

LOBBYIST MONTHLY REPORT FORM



State of Idaho
Ben Yursa
Secretary of State

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

12 MAR 15 PM 01:59
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 Stephen Thomas PO Box 829 Boise, ID 83701	Date prepared 3/15/2012	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) 2 29 2012
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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	\$ \$3,382.83	\$ \$0.00	\$ \$0.00	\$ \$0.00	\$ \$1,020.46
Food and Refreshment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Living Accommodations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Advertising	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Telephone	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Expenses or Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$ \$3,382.83	\$ \$0.00	\$ \$0.00	\$ \$0.00	\$ \$1,020.46

*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;">INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code</p> <p>Filing deadline: Monthly reports due within fifteen (15) 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>	<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>BNSF Railway Company 825 Great Northern Blvd Ste 105 Helena MT 59601-3340 USA</td> </tr> <tr> <td>No. 2</td> <td>Chevron USA INC and the other subsidiaries and affiliates PO Box 25117 Salt Lake City UT 84125 USA</td> </tr> <tr> <td>No. 3</td> <td>Consumer Lending Alliance Inc 92 Royster Dr Crawfordville FL 32327 USA</td> </tr> <tr> <td>No. 4</td> <td>Idaho Association of Health Plans 3000 E Pine Ave Meridian ID 83642 USA</td> </tr> </tbody> </table>	Item 3	Employer(s) Name(s) and Address(es)	No. 1	BNSF Railway Company 825 Great Northern Blvd Ste 105 Helena MT 59601-3340 USA	No. 2	Chevron USA INC and the other subsidiaries and affiliates PO Box 25117 Salt Lake City UT 84125 USA	No. 3	Consumer Lending Alliance Inc 92 Royster Dr Crawfordville FL 32327 USA	No. 4	Idaho Association of Health Plans 3000 E Pine Ave Meridian ID 83642 USA
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Item 4	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.		LEGISLATIVE SUBJECT IDENTIFICATION																																																																					
	Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number																																																																					
3, 7 11, 17 29	S.J.M.	103																																																																						
	H.B.	H357																																																																						
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Item 5	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 Idaho Code.</p> <p>Electronically signed 3/15/2012</p> <p>Lobbyist signature Date</p>																																																																					

Employer No.	Employer Name(s)	Employer Address(es)
No.5	Idaho Forest Group	PO Box 220 Laclede ID 83841 USA
No.6	Idaho Soft Drink Association	PO Box 7608 Boise ID 83707 USA