

Rev. 11/2011  
web

**LOBBYIST REPORT FORM**

Page 1 of 2 Page(s)  
THIS SPACE FOR OFFICE USE ONLY



State of Idaho

Ben Yursa  
Secretary of State

ANNUAL  SEMI-ANNUAL

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

DEC 28 PM 12:45

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><b>Amy M. Holly</b><br><b>745 S Progress Ave</b><br><b>Meridian ID</b> | Date prepared<br><b>12/28/12</b> | Period covered<br><input checked="" type="checkbox"/> year ending<br>(Mo.) (Day) (Yr.)<br><b>12   31   12</b> |
|--|----------------------------------|---|

| Category of Expenditure<br><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   | \$ <u>0</u>                     | \$ <u>0</u>   | \$ _____       | \$ _____       | \$ _____       |
| Food and Refreshment  | \$ _____                        | \$ _____  | \$ _____       | \$ _____       | \$ _____       |
| Living Accommodations   | \$ _____                        | \$ _____  | \$ _____       | \$ _____       | \$ _____       |
| Advertising   | \$ _____                        | \$ _____  | \$ _____       | \$ _____       | \$ _____       |
| Travel  | \$ _____                        | \$ _____  | \$ _____       | \$ _____       | \$ _____       |
| Telephone   | \$ _____                        | \$ _____  | \$ _____       | \$ _____       | \$ _____       |
| Other Expenses or Services  | \$ _____                        | \$ _____  | \$ _____       | \$ _____       | \$ _____       |
| <b>Total</b>  | \$ <u>0</u>                     | \$ <u>0</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   | Date | Place | Amount | Names of Legislators, Public and Executive Officials and Household Members in Group |
|--|------|-------|--------|---|
| The totals of each expenditure of more than one hundred (\$100) for a legislator, other holder of public office, executive officials and member(s) of their household. |      |       |        |   |
|  |      |       |        |   |

Continued on attached page(s)

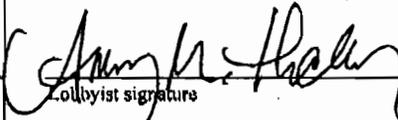
| INSTRUCTIONS   | Item 3  |
|--|---|
| <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code</p> <p>Filing deadline: Annual report is due on January 31st.<br/>Executive Lobbyist semi-annual report due July 31st.</p> <p>TO BE FILED WITH:</p> <p>Ben Yursa<br/>Secretary of State<br/>PO Box 83720<br/>Boise, ID 83720-0080<br/>Phone: (208) 334-2852 Fax: (208) 334-2282</p> | <p>Employer(s) Name(s) and Address(es)</p> <p>No. 1 <b>Unity Health Center</b></p> <p>No. 2</p> <p>No. 3</p> <p>No. 4</p> |

|                           |  |  |  |
|---------------------------|--|--|--|
| <b>Item 4</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. |  |  |
| 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.

 12/28/12  
 Lobbyist signature Date

|               |   |
|---------------|---|
| <b>Item 5</b> | 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 \_\_\_\_\_