

**LOBBYIST MONTHLY REPORT FORM**



**State of Idaho**  
Ben Yursa  
Secretary of State

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

3 FEB 19 AM 10:49  
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>Tony Smith<br>2145 W. Quilceda St.<br>Kuna, ID 83634 | Date prepared<br><br><p style="font-size: 1.5em; text-align: center;">2-15-2013</p> | Period covered<br><input type="checkbox"/> month ending<br>(Mo.) (Day) (Yr.)<br><p style="font-size: 1.5em; text-align: center;">1   31   2013</p> |
|--|---|--|

|  |  |  |                |                |                |
|--|--|--|----------------|----------------|----------------|
| <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. |  |                |                |                |
| <b>Category of Expenditure</b><br><small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small> | <b>*Total Amount for All Employers</b>   | <b>Proportionate amounts contributed by each employer (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  | \$ 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>\$ 0.00</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.

|               |   |       |        |   |
|---------------|---|-------|--------|---|
| <b>Item-2</b> | 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)

|  |                                  |   |
|--|----------------------------------|---|
| <b>INSTRUCTIONS</b>  | <b>Item 3</b>                    | Employer(s) Name(s) and Address(es)   |
| <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><b>TO BE FILED WITH:</b><br/>                     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> | No. 1<br>No. 2<br>No. 3<br>No. 4 | (Idaho Chapter) Am. Assoc. of Architects<br>1674 Hill Rd Boise ID 83702<br><br>(Idaho Chapter) Am. Assoc. of Naturopathic Physicians<br>4219 W Emerald Boise ID 83713<br><br>Idaho Cosmetology School Association<br>557 Mariah Ave Rexburg ID 83440<br><br>Idaho Health Care Association<br>1524 W Cayuse Creek Dr Meridian ID 83646 |

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| Category of Expenditure<br>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity<br>Do Not Have to be Reported | *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 |
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| <b>Item 2</b> | 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 |  |
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Continued on attached page(s)

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|   | No. 1         | Idaho Land Title Association<br>372 S Eagle Rd Ste 387 Eagle ID 83616  |
|   | No. 2         | Idaho Midwifery Council<br>3888 Coyote Wy Bonners Ferry ID 83805       |
|   | No. 3         | Idaho Optometric Association<br>11368 W Hickory Hill Ct Boise ID 83713 |
|   | No. 4         | Idaho State Broadcasters Association<br>1674 Hill Rd Boise ID 83702    |

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|---|---|--------|-------------------------------------|-------|---|-------|--|-------|--|-------|--|
| Item 3  | Employer(s) Name(s) and Address(es)   |        |                                     |       |   |       |  |       |  |       |  |
| No. 1   | Northwest Career Colleges Federation<br>4200 6th Ave NE Ste313 Lacey WA 98503   |        |                                     |       |   |       |  |       |  |       |  |
| No. 2   |   |        |                                     |       |   |       |  |       |  |       |  |
| No. 3   |   |        |                                     |       |   |       |  |       |  |       |  |
| No. 4   |   |        |                                     |       |   |       |  |       |  |       |  |

