID 83714							



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LOBBYISTS (Sec. 67-6619)

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		ype or print clear e instructions at								•	of the forr	n!	
obbyist		ermanent busine					Date p	epared		Period	covered		
	llis W. Danie , ID 8371							January 31,	2011	month ending (Mo.) (Day) (Yr.)			
										Jan	31	2011	
Item 1	Total	s of all reportal	ble expendit	ures made or	r incurred b	y Lobbyis	t or by	Lobbyist's Empl	oyer on behal	f of Lobb			
Reimbu		openditure Living and Travel Lobbying Activity		mount for		ate amounts bottom of p	nts contributed by each employer (Identif of page.)		oyer (Identify	employers, under			
Do Not Have to be Reported			7 III Zimpioyets		Employ	er No. 1		Employer No. 2	Employer	No. 3	Employer No. 4		
intertainment ood and Refreshment			\$		\$		_   \$		\$		\$		
iving A	Accommoda	tions				_	-   —						
ravel	sing						-						
elepho	ne												
ther E	xpenses or S	Services					-   —						
		Total	s	0.00	s	0.00	<u> </u>	0.00	<b>s</b>	0.00	s	0.00	
When t	he number of	employers you a	 	or requires m	 ultiple I -2 fo	rms to be fi	 led a to	tal amount for all e	mplovers shoul	d he entere	d on Page 1		
	The totals	of each expend	liture of mor	-				legislator, other				officials and	
Item-	member(s)	of their house	<u>h</u> old.					Names of	f Legislators, Pu	ıblic and E	xecutive Offi	cials	
2	Date		Place	e		Amou				nold Members in Group			
		1						Ì					
		}											
	Continued on	attached page(s)						In order for the ir	nformation to f	it in the er	nace nut the	e employer por	
			DVICET CO.			1	Item 3	the first line and		address o	n the secon		
		INST	RUCTION	S								ician	
Who	should file	this form: A	ny lobbyist r -6617 Idaho		der Section	No	ID Chapter - Am. Asn. of Naturopathic Physician  No. 1 4219 W. Emerald Boise, ID 83713						
Filir	g deadline:	Monthly repo				he No	ID Chapter - Am. Institute of Architects  No. 2 1674 Hill Rd. Boise, ID 83702						
TO	BE FILED V	В	en Ysursa etary of State	e		No	Idaho Health Care Association  No. 3 1524 W. Cayuse Cr. Dr. Meridian, ID 83646						
	Phor	PO	Box 83720 ID 83720-00	080	282	No	No. 4 Idaho Land Title Association 1014 W. Hemmingway Blvd. Nampa, ID 83651						



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Don't forget to fill out the back of the form!

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-	's name and po	ermanent busine				Date pr	repared		Period	covered			
Kris E	illis ) W. Danie	d Count							} 1	wonth ending			
	, ID 8371:				- 1		January 31,	2011	l <sub>Ma</sub>	) (Дау	(V+)		
20.00	,	-			j				Jar	(Mo.) (Day) (Yr.)			
Item											2011		
1			ble expenditures made or								loyer.		
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			*Total Amount for All Employers	Item 3, at	bottom of p	ts contributed by each employer (Ider page.)			ntify employers, under				
Do	Not Have to b	e Reported		Employ	er No. 1	Employer No. 2		Empl	oyer No. 3	Employ	ver No. 4		
Entertai	nment d Refreshme	ant	\$	<b>\$</b>		•				\$			
			Φ	J——		-   "-	\$ \$		Φ				
	Accommodat	uons				-							
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Other E	xpenses or S	Services				-							
		Total	s0.00	s	0.00	<b>s</b> _	0.00	s	0.00	<b>\$</b>	0.00		
+3376	h	1	} 	  -141-1-1-2-6-		-1-4-	4 1 4 C 11	 		1			
when			are reporting for requires mu- diture of more than one h										
Item-		of their house			r——	,	_						
2	Date		Place		Amou	Names of Legislators, Public and Executive Officials and Household Members in Group							
	Continued on a	 attached page(s)					In order for the in	formation	to fit in the s	nace nut t	no omniovor namo		
			RUCTIONS	_	1	In order for the information to fit in the space, put the employer name the first line and the complete address on the second line.							
						lo	laho Midwifery	Counci					
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code						No. 1 207 W. Washington Boise, ID 83702							
Fili	ng deadline:		orts due within fifteen (1stivities of the past month		he No	Idaho Optometric Physicians Association No. 2 11368 W. Hickory Hill Ct. Boise, IDF 83713							
то	BE FILED V	VITH:				Idaho Orthopaedic Society							
		Secr	en Ysursa etary of State		No	No. 3 PO Box 140357 Garden City, ID 83714							
	Phor	Boise,	Box 83720 ID 83720-0080 852 Fax: (208) 334-23	282	No	No. 4 Idaho State Broadcasters Association 1674 Hill Road Boise, ID 83702							



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		instructions at	-	-			of the form				11		
Lobbyist's name and permanent business address								epared		Period covered			
Kris E	Ellis						month ending					ding	
	0 W. Danie							January 31,	2011	-	_	_	
Boise	, ID 83713	3						bandary 51,	2011	(Mo.)	(Day)	(Yr.)	
										Jan	31	2011	
Item 1	Totals	of all reportal	ble expendit	tures made o	r incurred b	y Lobbyis	t or by	Lobbyist's Empl	oyer on behalf o	of Lobby	yist's Emplo	yer.	
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported				amount for	Proportional Item 3, at		nts contributed by each employer (Identify employers, under f page.)						
	Do Not Have to be Reported				Employer No. 1		Employer No. 2		Employer N	o. 3	Employer No. 4		
Entertainment Food and Refreshment			\$		\$		\$		\$		\$		
Living.	Accommodati	ions											
Adverti	ising						_						
Travel				_			_						
Telepho	one						-   _						
Other E	Expenses or Se	ervices					-						
		Total	s	0.00	\$	0.00	s	0.00	s	0.00	s	0.00	
		10041	<u> </u>		"		-   "-		<u> </u>		Ψ		
*When	the number of e	employers you a	are reporting	for requires m	ultiple L-2 fo	rms to be fi	iled a to	tal amount for all e	mployers should l	e entere	d on Page 1.		
	1	•		re than one	hundred do	llars (\$100	) for a	legislator, other	holder of public	office,	executive o	fficials and	
Item-	member(s)	of their house	hold.				_		ST 11. D.11				
2	Date		Plac	ce		Amo	unt	1	•	ors, Public and Executive Officials ehold Members in Group			
	j												
	}												
								1					
	Continued on a	ttached page(s)						In order for the in	nformation to fit	in the st	pace, put the	employer name	
┌┸							Item the first line and the complete address on the second line.						
1		INST	RUCTION	NS		_	3						
								orthwest Care	_				
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code							No. 1 16700 NE 79th #201 Redmond, WA 98052						
Fili	ng deadline:	Monthly repo				he No	Northwest Specialty Hospital No. 2 1593 Poulston Avenue Post Falls,ID 83854						
то	BE FILED W	лтн.					7	reasure Valle	y Hospital				
	DE I IIIDO VI	В	Ben Ysursa etary of Stat	te		No		100 W. Emer	•	837	04		
		PO Boise,	Box 83720 ID 83720-0	) 1080		No	Taxpayers Accountability Committee						
1	Phon	e: (208) 334-2	2852 Fax:	(208) 334-2	282	ſ	4199 E. Switzer Way Nampa, ID						

				A POVOL ARVING OVER TO OR AND PARTITION OF AN ANALYSIS							
Item											
Subject 0 (from ta 11, 17 20, 28, 23, 19 12, 30, 18, 14	or House Bill, Resolution the Lobbyist was supporting the Lobbyist was supporting the Lobbyist was supporting to Legislative Ident. No. 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	or other ng or opp	ion, the number of the Senate legislative activity in which posing.  Appropriation Bill Number and Section Number	01 02 03 04 05 06	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, special districts Government, state		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				
item	Identify any rule, ratemakin bid or bid process, financia ing or opposing.		on, procurement, contract, s or bond lobbyist was support		CERTIFICATION: Inereby certify correct statement in accordance with Lobbyist signature	that the a Section	Other (please specify)above is a true, complete and				