

**LOBBYIST MONTHLY REPORT FORM**



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

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

12 FEB 15 PM 1:49

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>Sarah Fuhriman, P.O. Box 2110</b><br><b>599 W. Bannock St., Ste. B</b><br><b>Boise, ID 83701-2110</b> | Date prepared<br><br><p style="text-align: center;"><b>02/14/12</b></p> | Period covered<br><input checked="" type="checkbox"/> month ending<br>(Mo.) (Day) (Yr.)<br><p style="text-align: center;"><b>01   31   12</b></p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

| 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<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                                                                                                                                       | \$ 44.10                                                                                                                       | \$ 44.10                                                                                                  | \$             | \$             | \$             |
| Food and Refreshment                                                                                                                                |                                                                                                                                |                                                                                                           |                |                |                |
| Living Accommodations                                                                                                                               |                                                                                                                                |                                                                                                           |                |                |                |
| Advertising                                                                                                                                         |                                                                                                                                |                                                                                                           |                |                |                |
| Travel                                                                                                                                              |                                                                                                                                |                                                                                                           |                |                |                |
| Telephone                                                                                                                                           |                                                                                                                                |                                                                                                           |                |                |                |
| Other Expenses or Services                                                                                                                          |                                                                                                                                |                                                                                                           |                |                |                |
| <b>Total</b>                                                                                                                                        | <b>\$ 44.10</b>                                                                                                                | <b>\$ 44.10</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.

| Item- 2 | The totals of each expenditure of more than one hundred dollars (\$100) 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)                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------|
| <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></p> <p style="text-align: center;">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  | <b>Roden Law Office</b><br>599 W. Bannock St., Ste. B, Boise, ID 83702             |
|                                                                                                                                                                                                                                                                                                                                                                                                                          | No. 2  | <b>Idaho Financial Services Association</b><br>P.O. Box 2110, Boise, ID 83701-2110 |
|                                                                                                                                                                                                                                                                                                                                                                                                                          | No. 3  | <b>CenturyLink</b><br>999 Main St., 11th Floor, Boise, ID 83702                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                          | No. 4  | <b>Delta Dental Plan of Idaho</b><br>555 E. Parkcenter Blvd., Boise, ID 83706      |



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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<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 (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                                                                                                                              | _____                                                                                                                          | _____                                                                                                     | _____          | _____          | _____          |
| <b>Total</b>                                                                                                                                            | \$ <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.

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| Date   | Place                                                                                                                                                                          | Amount | Names of Legislators, Public and Executive Officials and Household Members in Group |  |
|        |                                                                                                                                                                                |        |                                                                                     |  |

Continued on attached page(s)

| <b>INSTRUCTIONS</b><br><br><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 | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Item 3</th> <th>Employer(s) Name(s) and Address(es)</th> </tr> </thead> <tbody> <tr> <td>No. 1</td> <td>AFLAC<br/>1932 Wynnton Rd., Columbus, GA 31999</td> </tr> <tr> <td>No. 2</td> <td> </td> </tr> <tr> <td>No. 3</td> <td> </td> </tr> <tr> <td>No. 4</td> <td> </td> </tr> </tbody> </table> | Item 3 | Employer(s) Name(s) and Address(es) | No. 1 | AFLAC<br>1932 Wynnton Rd., Columbus, GA 31999 | No. 2 |  | No. 3 |  | No. 4 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------|-------|-----------------------------------------------|-------|--|-------|--|-------|--|
| Item 3                                                                                                                                                                                                                                                                                                                                                                                             | Employer(s) Name(s) and Address(es)                                                                                                                                                                                                                                                                                                                                                                        |        |                                     |       |                                               |       |  |       |  |       |  |
| No. 1                                                                                                                                                                                                                                                                                                                                                                                              | AFLAC<br>1932 Wynnton Rd., Columbus, GA 31999                                                                                                                                                                                                                                                                                                                                                              |        |                                     |       |                                               |       |  |       |  |       |  |
| No. 2                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                            |        |                                     |       |                                               |       |  |       |  |       |  |
| No. 3                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                            |        |                                     |       |                                               |       |  |       |  |       |  |
| No. 4                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                            |        |                                     |       |                                               |       |  |       |  |       |  |

**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 |
|---------------------------|-----------------------------------------------------|----------------------------------------------|
|                           |                                                     |                                              |

**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.

*Garah Johnson* 02-14-12  
 Lobbyist signature Date