# LOBBYIST MONTHLY REPORT FORM



## State of Idaho

Ben Ysursa Secretary of State



L-3

LOBBYISTS (Sec. 67-6619)



12 MAR 14 AM 10: 04

STATE COMPAND

#### SCANNED (Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered Sarah Fuhriman, P.O. Box 2110 month ending 599 W. Bannock St., Ste. B 03/09/12 (Mo.) (Day) (Yr.) Boise, ID 83701-2110 02 29

|  |                                    |   |                             |                         | _   '                 |  |  |  |  |  |  |
|--|------------------------------------|---|-----------------------------|-------------------------|-----------------------|--|--|--|--|--|--|
| Totals of all reportal   | ble expenditures made o            | r incurred by Lobbyist  | or by Lobbyist's Empl       | oyer on behalf of Lob   | byist's Employer.     |  |  |  |  |  |  |
| Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity | *Total Amount for<br>All Employers | Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.) |                             |                         |                       |  |  |  |  |  |  |
| Do Not Have to be Reported   |                                    | Employer No. I  | Employer No. 2              | Employer No. 3          | Employer No. 4        |  |  |  |  |  |  |
| Entertainment<br>Food and Refreshment  | s                                  | s15.76  | s                           | s                       | <b>\$</b>             |  |  |  |  |  |  |
| Living Accommodations  |                                    |   | ļ                           |                         | _                     |  |  |  |  |  |  |
| Advertising  |                                    |   |                             |                         | -                     |  |  |  |  |  |  |
| Travel   |                                    |   |                             |                         | _                     |  |  |  |  |  |  |
| Felephone  |                                    |   |                             |                         |                       |  |  |  |  |  |  |
| Other Expenses or Services   |                                    |   |                             |                         |                       |  |  |  |  |  |  |
| Total  | s0.00                              | \$15.76   | s0.00                       | \$0.00                  | 0.0                   |  |  |  |  |  |  |
| When the number of employers you a   | re reporting for requires mu       | '<br>ultiple L-2 forms to be file   | d a total amount for all er | nployers should be ente | red on Page 1.        |  |  |  |  |  |  |
| The totals of each expend  | liture of more than one l          | nundred dollars (\$100)   | for a legislator, other     | holder of public office | e, executive official |  |  |  |  |  |  |

| Item- | The totals of each expenditure of more than one hundred dollars (\$100) for a legislator, other holder of public office, executive member(s) of their household. |   |  |       |   |  |  |
|-------|--|---|--|-------|---|--|--|
| 2     | Date   | Place   |  | mount | Names of Legislators, Public and Executive Officials and Household Members in Group |  |  |
|       |  |   |  |       |   |  |  |
|       |  |   |  |       |   |  |  |
|       |  |   |  |       |   |  |  |
|       |  |   |  |       |   |  |  |
|       | ontinued on a  | attached page(s)  |  |       |   |  |  |
|       |  | NAME OF THE OWNER OWNER OF THE OWNER |  | Item  | Employer(s) Name(s) and Address(es)   |  |  |

| INSTRUCTIONS   | 3     |   |  |  |
|--|-------|---|--|--|
| Who should file this form: Any lobbyist registered under Section 67-6617 ldaho Code                          | No. 1 | Roden Law Office<br>599 W. Bannock St., Ste. B, Boise, ID 83702             |  |  |
| Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month. | No. 2 | Idaho Financial Services Association<br>P.O. Box 2110, Boise, ID 83701-2110 |  |  |
| Secretary of State   | No. 3 | CenturyLink<br>999 Main St., 11th Floor, Boise, ID 83702                    |  |  |
| PO Box 83720<br>Boise, ID 83720-0080<br>Phone: (208) 334-2852 Fax: (208) 334-2282                            | No. 4 | AFLAC<br>1932 Wynnton Rd., Columbus, GA 31999                               |  |  |

### Rev. 11/2011

# LOBBYIST MONTHLY REPORT FORM



## State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS L-3 (Sec. 67-6619)

| Page       | of         | Page(s)    |
|------------|------------|------------|
| THIS SPACE | F FOR OFFI | CE USE ONE |

12 MAR 14 PM 3: 20

STATE OF IDAHO

|   |                      | pe or print clear<br>instructions at              |                                     |                     |                   |                |                    |                |   |                  |                |            |
|---|----------------------|---|-------------------------------------|---------------------|-------------------|----------------|--------------------|----------------|---|------------------|----------------|------------|
| Lobbyist'   |                      | ermanent busine                                   |                                     |                     | Ī                 | Date pre       | pared              |                | Period                                  | covere           | ed             |            |
|   |                      | n, P.O. Box                                       | 2110                                |                     |                   |                |                    |                |   | ✓ n              | onth en        | ding       |
| 599 W.Bannock St., Ste. B<br>Boise, ID 83701-2110 |                      |   |                                     |                     |                   |                |                    | 03/09/12       |   | Mo.) (Day) (Yr.) |                |            |
| <b>D</b> 0100                                     | , 15 0010            | . 20  |                                     |                     |                   |                |                    |                | 02                                      | 2                | 29             | 12         |
| Item<br>1   | Totals               | of all reportal                                   | ble expenditures made or            | r incurred b        | y Lobbyist        | or by L        | obbyist's Empl     | oyer on l      | ehalf of Lobl                           | oyist's          | Emplo          | yer.       |
| Cat<br>Reimbu                                     |                      | penditure<br>iving and Travel<br>obbying Activity | *Total Amount for<br>All Employers  |                     | ate amounts of pa |                | ted by each emplo  | oyer (Ide      | ntify employer                          | s, unde          | er             |            |
|   | Not Have to be       |   |                                     | Employer No. 1      |                   | Employer No. 2 |                    | Employer No. 3 |   | E                | Employer No. 4 |            |
| Entertair<br>Food and                             | nment<br>d Refreshme | ent   | <b>S</b>                            | \$                  | 0.00              | <b>S</b>       |                    | \$             |   | s                |                |            |
| Living A  | Accommodat           | ions  |                                     |                     |                   |                |                    |                |   |                  |                |            |
| Advertis  | sing                 |   |                                     |                     |                   | .              |                    |                | *************************************** |                  |                |            |
| Travel  |                      |   |                                     |                     |                   |                |                    |                |   |                  |                |            |
| elephoi   | ne                   |   |                                     |                     |                   |                |                    |                |   |                  |                |            |
| Other Ex  | xpenses or S         | ervices   |                                     |                     |                   |                |                    |                |   | -                |                |            |
|   |                      | Total   | s0.00                               | s                   | 0.00              | s              | 0.00               | <b>\$</b>      | 0.00                                    | s_               |                | 0.00       |
| *When th  | he number of         | emnlovers vou a                                   | I<br>are reporting for requires ma  | □<br>ultiple L-2 fo | orms to be file   | l<br>ed a tota | l amount for all e | mplovers       | should be enter                         | ed on F          | Page 1.        |            |
|   |                      |   | liture of more than one l           |                     |                   |                |                    |                |   |                  |                | fficials a |
| Item-   | member(s)            | of their house                                    | hold.                               |                     |                   |                |                    |                | 5.111                                   |                  |                |            |
| 2   | Date                 |   | Place                               |                     | Amou              | nt             |                    | -              | ors, Public and le<br>ehold Members     |                  |                | ials       |
|   |                      |   |                                     |                     |                   |                |                    |                |   |                  |                |            |
|   |                      |   |                                     |                     |                   |                |                    |                |   |                  |                |            |
|   |                      |   |                                     |                     |                   |                |                    |                |   |                  |                |            |
|   |                      |   |                                     |                     |                   |                |                    |                |   |                  |                |            |
|   | Continued on a       | <br>nttached page(s)                              |                                     |                     |                   |                |                    |                |   |                  |                |            |
|   |                      | INST  | RUCTIONS                            |                     | Ĭı                | tem<br>3       | En                 | nploycr(s)     | ) Name(s) and A                         | Address          | (es)           |            |
| Who   | should file          |   | RUCTIONS  ny lobbyist registered un | nder Section        | No.               | De             | elta Dental Pl     | an of Id       | daho                                    |                  |                |            |

TO BE FILED WITH:

Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080

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month for activities of the past month.

67-6617 Idaho Code

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

No. 3

No. 2

555 E Parkcenter Blvd, Boise, ID 83706

No. 4

| Subject matter of proposed legislation, the number of the Senator House Bill, Resolution or other legislative activity in which |          |  |  |  | LEGISLATIVE SUBJECT IDENTIFICATION   |  |   |  |  |  |  |  |
|---|----------|--|--|--|--|--|---|--|--|--|--|--|
| 4<br>Subject  | 01 110   | Bill, Resolution or other Bill, Resolution or Other Legislative Ident. Number  HB 539 HB 478 |  | 01<br>02<br>03<br>04<br>05<br>06<br>07<br>08<br>09<br>10 | 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, municipal Government, special districts Government, state   | 17<br>18<br>19<br>20<br>21<br>22<br>23<br>24<br>25<br>26<br>27<br>28<br>29<br>30 | 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<br>5   | bid or l | y any rule, ratemaking decisio<br>oid process, financial services<br>opposing.               | n, procurement, contract,<br>or bond lobbyist was support- |  | CERTIFICATION: I hereby certify to correct statement in accordance with contact wit | Section (  |   |  |  |  |  |  |