

Rev. 11/2011

**LOBBYIST MONTHLY REPORT FORM**

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



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

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

**11 FEB 17 PM 3:34**  
SECRETARY OF STATE  
STATE OF IDAHO

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

|   |                                 |  |
|---|---------------------------------|--|
| <b>Lobbyist's name and permanent business address</b><br>Lynn Hoffmann<br>Idaho Nonprofit Center<br>1509 E. Tyrell Lane, Suite 100<br>Boise, ID 83706 | <b>Date prepared</b><br>2-17-01 | <b>Period covered</b><br><input checked="" type="checkbox"/> month ending<br>(Mo.) (Day) (Yr.)<br>01 31 2011 |
|---|---------------------------------|--|

|   |  |  |                       |                       |                       |
|---|--|--|-----------------------|-----------------------|-----------------------|
| <b>Item 1</b>   | Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. |  |                       |                       |                       |
| <b>Category of Expenditure</b><br>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity<br><b>Do Not Have to be Reported</b> | <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>  | \$ 0.00  | \$ 0.00  | \$ 0.00               | \$ 0.00               | \$ 0.00               |

\*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> | 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. |               |  |  |
| <b>Date</b>   | <b>Place</b>   | <b>Amount</b> | <b>Names of Legislators, Public and Executive Officials and Household Members in Group</b> |  |
|               |  |               |  |  |

Continued on attached page(s)

|  |               |   |
|--|---------------|---|
| <b>INSTRUCTIONS</b><br><br><b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code<br><br><b>Filing deadline:</b> Monthly reports due within fifteen (15) days of the month for activities of the past month.<br><br><b>TO BE FILED WITH:</b><br>Ben Yursa<br>Secretary of State<br>PO Box 83720<br>Boise, ID 83720-0080<br>Phone: (208) 334-2852 Fax: (208) 334-2282 | <b>Item 3</b> | <b>Employer(s) Name(s) and Address(es)</b>        |
|  | No. 1         | Idaho Nonprofit Center                            |
|  | No. 2         | 1509 E. Tyrell Lane, Suite 100<br>Boise, ID 83706 |
|  | No. 3         |   |
|  | No. 4         |   |

