## Rev. 12/2012

## LOBBYIST MONTHLY REPORT FORM



## State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619)

Page\_\_\_\_of\_\_\_Page(s) THIS SPACE FOR OFFICE USE ONLY

13 APR 01 AM 09:38

SECRETARY OF STATE **STATE OF IDAHO** 

(Type or print clearly in black ink)

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

		instructions at	1 0									
James 8798 N			ss address			- 1	ite pre /1/2	epared 013			month en	
,	.,									(Mo.)	(Day)	(Yr.) 2013
Item 1	Totals	of all reportat	ole expenditures made o	or incurred b	y Lobb	oyist o	r by l	Lobbyist's Empl	oyer on behalf	of Lobb	yist's Emplo	yer.
Reimbu		penditure ving and Travel obbying Activity	*Total Amount for All Employers		Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)						, under	
	Not Have to be		1 7	Employer No. 1		1	Employer No. 2		Employer No. 3		Employer No. 4	
Entertair Food an	nment d Refreshme	nt	\$ \$587.03	\$ \$0.00			\$_\$	5587.03	\$_\$0.00		\$	
Living A	Accommodat	ions	\$468.22	\$0.00			\$468.22		\$0.00			
Advertis	sing		\$0.00	\$0.00			\$0.00		\$0.00			
Travel			\$1,026.50	\$0.00			\$1,026.50		\$0.00			
Telepho	ne		\$0.00	\$0.00			\$0.00		\$0.00			
Other E	xpenses or S	ervices	\$0.00	\$0.00			\$0.00		\$0.00			
		Total	\$_\$2,081.75	\$_\$0.00			\$ \$2,081.75		\$ \$0.00		<b>\$</b>	
*When t	he number of	emplovers vou a	re reporting for requires m	ultiple L-2 fo	orms to 1	ا be filed	l a tota	al amount for all e	mplovers should	be entere	d on Page 1.	
	The totals	of each expend	liture of more than one									ive official
Item-	Date	er(s) of their ho	Place			Amount			es of Legislators, Public and Executive Officials and Household Members in Group			
Date									una mousemora i		Потоир	
	Continued on a	ttached page(s)				_						
INSTRUCTIONS					Item 3 Employer		mployer(s) Name	(s) and A	ddress(es)			
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code						ACES (Community Health		Health Services	s)			
						1221 Ironwood Dr Ste 100 Coeur d'Alene ID 83814 USA						
E:I:	a doodlino.	Monthly rong	orts due within fifteen (1	5) days of t	ha			ntier Communic	ations			
T IIIII	g deadille.		civities of the past mont		ille	No. 2		575 NW Von Neu	ımann Dr Beav	erton OR	97006 USA	<b>\</b>
ТО Е	BE FILED W					NT 2	Kod	otenai County Sh	neriff's Office			
Ben Ysursa Secretary of State						No. 3 5500 N Government Wy Coeur d'Alene ID 83815 USA						
		PO	Box 83720 ID 83720-0080			No. 4						

	Subi	ect matter of proposed legislat	ion, the number of the Senate	LEGISLATIVE SUBJECT IDENTIFICATION						
Subject (from t	or Hothe L	Bill, Resolution or other obbyist was supporting or opposition of Other Legislative Ident. Number H.B. 315, H.B. 55	legislative activity in which	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, tederal 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 Other (please specify)			
Item 5	hid or hid process financial services or hand labbuist was support			CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.  Electronically signed 4/1/2013  Lobbyist signature Date						