## Rev. 12/2012

## OF OF O

## State of Idaho

Ben Ysursa Secretary of State

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

LOBBYIST	DEDODT	
LUKKYISI	KEPUKI	HUKW

	ANTITIAT
/	ANNUAL

7	SEMI-	ANI	NUAT

Page	of	Page(s)
THIS SPACE	E FOR OFFIC	E USE ONLY

14 JAN 28 AM 11:07

## SECRETARY OF STATE STATE OF IDAHO

To Be Filed By:

L-2 LOBBYISTS
(Sec. 67-6619)

(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered Robin Nettinga 1/27/2014 year ending 620 N 6th St Boise, ID 83702 (Mo.) (Day) (Yr.) 12 31 2013 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure \*Total Amount for Item 3, at bottom of page.) Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity All Employers Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Employer No. 4 Entertainment Food and Refreshment \$262.77 \$\_\$262.77 Living Accommodations \$0.00 \$0.00 Advertising \$0.00 \$0.00 Travel \$0.00 \$0.00 Telephone \$0.00 \$0.00 Other Expenses or Services \$0.00 \$0.00 **Total** \$ \$262.77 \$ \$262.77 \*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. The totals of each expenditure of more than one hundred five dollars (\$105) for a legislator, other holder of public office, executive officials and member(s) of their household Item-Names of Legislators, Public and Executive Officials 2 Date Place Amount and Household Members in Group Continued on attached page(s) Item INSTRUCTIONS Employer(s) Name(s) and Address(es) Idaho Education Association Who should file this form: Any lobbyist registered under Section No. 1 67-6617 Idaho Code 620 N 6th St Boise ID 83702 USA Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. No. 2 TO BE FILED WITH: Ben Ysursa No. 3 Secretary of State PO Box 83720 Boise, ID 83720-0080 No. 4

Item 4			ion, the number of the Senate		LEGISLATIVE SUE	BJECT	IDENTIFICATION
4	or Ho						
			legislative activity in which				
	the L	obbyist was supporting or opp	posing.		Subject		Subject
Subject	Code	Bill, Resolution or Other	Appropriation Bill Number	01	Agriculture, horticulture,	17	Health service, medicine, drugs
(from		Legislative Ident. Number	and Section Number	0.2	farming, and livestock		and controlled substances, health
	table)	Legislative ident. Ivumber	and Section Number	02	Amusements, games, athletics	1.0	insurance, hospitals
4, 8					and sports	18	Higher education
9, 11				03	Banking, finance, credit and	19	Housing, construction, codes
16, 2	1				investments	20	Insurance (excluding health
28				04	Children, minors, youth,		insurance)
20				0.5	senior citizens	21	Labor, salaries and wages,
				05	Church and religion		collective bargaining
				06	Consumer affairs	22	Law enforcement, courts,
				07	Ecology, environment, pollution,	22	judges, crimes, prisons
					conservation, zoning, land and	23	License, permits
				00	water use	24	Liquor
				08	Education	25	Manufacturing, distribution and
				09	Elections, campaigns, voting,	26	services
				10	political parties	26	Natural resources, forest and
				10	Equal rights, civil rights, minority affairs		forest products, fisheries, mining and mining products
				11	Government, financing,	27	Public lands, parks, recreation
				11	taxation, revenue, budget,	28	Social insurance, unemployment
					appropriations, bids, fees, funds	20	insurance, public assistance,
				12	Government, county		workmen's compensation
				13	Government, federal	29	Transportation, highways,
				14	Government, municipal	29	streets and roads
				15	Government, special districts	30	Utilities, communications,
				16	Government, state	30	televisions, radio, newspaper,
				10	Government, state		power, CATV, gas
						31	Other (please specify)
						31	Other (piease speerry)
				C	ERTIFICATION: I hereby certify th	at the ab	pove is a true, complete and
					orrect statement in accordance with S		
	Idontif	y any rule, ratemaking decision	an mraayramant		Electronically signed		1/27/2014
Item 5	contrac	et bid or bid process, financia	l services agreement or	L	obbyist signature		Date
	bond lo	obbyist was supporting or opp	posing.	_	RN		1/28/2014
				Er	mployer No. 1 signature		Date
				Er	nployer No. 2 signature		Date
				Er	mployer No. 3 signature		Date
				\[ \frac{1}{\text{Er}}	mployer No. 4 signature		Date