

LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Yursa
Secretary of State

To Be Filed By:
L-2 LOBBYISTS
(Sec. 67-6619)

07 FEB -1 AM 10:33

Annual **Semi-Annual**

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

SECRETARY OF STATE
STATE OF IDAHO

Lobbyist's name and permanent business address Kris Ellis 11220 W. Daniel Ct Boise, ID 83713	Date prepared 1/31/07	Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.)
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Item 1 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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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.

Item 2	The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.			
Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group	

Continued on attached page(s)

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)
<p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code</p> <p>Filing deadline: Annual report is due on January 31st. Executive Lobbist semi-annual report due July 31st.</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>	No. 1	Idaho Assoc. of Developmental Disability Agencys 818 W. 15th Meridian, ID 83642
	No. 2	Idaho Assisted Living Association <i>P.O. Box 140062 Boise, ID 83713</i>
	No. 3	Coalition of Res. Hab. Providers <i>Caldwell, ID 83405</i>
	No. 4	Idaho State Broadcasters Association <i>270 W. 27th Boise, ID 83702</i>

Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.		
	Date	Amount	Name of Legislator, Public or Executive Official Receiving or Benefiting
		-0-	

Item 5	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	

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		

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.



 Lobbyist signature Date 1/31/07

Item 6	Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing.

Employer No. 1 signature Date

Employer No. 2 signature Date

Employer No. 3 signature Date

Employer No. 4 signature Date

LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Yursa
Secretary of State

To Be Filed By:
L-2 LOBBYISTS
(Sec. 67-6619)

Annual Semi-Annual

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See instructions at bottom of page

Lobbyist's name and permanent business address Kris Ellis 11220 W. Daniel Ct Boise, ID 83713	Date prepared <p style="text-align: center;">1/31/07</p>	Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.)
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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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
Total	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

*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 fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.			
Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group	

Continued on attached page(s)

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)
<p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code</p> <p>Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st.</p> <p>TO BE FILED WITH:</p> <p style="text-align: center;">Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	No. 1	Ild Chapter of Am. Inst. of Architects 270 N. 27th Boise, ID 83702
	No. 2	Idaho Association of Podiatric Medicine <i>270 N. 27th Boise ID 83702</i>
	No. 3	Idaho Land Title Association <i>7154 W. State St. Boise, ID 83703</i>
	No. 4	Idaho Progressive Health Care Coalition <i>461 Wacker Dr. Chicago, IL 60601</i>

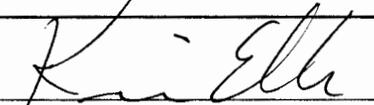
Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.		
	Date	Amount	Name of Legislator, Public or Executive Official Receiving or Benefiting

-0-

Item 5	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	
	Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number	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 | |

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.



 Lobbyist signature 1/31/07
Date

Item 6	Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing.
---------------	---

_____ Employer No. 1 signature	_____ Date
_____ Employer No. 2 signature	_____ Date
_____ Employer No. 3 signature	_____ Date
_____ Employer No. 4 signature	_____ Date

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Entertainment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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	No. 2	Idaho Acupuncture Association <i>4219 Emerald Boise, ID 83705</i>
	No. 3	Idaho Optometric Association <i>1216 Torrey Lane Nampa, ID 83651</i>
	No. 4	Idaho Association of Nurse Anesthetist <i>2560 Potlatch Rd. McCall, ID 83601</i>

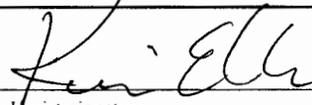
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4/30/07

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Item 6	Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing.

_____ Date
 Employer No. 1 signature Date
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 Employer No. 2 signature Date
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	No. 2	
	No. 3	
	No. 4	

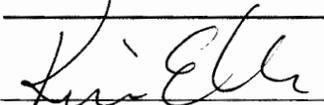
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- | | |
|--|---|
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| 08 Education | 24 Liquor |
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| 15 Government, special districts | 31 Other (please specify) _____ |
| 16 Government, state | |

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.


4/3/07

 Lobbyist signature Date

Item 6	Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing.

_____ Date
 Employer No. 1 signature Date
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 Employer No. 2 signature Date
 _____ Date
 Employer No. 3 signature Date
 _____ Date
 Employer No. 4 signature Date