

LOBBYIST MONTHLY REPORT FORM



State of Idaho
Ben Yursa
Secretary of State

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

14 FEB 12 PM 02:02
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 Jonathan Parker 101 S Capitol Blvd Boise, ID 83702	Date prepared 2/12/2014	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) 1 31 2014
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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	\$ \$61.81	\$ \$0.00	\$ \$25.12	\$ \$0.00	\$ \$0.00
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	\$ \$61.81	\$ \$0.00	\$ \$25.12	\$ \$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 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: 10%;">Item 3</th> <th>Employer(s) Name(s) and Address(es)</th> </tr> </thead> <tbody> <tr> <td>No. 1</td> <td>Ashley Manor Care Centers PO Box 1176 Meridian ID 83680 USA</td> </tr> <tr> <td>No. 2</td> <td>City of Caldwell PO Box 1179 Caldwell ID 83606 USA</td> </tr> <tr> <td>No. 3</td> <td>Holland & Hart LLP PO Box 2527 Boise ID 83701 USA</td> </tr> <tr> <td>No. 4</td> <td>Idaho Association of Highway Districts PO Box 16048 Boise ID 83715 USA</td> </tr> </tbody> </table>	Item 3	Employer(s) Name(s) and Address(es)	No. 1	Ashley Manor Care Centers PO Box 1176 Meridian ID 83680 USA	No. 2	City of Caldwell PO Box 1179 Caldwell ID 83606 USA	No. 3	Holland & Hart LLP PO Box 2527 Boise ID 83701 USA	No. 4	Idaho Association of Highway Districts PO Box 16048 Boise ID 83715 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																																																																					
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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 style="text-align: center;"><u>Electronically signed</u> <u>2/12/2014</u></p> <p>Lobbyist signature Date</p>																																																																					

Employer No.	Employer Name(s)	Employer Address(es)
No.5	Internet Truck Stop	4291 S.W. 2nd Ave. New Plymouth ID 83655 USA
No.6	Northwest Children's Home Inc	PO Box 1288 Lewiston ID 83501 USA
No.7	Safe Haven Hospital and Care Center	2520 S 5th Ave Pocatello ID 83204 USA