

Rev. 06/2006

### LOBBYIST MONTHLY REPORT FORM

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State of Idaho  
Ben Yursa  
Secretary of State

To Be Filed By:

**L-3** LOBBYISTS  
(Sec. 67-6619)

08 FEB 12 AM 7:23  
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>Larry Benton 1216 Torrey Lane Nampa, ID 83686</b>	Date prepared <b>January 10, 2008</b>	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) <b>Jan 31 2008</b>
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Item 1 Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	*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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
<b>Total</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</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 fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.			
Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group	
		None		

Continued on attached page(s)

<b>INSTRUCTIONS</b>  <b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code  <b>Filing deadline:</b> Monthly reports due within ten (10) days of the month for activities of the past month.  <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	Item 3	Employer(s) Name(s) and Address(es)
	No. 1	Facilitators Exchange Association 2627 Eastlake Avenue Seattle WA 98102
	No. 2	Fed. of Private & Career School Colleges 16700 NE 79th St. # 201 Redmond WA 98052
	No. 3	Idaho Acupuncture Association 4219 W. Emerald Boise, ID 83705
	No. 4	ID Assoc of Dev. Disabilities Agencies 818 W. 15th Meridian ID 83642

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<b>Item 1</b>	<b>Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.</b>					
<b>Category of Expenditure</b> Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	<b>*Total Amount for All Employers</b>	<b>Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)</b>				
		<b>Employer No. 1</b>	<b>Employer No. 2</b>	<b>Employer No. 3</b>	<b>Employer No. 4</b>	
Entertainment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
Food and Refreshment	_____	_____	_____	_____	_____	
Living Accommodations	_____	_____	_____	_____	_____	
Advertising	_____	_____	_____	_____	_____	
Travel	_____	_____	_____	_____	_____	
Telephone	_____	_____	_____	_____	_____	
Other Expenses or Services	_____	_____	_____	_____	_____	
<b>Total</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</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.

<b>Item 2</b>	<b>The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.</b>			
<b>Date</b>	<b>Place</b>	<b>Amount</b>	<b>Names of Legislators, Public and Executive Officials in Group</b>	
		None		

Continued on attached page(s)

<b>INSTRUCTIONS</b>  <b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code  <b>Filing deadline:</b> Monthly reports due within ten (10) days of the month for activities of the past month.  <b>TO BE FILED WITH:</b> Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	<b>Item 3</b>	<b>Employer(s) Name(s) and Address(es)</b>
	No. 1	Idaho Association of Nurse Anesthetists 2560 Nuthatch Road McCall ID
	No. 2	Idaho Podiatric Medical Association 270 N. 27th Boise ID 83702
	No. 3	Idaho Chapter - American Institute of Architects 270 N. 27th Boise ID 83702
	No. 4	ID Chapter AM Assoc of Naturopathic Physicians 4219 W Emerald Boise ID 83705

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Lobbyist's name and permanent business address  Larry Benton 1216 Torrey Lane Nampa, ID 83686		Date prepared  January 10, 2008	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) Jan 31 2008
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Item 1 Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	*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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
<b>Total</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</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 fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.			
Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group	
		None		

Continued on attached page(s)

<p align="center"><b>INSTRUCTIONS</b></p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code</p> <p>Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.</p> <p>TO BE FILED WITH: Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	Item 3	Employer(s) Name(s) and Address(es)
	No. 1	Idaho Health Care Association 802 W Bannack Boise ID 83702
	No. 2	Idaho Land Title Association 7154 W State Street Boise ID 83703
	No. 3	Idaho Optometric Physicians 1216 Torrey Lane Nampa ID 83686
	No. 4	Idaho Orthopaedic Society 125 E Idaho ST Boise ID 83702

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Lobbyist's name and permanent business address: Larry Benton, 1216 Torrey Lane, Nampa, ID 83686. Date prepared: January 10, 2008. Period covered: month ending Jan 31 2008.

Table with 7 columns: Category of Expenditure, Total Amount for All Employers, and four Employer columns (No. 1-4). Rows include Entertainment, Food and Refreshment, Living Accommodations, Advertising, Travel, Telephone, Other Expenses or Services, and a Total row.

\*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.

Table with 5 columns: Date, Place, Amount, Names of Legislators, Public and Executive Officials in Group. Row 1: None.

Continued on attached page(s)

INSTRUCTIONS section containing filing rules and a list of employers: Idaho Progressive Healthcare Coalition, Idaho Residential Supported Living Association, Idaho State Broadcasters Association, and Mental Health Providers Association.

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, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.		
	Date	Amount	Name of Legislator, Public or Executive Official Receiving or Benefiting
		None	

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.		
Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number	
03			
04			
08			
11			
12			
16			
17			
18			
20			
28			
30			

LEGISLATIVE SUBJECT IDENTIFICATION			
Code	Subject	Code	Subject
01	Agriculture, horticulture, farming, and livestock	17	Health service, medicine, drugs and controlled substances, health insurance, hospitals
02	Amusements, games, athletics and sports	18	Higher education
03	Banking, finance, credit and investments	19	Housing, construction, codes
04	Children, minors, youth, senior citizens	20	Insurance (excluding health insurance)
05	Church and religion	21	Labor, salaries and wages, collective bargaining
06	Consumer affairs	22	Law enforcement, courts, judges, crimes, prisons
07	Ecology, environment, pollution, conservation, zoning, land and water use	23	License, permits
08	Education	24	Liquor
09	Elections, campaigns, voting, political parties	25	Manufacturing, distribution and services
10	Equal rights, civil rights, minority affairs	26	Natural resources, forest and forest products, fisheries, mining and mining products
11	Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds	27	Public lands, parks, recreation
12	Government, county	28	Social insurance, unemployment insurance, public assistance, workmen's compensation
13	Government, federal	29	Transportation, highways, streets and roads
14	Government, municipal	30	Utilities, communications, televisions, radio, newspaper, power, CATV, gas
15	Government, special districts	31	Other (please specify) _____
16	Government, state		

Item 6	Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.

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

*Cathy Barber* Feb 10, 2008  
 Lobbyist signature Date