#### Rev. 11/2011

### LOBBYIST MONTHLY REPORT FORM



#### State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

Page\_\_\_of\_\_Page(s)
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# 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  |  |                                    |                |   | Date prepared Period covered  |   |                                     |           |                 |       |  |
|---|--|------------------------------------|----------------|---|---|---|-------------------------------------|-----------|-----------------|-------|--|
| Suzanne Budge   |  |                                    |                |   | 2/14  | 1/2013  |                                     | Ι.        | / month en      | nding |  |
| PO Box 984<br>Boise, ID 83701   |  |                                    |                |   |   |   |                                     |           | <u> </u>        |       |  |
| boise   | , וט 63701                                       |                                    |                |   |   |   |                                     | (Mo.      | 1               | (Yr.) |  |
|   |  |                                    |                |   |   |   |                                     | 1         | 31              | 2013  |  |
| Item<br>1   | Totals of all reports                            | able expenditures made             | or incurred by | Lobbyi  | st or b   | / Lobbyist's Emp                                      | loyer on behalf o                   | of Lobb   | yist's Emplo    | yer.  |  |
| 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.) |   |   |                                     |           |                 |       |  |
|   | o Not Have to be Reported                        | 1 17                               | Employer No. 1 |   |   | Employer No. 2  | Employer No. 3                      |           | Employer No. 4  |       |  |
| Entertai  |  | o \$24.69                          | ¢ ¢0 00        |   |   | <b></b> ቀለ ለለ   | a <b>4</b> 0 00                     |           | # <b>#</b> 0 00 |       |  |
|   | nd Refreshment                                   | \$ \$24.68                         | \$ \$0.00      |   | _   \$_   | \$0.00  | \$ \$0.00                           |           | \$\_\$0.00      |       |  |
| _   | Accommodations                                   | \$0.00                             | \$0.00         |   | _   _   | \$0.00  | \$0.00                              | \$0.00    |                 |       |  |
| Adverti   | sing   | \$0.00                             | \$0.00         |   | _   _   | \$0.00  |                                     | \$0.00    |                 |       |  |
| Travel  |  | \$0.00                             | \$0.00         |   | _   _   | \$0.00  | \$0.00                              |           | \$0.00          |       |  |
| Telepho   | one  | \$0.00                             | \$0.00         |   | _   _   | \$0.00  | \$0.00                              |           | \$0.00          |       |  |
| Other E   | expenses or Services                             | \$0.00                             | \$0.00         |   | _   _   | \$0.00  | \$0.00                              |           | \$0.00          |       |  |
| Total   |  | \$_\$24.68                         | \$_\$0.00      |   | \$_   | \$0.00  | \$ \$0.00                           |           | \$_\$0.00       |       |  |
| *When to  | The totals of each exper member(s) of their hous | diture of more than one            |                | ars (\$10   | 0) for  | a legislator, other  Names o                          | holder of public                    | office,   | executive offi  |       |  |
|   | Date   |                                    |                | Amo   |   |   | and Household M                     |           | отоцр           |       |  |
| $\checkmark$  | Continued on attached page(s                     | )                                  |                |   |   |   |                                     |           |                 |       |  |
| INSTRUCTIONS  |  |                                    |                |   | Item<br>3   | Eı  | Employer(s) Name(s) and Address(es) |           |                 |       |  |
|   |  |                                    |                |   | А   | merican Massage                                       | Therapy Associ                      | ation - I | Idaho Chapt     | er    |  |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code                                 |  |                                    |                |   |   | No. 1<br>2324 Poleline Road E Twin Falls ID 83301 USA |                                     |           |                 |       |  |
| <b>Filing deadline:</b> Monthly reports due within fifteen (15) days of the month for activities of the past month. |  |                                    |                |   | Friedman Foundation for Educational Choice  No. 2 One American Square, Ste 2420 Indianapolis IN 46282 USA |   |                                     |           |                 |       |  |
| TO BE FILED WITH:   |  |                                    |                |   |   | HDR Engineering Inc                                   |                                     |           |                 |       |  |
| Ben Ysursa<br>Secretary of State  |  |                                    |                |   | No. 3<br>412 E Parkcenter Blvd Ste 100 Boise ID 83706 USA   |   |                                     |           |                 |       |  |
| PO Box 83720<br>Boise, ID 83720-0080  |  |                                    |                |   | Idaho Alliance of Boys and Girls Clubs, Inc.  |   |                                     |           |                 |       |  |
| Phone: (208) 334-2852 Fax: (208) 334-2282   |  |                                    |                |   |   | 1021 Burrell Avenue Lewiston ID 83501 USA             |                                     |           |                 |       |  |

|         | Subject matter of proposed legislation, the number of the Senate                                   |                               |  | LEGISLATIVE SUBJECT IDENTIFICATION   |  |   |  |  |  |
|---------|--|-------------------------------|--|--|--|---|--|--|--|
| Item or | House Bill, Resolution or other<br>e Lobbyist was supporting or op<br>de Bill, Resolution or Other | legislative activity in which | Code<br>01<br>02<br>03<br>04<br>05<br>06<br>07<br>08<br>09<br>10<br>11<br>12<br>13<br>14<br>15<br>16 | 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, federal Government, special districts Government, state | Code 17  18 19 20 21 22 23 24 25 26  27 28  29 30 31 | 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) |  |  |  |
| 5 bid   | ntify any rule, ratemaking decisi<br>or bid process, financial services<br>or opposing.            |                               | -  | CERTIFICATION: I hereby certify to correct statement in accordance with  Electronically signed  Lobbyist signature   |  |   |  |  |  |

## **Lobbyist Report Form Attachment**

Lobbyist's name and permanent business address

Suzanne Budge PO Box 984 Boise, ID 83701

| Employer No. | Entertainment<br>Food &<br>Refreshment | Living<br>Accommodations | Advertising | Travel | Telephone | Other<br>Expenses or<br>Services | Employer Total |
|--------------|--|--------------------------|-------------|--------|-----------|----------------------------------|----------------|
| No.5         | \$0.00                                 | \$0.00                   | \$0.00      | \$0.00 | \$0.00    | \$0.00                           | \$0.00         |
| No.6         | \$0.00                                 | \$0.00                   | \$0.00      | \$0.00 | \$0.00    | \$0.00                           | \$0.00         |
| No.7         | \$0.00                                 | \$0.00                   | \$0.00      | \$0.00 | \$0.00    | \$0.00                           | \$0.00         |
| No.8         | \$24.68                                | \$0.00                   | \$0.00      | \$0.00 | \$0.00    | \$0.00                           | \$24.68        |
| No.9         | \$0.00                                 | \$0.00                   | \$0.00      | \$0.00 | \$0.00    | \$0.00                           | \$0.00         |
| No.10        | \$0.00                                 | \$0.00                   | \$0.00      | \$0.00 | \$0.00    | \$0.00                           | \$0.00         |
| No.11        | \$0.00                                 | \$0.00                   | \$0.00      | \$0.00 | \$0.00    | \$0.00                           | \$0.00         |
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|              |  |                          |             |        |           |                                  |                |

| Employer No. | Employer Name(s)                                | Employer Address(es)                           |
|--------------|---|--|
| No.5         | Idaho Dairy Products Commission                 | 743 North Touchmark Avenue Meridian ID 83642 U |
| No.6         | Idaho Petroleum Council                         | PO Box 984 Boise ID 83701 USA                  |
| No.7         | Idaho Petroleum Marketers and Convenience Store | PO Box 984 Boise ID 83701 USA                  |
| No.8         | K12   | 2300 Corporate Park Dr Ste 200 Herndon VA 2017 |
| No.9         | Les Schwab Tires                                | PO Box 5350 Bend OR 97701 USA                  |
| No.10        | NFIB  | PO Box 984 Boise ID 83701 USA                  |
| No.11        | Thompson Creek Mining Company                   | PO Box 62 Clayton ID 83227 USA                 |
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