

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Yursa
Secretary of State

To Be Filed By:

L-3 LOBBYISTS
(Sec. 67-6619)

13 MAR 15 PM 2:12

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 Sarah Fuhriman, P.O. Box 2110 599 W. Bannock St., Ste. B Boise, ID 83701-2110 | Date prepared 03/15/13 | Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) 02 28 13 |
|---|-------------------------------|---|

| | | | | | |
|---|--|--|----------------|----------------|----------------|
| 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 | *Total Amount for All Employers | Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.) | | | |
| Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported | | 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 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)

| | | |
|---|---------------|---|
| INSTRUCTIONS | Item 3 | Employer(s) Name(s) and Address(es) |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month. TO BE FILED WITH: Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282 | No. 1 | AFLAC 1932 Wynnton Rd., Columbus, GA 31999 |
| | No. 2 | CenturyLink 999 Main St., 11th Floor, Boise, ID 83702 |
| | No. 3 | Delta Dental Plan of Idaho 555 E. Parkcenter Blvd., Boise, ID 83706 |
| | No. 4 | Idaho Financial Services Association P.O. Box 2110, Boise, ID 83701-2110 |

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.

| Subject Code (from table) | Bill, Resolution or Other Legislative Ident. Number | Appropriation Bill Number and Section Number |
|---------------------------|---|--|
| | SB 1042 | |
| | HB 179 HB 248 | |
| | HB 55 | |

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 | | |

Item 5 Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.

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

Gareth Johnson 3.15.13

 Lobbyist signature Date

LOBBYIST MONTHLY REPORT FORM



State of Idaho
Ben Yursa
Secretary of State

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

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| Lobbyist's name and permanent business address Sarah Fuhriman, P.O. Box 2110 599 W. Bannock St., Ste. B Boise, ID 83701-2110 | Date prepared 03/15/13 | Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) 02 28 13 |
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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. | | | | |
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| 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 | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
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| 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 one hundred five dollars (\$105) for a legislator, other holder of public office, executive officials and member(s) of their household. | | | |
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Continued on attached page(s)

| INSTRUCTIONS | Item 3 Employer(s) Name(s) and Address(es) | | | | | | | | |
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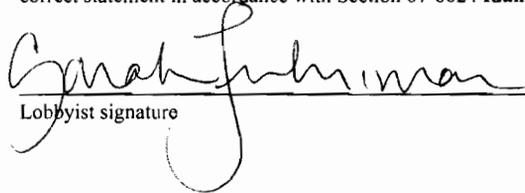
| Subject Code (from table) | Bill, Resolution or Other Legislative Ident. Number | Appropriation Bill Number and Section Number |
|---------------------------|---|--|
| | HB 140 HB 159 | |
| | SB 1042 | |
| | HB 179 HB 248 | |
| | SB 1064 SB 1117 | |

Item 5 Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.

LEGISLATIVE SUBJECT IDENTIFICATION

| Code | Subject | Code | Subject |
|------|---|------|--|
| 01 | Agriculture, horticulture, farming, and livestock | 17 | Health service, medicine, drugs and controlled substances, health insurance, hospitals |
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| 07 | Ecology, environment, pollution, conservation, zoning, land and water use | 23 | License, permits |
| 08 | Education | 24 | Liquor |
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