

**LOBBYIST MONTHLY REPORT FORM**



**State of Idaho**  
Lawrence Denney  
Secretary of State

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

17 APR 18 AM 10:45  
SECRETARY OF STATE  
STATE OF IDAHO

7727

(Type or print clearly in black ink)  
See instructions at bottom of page

Lobbyist's name and permanent business address <b>Benn Brocksome</b> 420 W Main St Boise, ID 83702	Date prepared 4/18/2017	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) <b>3</b>   <b>31</b>   <b>2017</b>
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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	\$ 592.28	\$ 0.00	\$ 0.00	\$ 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
<b>Total</b>	<b>\$ 592.28</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

\*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 ten dollars (\$110) 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
<input checked="" type="checkbox"/> Continued on attached page(s)				

<p align="center"><b>INSTRUCTIONS</b></p> <p><b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code</p> <p><b>Filing deadline:</b> Monthly reports due within fifteen (15) days of the month for activities of the past month.</p> <p>TO BE FILED WITH:</p> <p align="center">Lawrence Denney Secretary of State PO Box 83720 Boise, ID 83720-0080 elections@sos.idaho.gov Phone: (208) 334-2852 Fax: (208) 334-2282</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Item 3</th> <th>Employer(s) Name(s) and Address(es)</th> </tr> </thead> <tbody> <tr> <td>No. 1</td> <td>Ascension, St. Joseph Regional Medical Center 415 6th Street Lewiston ID 83501 USA</td> </tr> <tr> <td>No. 2</td> <td>Conduent, Inc. and its Affiliates 1800 M St NW North Tower, 5th Floor Washington DC 20036 USA</td> </tr> <tr> <td>No. 3</td> <td>Duane "DOG" Chapman 1381 Queen Emma Street Honolulu HI 96813 USA</td> </tr> <tr> <td>No. 4</td> <td>Harris Family Limited Partnership 270 Shady Lane Boise ID 83716 USA</td> </tr> </tbody> </table>	Item 3	Employer(s) Name(s) and Address(es)	No. 1	Ascension, St. Joseph Regional Medical Center 415 6th Street Lewiston ID 83501 USA	No. 2	Conduent, Inc. and its Affiliates 1800 M St NW North Tower, 5th Floor Washington DC 20036 USA	No. 3	Duane "DOG" Chapman 1381 Queen Emma Street Honolulu HI 96813 USA	No. 4	Harris Family Limited Partnership 270 Shady Lane Boise ID 83716 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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	1, 3 4, 5 6, 9 11, 12 14, 15 16, 17 22, 23 29	H.B. 251, H.B. 123 S.B. 1182, S.B. 1181 S.B. 1126, H.B. 202 S.B. 1189, H.B. 185																																																																						
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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 <b>Idaho Code</b>.</p> <p><u>Electronically signed</u> <span style="float: right;"><u>4/18/2017</u></span></p> <p>Lobbyist signature <span style="float: right;">Date</span></p>																																																																					
	Ascension- sale of Hospital - St. Josephs in Lewiston Idaho.																																																																							



Employer No.	Employer Name(s)	Employer Address(es)
No.5	Idaho Natural Gas Vehicle Users Association Inc	PO Box 662 Boise ID 83701 USA
No.6	Man Up Crusade	PO Box 1922 Nampa ID 83653 USA
No.7	Northwest Specialty Hospital	1593 E Polston Ave Post Falls ID 83854 USA
No.8	Republic Services	11101 W. Executive Drive Suite 205 Boise ID 83701 USA
No.9	Safe Haven Healthcare	2520 S 5th Ave Pocatello ID 83204 USA
No.10	Shoshone-Bannock Tribes	Pima Drive Fort Hall ID 83203 USA
No.11	Small Provider Association	2940 S Mayflower Way Boise ID 83709 USA
No.12	Strategies 360	420 W Main St #205 Boise ID 83702 USA
No.13	Zenefits	North Tower, 303 Second Street #401 San Francisco CA 94102 USA