

# LOBBYIST MONTHLY REPORT FORM

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**State of Idaho**  
Pete T. Cenarrusa  
Secretary of State

To Be Filed By:  
**L-3 LOBBYISTS**  
(Sec. 67-6617)

04 FEB 10 PM 3:32

SECRETARY OF STATE  
STATE OF IDAHO

(Type or print clearly)  
See instructions at bottom of page

Lobbyist's name and permanent business address LARRY BENTON P.O. Box 667 Wilder, ID 83676	Date prepared 10 Feb 2004	Period covered <input type="checkbox"/> month ending (Mo.) (Day) (Yr.) 1   31   2004
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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 Expenditure	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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Office Expenses	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
<b>Total</b>	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>	\$ <u>00</u>

Item 2	The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.			
Date	Place	Amount	Names of Legislators & Public Officials in Group	
	N/A	PROVIDE		

Continued on attached page(s)

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)
<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 ten (10) days of the month for activities of the past month.</p> <p><b>TO BE FILED WITH:</b></p> <p style="text-align: center;">Pete T. Cenarrusa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	No. 1 No. 2 No. 3 No. 4	Idaho Optometric Assn. P.O. Box 667 Wilder, ID 83676 ✓ Idaho State Broadcasters Assn. 217 N. 27th Boise, ID 83702 ✓ Idaho Naturopathic Physician Assn. 1612 W. Jefferson Boise, ID 83702 ✓ Idaho Acupuncture Assn. 1612 W. Jefferson Boise, ID 83702 ✓

Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.		
	Date	Amount	Name of Legislator Receiving or Benefited
		<i>n/a</i>	

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<p>CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.</p>																																																																				

*Lenny Benton*  
 Lobbyist signature *2-10-04*  
Date

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Lobbyist's name and permanent business address <i>Harry Benton                  P.O. Box 667                  Wilder, ID 83676</i>	Date prepared <i>2-10-2004</i>	Period covered <input type="checkbox"/> month ending (Mo.) (Day) (Yr.) <i>1 30 2004</i>
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Item 1 Category of Expenditure <small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small>	Total Expenditure	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
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Entertainment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	_____	_____	_____	_____	_____
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Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Office Expenses	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
<b>Total</b>	\$ <i>-0-</i>	\$ <i>-0-</i>	\$ <i>-0-</i>	\$ <i>-0-</i>	\$ <i>-0-</i>

Item 2	The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.			
Date	Place	Amount	Names of Legislators & Public Officials in Group	
	<i>N/A</i>			

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	No. 1	<i>Idaho Associated Working Assn                  4440 W Ave.</i>
	No. 2	<i>Boise ID 83709                  Idaho Assoc. of Dev. Dis. Agencies                  71 Oxford Dr.</i>
	No. 3	<i>Idaho Falls ID 83401                  Idaho Assn. of Blind Mathematicians</i>
No. 4	<i>McCall, Id  <del>Idaho Assoc. of...</del>                  Care of Alene, ID 83604</i>	

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	Date	Amount	Name of Legislator Receiving or Benefited
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Other Expenses or Services	_____	_____	_____	_____	_____
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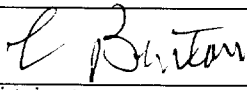
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	No. 2	<i>Coalition of Res. Hab. Providers                  Caldwell, ID</i>
	No. 3	<i>Idaho Land Title Assn.</i>
	No. 4	<i>Idaho ID                  Northwest Health Care BSA Assn                  Schwaner, WA</i>

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 \_\_\_\_\_  
 Lobbyist signature

2-10-04  
 Date

**LOBBYIST MONTHLY REPORT FORM**

THIS SPACE FOR OFFICE USE ONLY



State of Idaho

Pete T. Cenarrusa  
Secretary of State

To Be Filed By:  
**L-3 LOBBYISTS**  
(Sec. 67-6617)

04 FEB 10 PM 3:32  
SECRETARY OF STATE  
STATE OF IDAHO

(Type or print clearly)  
See instructions at bottom of page

Lobbyist's name and permanent business address <b>LARRY BENTON</b> <b>P.O. Box 667</b> <b>Wildan, ID 83696</b>	Date prepared <b>2-10-2004</b>	Period covered <input type="checkbox"/> month ending (Mo.) (Day) (Yr.) <b>1   31   04</b>
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Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	Total Expenditure	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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Office Expenses	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
<b>Total</b>	\$ <b>-0-</b>	\$ <b>-0-</b>	\$ <b>-0-</b>	\$ <b>-0-</b>	\$ <b>-0-</b>


Item 2	The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.			
Date	Place	Amount	Names of Legislators & Public Officials in Group	
N/A				

Continued on attached page(s)

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)	
	<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 ten (10) days of the month for activities of the past month.</p> <p><b>TO BE FILED WITH:</b></p> <p>Pete T. Cenarrusa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	No. 1	North Idaho Day Surgeon 570 Ironwood Coeur d'Alene ID 83814
		No. 2	Jan-Apr 10- P.O. Box 667 Wildan ID 83696
		No. 3	Idaho Pediatric Medical Assn 217 N. 27th Boise, ID 83702
		No. 4	Idaho Chapter - AIA 217 N. 27th Boise, ID 83702

Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.		
	Date	Amount	Name of Legislator Receiving or Benefited
	N/A		

Item 5	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>																																																																	
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