

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa
Secretary of State

To Be Filed By:

L-3 LOBBYISTS
(Sec. 67-6619)

13 MAR 29 AM 7:57
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 Larry Benton 1216 Torrey Lane Nampa, ID 83686 | Date prepared 27Mar2013 | Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) 2 28 2013 |
|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------|

| 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 | | | | | |
| Food and Refreshment | \$ 119.86 | \$ 82.46 | \$ 37.40 | \$ 0.00 | \$ 0.00 |
| Living Accommodations | | | | | |
| Advertising | | | | | |
| Travel | | | | | |
| Telephone | | | | | |
| Other Expenses or Services | | | | | |
| Total | \$ 119.86 | \$ 82.46 | \$ 37.40 | \$ 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.

| Item 2 | 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. | | | |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------|--|
| 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 Ysursa 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: 10%;">Item 3</th> <th>Employer(s) Name(s) and Address(es)</th> </tr> </thead> <tbody> <tr> <td>No. 1</td> <td>Idaho Optometric Association 11368 W. Hickory Hill Court Boise, ID 83713</td> </tr> <tr> <td>No. 2</td> <td>Idaho Chapter Am. Inst. of Architects 1674 Hill Rd. Boise, ID 83702</td> </tr> <tr> <td>No. 3</td> <td>American Diabetes Association 13434 110th Place NE Lynwood, WA 98037</td> </tr> <tr> <td>No. 4</td> <td>Idaho Acupuncture Association 3602 11th St. Lewiston, ID 83501</td> </tr> </tbody> </table> | Item 3 | Employer(s) Name(s) and Address(es) | No. 1 | Idaho Optometric Association 11368 W. Hickory Hill Court Boise, ID 83713 | No. 2 | Idaho Chapter Am. Inst. of Architects 1674 Hill Rd. Boise, ID 83702 | No. 3 | American Diabetes Association 13434 110th Place NE Lynwood, WA 98037 | No. 4 | Idaho Acupuncture Association 3602 11th St. Lewiston, ID 83501 |
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| Item 3 | Employer(s) Name(s) and Address(es) | | | | | | | | | | |
| No. 1 | Idaho Optometric Association 11368 W. Hickory Hill Court Boise, ID 83713 | | | | | | | | | | |
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| No. 3 | American Diabetes Association 13434 110th Place NE Lynwood, WA 98037 | | | | | | | | | | |
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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. | | | | |
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| 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 | \$ 68.45 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 68.45 |
| Food and Refreshment | | | | | |
| Living Accommodations | | | | | |
| Advertising | | | | | |
| Travel | | | | | |
| Telephone | | | | | |
| Other Expenses or Services | | | | | |
| Total | \$ 68.45 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 68.45 |

*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 five dollars (\$105) 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 | |
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| | No. 1 | Idaho Ambulatory Surgical Centers Association PO Box 140357 Garden City, ID 83714 |
| | No. 2 | Idaho Association of Nurse Anesthetists 10447 W. Bucktail Drive Garden City, ID 83714 |
| | No. 3 | ID Chapter - Am. Assn of Naturopathic Physicians 4219 W. Emerald Boise, ID 83713 |
| | No. 4 | Idaho Cosmetology School Association 557 Mariah Ave Rexburg, ID 83440 |

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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 | \$ 38.64 | \$ 0.00 | \$ 0.00 | \$ 26.52 | \$ 0.00 |
| Food and Refreshment | | | | | |
| Living Accommodations | | | | | |
| Advertising | | | | | |
| Travel | | | | | |
| Telephone | | | | | |
| Other Expenses or Services | | | | | |
| Total | \$ 38.64 | \$ 0.00 | \$ 0.00 | \$ 26.52 | \$ 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.

| Item 2 | 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. | | | |
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| | No. 2 Idaho Midwifery Council 3888 Coyote Wy Bonners Ferry, ID 83805 |
| | No. 3 Idaho State Broadcasters Association 1674 Hill Road Boise, ID 83702 |
| | No. 4 Idaho Orthopaedic Society PO Box 140357 Garden City, ID 83714 |

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| | | Employer No. 1 | Employer No. 2 | Employer No. 3 | Employer No. 4 |
| Entertainment | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Food and Refreshment | | | | | |
| Living Accommodations | | | | | |
| Advertising | | | | | |
| Travel | | | | | |
| Telephone | | | | | |
| Other Expenses or Services | | | | | |
| Total | \$ 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.

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| | | No. 2 | Northwest Career Colleges Federation 4200 6th Ave NE, Ste 313 Lacey, WA 98503 |
| | | No. 3 | Republic Services 11101 Executive Drive Boise, ID 83713 |
| | | No. 4 | Treasure Valley Hospital 8800 W. Emerald St. Boise, ID 83704 |

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.

| Subject Code (from table) | Bill, Resolution or Other Legislative Ident. Number | Appropriation Bill Number and Section Number |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 17, 28, 16, 29, 8, 18, 19, 29, 30, 1, 7, 11, 25, 12, 14, 21, 20 | H 36, H 54, H 71, H 74, H 76, H 82, H 83, H 100, H 162, H 179, H 188, H 189, H 190, H 199, H 216, H 248, H 294, H 315 HCR 35, HP 1, S 1010, S 1019, S 1020, S 1021, S 1042,, S 1069, S 1106, S 1115, S 1168 | |

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 5 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.

[Handwritten Signature]
Lobbyist signature

27Mar2013
Date