

**LOBBYIST MONTHLY REPORT FORM**



**State of Idaho**  
  
Ben Ysursa  
Secretary of State

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

10 FEB -8 AM 11:24  
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<br><br><b>Kris Ellis</b><br>11220 W. Daniel Ct.<br>Boise, ID 83713 | Date prepared<br><br>February 6, 2010 | Period covered<br><input checked="" type="checkbox"/> month ending<br>(Mo.) (Day) (Yr.)<br>1   31   2009 |
|---|---------------------------------------|--|

|  |  |  |                |                |                |
|--|--|--|----------------|----------------|----------------|
| <b>Item 1</b>  | Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. |  |                |                |                |
| Category of Expenditure<br>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity<br><b>Do Not Have to be Reported</b> | *Total Amount for All Employers  | Proportionate amounts contributed by each employer ( <b>Identify employers, under Item 3, at bottom of page.</b> ) |                |                |                |
|  |  | Employer No. 1   | Employer No. 2 | Employer No. 3 | Employer No. 4 |
| Entertainment  | \$ 0.00  | \$   | \$             | \$             | \$             |
| Food and Refreshment   | 0.00   |  |                |                |                |
| Living Accommodations  | 0.00   |  |                |                |                |
| Advertising  | 0.00   |  |                |                |                |
| Travel   | 0.00   |  |                |                |                |
| Telephone  | 0.00   |  |                |                |                |
| Other Expenses or Services   | 0.00   |  |                |                |                |
| <b>Total</b>   | \$ 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

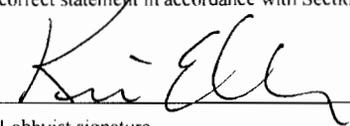
|               |  |       |        |   |
|---------------|--|-------|--------|---|
| <b>Item-2</b> | The totals of each expenditure of more than seventy-five dollars (\$75) for a legislator, other holder of public office, executive officials and member(s) of their household. |       |        |   |
|               | Date   | Place | Amount | Names of Legislators, Public and Executive Officials and Household Members in Group |
| N/A           |  |       |        |   |

Continued on attached page(s)

|   |                                  |   |
|---|----------------------------------|---|
| <b>INSTRUCTIONS</b>   | <b>Item 3</b>                    | Employer(s) Name(s) and Address(es)   |
| <b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code<br><br><b>Filing deadline:</b> Monthly reports due within fifteen (15) days of the month for activities of the past month.<br><br>TO BE FILED WITH:<br>Ben Ysursa<br>Secretary of State<br>PO Box 83720<br>Boise, ID 83720-0080<br>Phone: (208) 334-2852 Fax: (208) 334-2282 | No. 1<br>No. 2<br>No. 3<br>No. 4 | Idaho Chapter of American Assoc. of Naturopathic Physicians 4219 W. Emerald Boise, ID 83705<br><br>Idaho Optometric Association<br>1216 Torey Lane Nampa, ID 83686<br><br>Idaho Association of Nurse Anesthetist<br>10447 W. Bucktail Dr. Boise, ID 83714<br><br>Idaho Health Care Assoc. 1524 W. Cayuse Dr |

**Item  
4**

Item 4 is no longer statutorily required.

| <b>Item 5</b>  |   |  | <b>LEGISLATIVE SUBJECT IDENTIFICATION</b>   |   |
|--|---|--|---|---|
| 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. |   |  | <b>Code Subject</b>   | <b>Code Subject</b>   |
| Subject Code (from table)  | Bill, Resolution or Other Legislative Ident. Number | Appropriation Bill Number and Section Number | 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  |   |
| <b>Item 6</b>  |   |  | <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 style="text-align: center;">  <span style="float: right; margin-right: 50px;">2-6-10</span> </p> <p> <span style="float: left;">Lobbyist signature</span> <span style="float: right;">Date</span> </p> |   |
| Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.                         |   |  |   |   |

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

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| Lobbyist's name and permanent business address<br><br><b>Kris Ellis</b><br>11220 W. Daniel Ct.<br>Boise, ID 83713 | Date prepared<br><br><p style="text-align: center;">February 6, 2010</p> | Period covered<br><input checked="" type="checkbox"/> month ending<br>(Mo.) (Day) (Yr.)<br><p style="text-align: center;">1   31   2009</p> |
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| Category of Expenditure<br><small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity<br/>Do Not Have to be Reported</small> | *Total Amount for All Employers  | Proportionate amounts contributed by each employer ( <b>Identify employers, under Item 3, at bottom of page.</b> ) |                |                |                |
|   |  | Employer No. 1   | Employer No. 2 | Employer No. 3 | Employer No. 4 |
| Entertainment   | \$ 0.00  |  |                |                |                |
| Food and Refreshment  | \$ 0.00  |  |                |                |                |
| Living Accommodations   | 0.00   |  |                |                |                |
| Advertising   | 0.00   |  |                |                |                |
| Travel  | 0.00   |  |                |                |                |
| Telephone   | 0.00   |  |                |                |                |
| Other Expenses or Services  | 0.00   |  |                |                |                |
| <b>Total</b>  | \$ 0.00  | \$ 0.00  | \$ 0.00        | \$ 0.00        | \$ 0.00        |

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| <b>Item-2</b> | The totals of each expenditure of more than seventy-five dollars (\$75) 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 |
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Continued on attached page(s)

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Continued on attached page(s)

| INSTRUCTIONS | Item 3 | Employer(s) Name(s) and Address(es)  |
|--------------|--------|--|
|              | No. 1  | Idaho State Broadcasters Association<br>270 N. 27th Boise, ID 83702          |
|              | No. 2  | Idaho Chapter of American Inst. of Architects<br>270 N. 27th Boise, ID 83702 |
|              | No. 3  | Treasure Valley Hospital<br>8800 W. Emerald Boise, ID 83704                  |
|              | No. 4  | Northwest Specialty Hospital 1593 E. Polston Ave.                            |

**Who should file this form:** Any lobbyist registered under Section 67-6617 Idaho Code

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| <b>Total</b>   | <b>\$ 0.00</b>   | <b>\$ 0.00</b>  | <b>\$ 0.00</b> | <b>\$ 0.00</b> | <b>\$ 0.00</b> |

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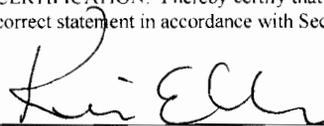
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| <b>Item 3</b>  | Employer(s) Name(s) and Address(es)  |               |                                     |       |   |       |  |       |  |       |  |
| No. 1  | <b>Idaho Midwifery Council</b><br>207 W. Washington Boise, ID 83702  |               |                                     |       |   |       |  |       |  |       |  |
| No. 2  |  |               |                                     |       |   |       |  |       |  |       |  |
| No. 3  |  |               |                                     |       |   |       |  |       |  |       |  |
| No. 4  |  |               |                                     |       |   |       |  |       |  |       |  |

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