LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619)

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11 MAR 18 PM 2: 32

STATE OF IDAHO

(Type or print clearly in black ink)

	Se	e instructions at	bottom of page								
Lobbyis	t's name and p	ermanent busine	ess address		Dat	Date prepared			Period covered		
2145	Smith W. Quilce ID 83634	da St.				3-10-2	2013	(Mo			
								1	20 201		
Item 1	Totals	of all reporta	ble expenditures made	or incurred by Lob	byist or	by Lobbyist's Emp	loyer on be	ehalf of Lobb	byist's Employer.		
Ca	ategory of Ex ursed Personal L	penditure iving and Travel	*Total Amount for	Proportionate am Item 3, at bottor		ints contributed by each employer (Identify employers, under of page.)					
Expense		obbying Activity	All Employers	Employer No	. 1	Employer No. 2	Employer No. 3		Employer No. 4		
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Living.	Accommoda	ions		_	-						
Adverti	sing						-				
Travel											
Telepho	one			_				···			
Other E	Expenses or S	ervices			-						
							 				
		Total	s0.00	_ s0.00	:	0.00	_ s	0.00	\$0.00		
*When	The totals			hundred five doll		5) for a legislator, o	other holde	r of public o	ffice, executive officials Executive Officials		
	Continued on a	utached page(s)									
		INCT	EDUCTIONS		Item 3	Ttem 3 Employer(s) Name(s) and Address(es)					
			FRUCTIONS		No. 1	American Diab					
Wh	o should file		ny lobbyist registered u -6617 Idaho Code	inder Section		13434 110th P					
Filia	ng deadline:		orts due within fifteen (tivities of the past mon		No. 2 Idaho Ambulatory Surgical Centers PO Box 140357 Garden City ID 83714						
ТО	BE FILED W	В	en Ysursa etary of State		No. 3	No. 3 Idaho Chapter American Assoc of Architects 1674 Hill Road Boise ID 83702					
Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282						No. 4 ID Chapter American Assoc of Naturopathic Physicians 4219 W Emerald Boise ID 83713					

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

Boise, ID 83720-0080

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

To Be Filed By:

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LOBBYISTS (Sec. 67-6619)

of Page(s) THIS SPACE FOR OFFICE USE ONLY

14 MAR 18 PM 2: 32 BEIMINY OF STATE TATE 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 Tony Smith month ending 2145 W. Quilceda St. Kuna ID 83634 (Mo.) (Day) 3-10-2014 2019 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Category of Expenditure Proportionate amounts contributed by each employer (Identify employers, under *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 Living Accommodations Advertising Travel Telephone Other Expenses or Services 0.00 0.00 0.00 0.00 0.00 Total *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 Place Amount and Household Members in Group Date Continued on attached page(s) Item Employer(s) Name(s) and Address(es) INSTRUCTIONS Idaho Cosmetology School Owners Association Who should file this form: Any lobbyist registered under Section 557 Mariah Ave Rexburg ID 83440 67-6617 Idaho Code Idaho Health Care Association Filing deadline: Monthly reports due within fifteen (15) days of the 1524 W Cayuse Creek Dr Meridian ID 83646 month for activities of the past month. TO BE FILED WITH: Idaho Land Title Association No. 3 Ben Ysursa 372 S Eagle Rd Ste 387 Eagle ID 83616 Secretary of State PO Box 83720 Idaho Midwifery Council

No. 4

3888 Coyote Way Bonners Ferry ID 83805

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

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

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De	Not Have to b	e Reported			Emplo	yer No.	. 1	Employer No. 2	Emp	ployer No.	3	Employe	r No. 4
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2	Date			Place		A	Amount			ors, Public ehold Men		cutive Offic Group	ials
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		INST	RUC	ΓIONS			Item 3	Er	nployer(s)	Name(s)	and Addr	ess(es)	
Who	should file			oyist registered ur Idaho Code	nder Section	n	No. 1	Idaho Optomet 901 12th Ave S					
Filin	ıg deadline:			e within fifteen (1 of the past month		the	No. 2	Idaho State Br 1674 Hill Road				on	
ТОІ	BE FILED W	Be Secre		f State			No. 3	Northwest Car 4200 6th Ave I					
			Box 8 D 837	3720 /20-0080			No 4		•				

	ect matter of proposed legislat		LEGISLATIVE SUBJECT IDENTIFICATION					
(01 11	Bill, Resolution or other Legislative Ident. Number		Code 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 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, municipal Government, special districts Government, state	17 18 19 20 21 22 23 24 25 26 27 28 29 30	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 Identif	fy any rule, ratemaking decision	on, procurement, contract,	† c	CERTIFICATION: 1 hereby certify to correct statement in accordance with				