Rev. 11	/2011		LO	BBYIST	RE	POR	T FORM		age		age(s)	
OFF.	SEAF OF	State of Ida	ho 🖌	ANNUA	L		EMI-ANNUAL		HIS SPACE	FOR OFFICE US	E ONLY	
THE		Ben Ysursa Secretary of State						12 D	EC 31	AM 08:43	3	
				To Be Filed By:			SEC	SECRETARY OF STATE				
18		·		L-2		BBYIS c. 67-6		5	STAT	E OF ID	AHO	
		(Type or print clear See instructions a	t bottom of page									
	st's name ar N <b>Varin</b>	nd permanent busine	ss address				e prepared		Period of	covered		
		enter Blvd				14	2/31/2012			year endir	ng	
Boise	e, ID 837	706							(Mo.)	) (Day)	(Yr.)	
_									12	31	2012	
Item 1		-	ble expenditures made o		-	-		-	-		yer.	
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity			*Total Amount for All Employers	Proportionate amounts contributed by each employer (I Item 3, at bottom of page.)				oyer (Identify en	dentify employers, under			
Do Not Have to be Reported			· · · · · · · · · · · · · · · · · · ·	Employer No.		1 Employer No. 2		Employer No. 3		Employer No. 4		
Entertainment Food and Refreshment		hment	\$\$0.00	\$\$0.00			\$	\$		\$		
Living	Accommo	odations	\$0.00	\$0.00								
Advertising			\$0.00	\$0.00								
Travel			\$0.00	\$0.00								
Telephone			\$0.00	\$0.00								
Other E	Expenses	or Services	\$0.00	\$0.0	0							
		Total	\$\$0.00	\$_\$0.C	)0		\$	\$		\$		
*When			re reporting for requires m	-						-		
<b>-</b> .		lls of each expendi household.	iture of more than one hu	indred (\$10	0) for a	legisla	tor, other holder of p	ublic office, exe	cutive c	officials and i	member(s)	
Item- 2			Place		Δ.	mount		Legislators, Publi			ials	
	Date		Place		A	mount	2	and Household Me	embers II	n Group		
	Continued of	on attached page(s)				-						
INSTRUCTIONS						Iter 3	n En	Employer(s) Name(s) and Address(es)				
Wh	o should		ny lobbyist registered ur	nder Section	1	No. 1	Pacific Source Healt	h Plan				
1			-6617 Idaho Code				408 E Parkcenter Bl	vd Ste 100 Boise	e ID 837	706 USA		
Fili	ng deadli		is due on January 31st. bbyist semi-annual repo	rt due July 3	31st.	No. 2						
то	BE FILF	D WITH-				<u> </u>						
TO BE FILED WITH: Ben Ysursa Secretary of State						No. 3						
1		PO	Box 83720									
	Р	Boise, hone: (208) 334-2	ID 83720-0080 2852 Fax: (208) 334-2	282		No. 4						

Item	Subject matter of proposed legislation, the number of the Senate				LEGISLATIVE SUBJECT IDENTIFICATION				
Item 4 ubject from t 7	or Ho the L		legislative activity in which	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Subject   Agriculture, horticulture,   farming, and livestock   Amusements, games, athletics   and sports   Banking, finance, credit and   investments   Children, minors, youth,   senior citizens   Church and religion   Consumer affairs   Ecology, environment, pollution,   conservation, zoning, land and   water use   Education   Elections, campaigns, voting,   political parties   Equal rights, civil rights,   minority affairs   Government, financing,   taxation, revenue, budget,   appropriations, bids, fees, funds   Government, county   Government, federal   Government, special districts   Government, state	Code 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 at the ab	Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)		
Item Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or				lectronically signed		12/31/2012 Date			
5	1	obbyist was supporting or op	•		nployer No. 1 signature		Data		
				En	ipioyer 190. i signature		Date		
				En	nployer No. 2 signature		Date		
				En	nployer No. 3 signature		Date		