

**LOBBYIST MONTHLY REPORT FORM**



**State of Idaho**  
Ben Yursa  
Secretary of State

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

12 APR 02 AM 11:49  
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 <b>Michael Stoddard</b> 877 W Main St Boise, ID 83702	Date prepared 4/2/2012	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) <b>3</b>   <b>31</b>   <b>2012</b>
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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	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$0.00	\$0.00	_____	_____	_____
Living Accommodations	\$0.00	\$0.00	_____	_____	_____
Advertising	\$0.00	\$0.00	_____	_____	_____
Travel	\$0.00	\$0.00	_____	_____	_____
Telephone	\$0.00	\$0.00	_____	_____	_____
Other Expenses or Services	\$0.00	\$0.00	_____	_____	_____
<b>Total</b>	<b>\$ \$0.00</b>	<b>\$ \$0.00</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

\*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 dollars (\$100) 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 style="text-align: center;"><b>INSTRUCTIONS</b></p> <p><b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code</p> <p><b>Filing deadline:</b> Monthly reports due within fifteen (15) days of the month for activities of the past month.</p> <p><b>TO BE FILED WITH:</b>                  Ben Yursa                  Secretary of State                  PO Box 83720                  Boise, ID 83720-0080                  Phone: (208) 334-2852 Fax: (208) 334-2282</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Item 3</th> <th>Employer(s) Name(s) and Address(es)</th> </tr> </thead> <tbody> <tr> <td>No. 1</td> <td>Idaho Health Facilities Authority PO Box 8867 Boise ID 83707 USA</td> </tr> <tr> <td>No. 2</td> <td> </td> </tr> <tr> <td>No. 3</td> <td> </td> </tr> <tr> <td>No. 4</td> <td> </td> </tr> </tbody> </table>	Item 3	Employer(s) Name(s) and Address(es)	No. 1	Idaho Health Facilities Authority PO Box 8867 Boise ID 83707 USA	No. 2		No. 3		No. 4	
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No. 3											
No. 4											

<b>Item 4</b>	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.		<b>LEGISLATIVE SUBJECT IDENTIFICATION</b>																																																																					
	Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number																																																																					
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<b>Item 5</b>	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 <b>Idaho Code</b>.</p> <p><b>Electronically signed</b> <span style="float: right;"><b>4/2/2012</b></span></p> <p>Lobbyist signature <span style="float: right;">Date</span></p>																																																																					