## Rev. 11/2011

## LOBBYIST MONTHLY REPORT FORM



## State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

 $\begin{array}{cccc} Page \underline{\hspace{0.5cm}} of \underline{\hspace{0.5cm}} Page(s) \\ \text{THIS SPACE FOR OFFICE USE ONLY} \end{array}$ 

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## SECRETARY OF STATE STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page

|   | See                          | e instructions at                                 | bottom of page                     |   |           |          |                       |   |              |                            |  |  |
|---|------------------------------|---|------------------------------------|---|-----------|----------|-----------------------|---|--------------|----------------------------|--|--|
| Lobbyist's name and permanent business address  |                              |   |                                    |   |           |          | Date prepared         |   |              | Period covered             |  |  |
| Erin Russell<br>2724 N. Tenaya Way  |                              |   |                                    |   |           |          | 3/5/2013              |   |              | month ending               |  |  |
|   | n. Tenaya<br>egas, NV 8      |   |                                    |   |           |          |                       |   |              |                            |  |  |
| Las ve  | gas, iv c                    | 03120   |                                    |   |           |          |                       |   | (Mo          |                            |  |  |
|   |                              |   |                                    |   |           |          |                       |   | 2            | 28 2013                    |  |  |
| Item<br>1   | Totals                       | of all reportab                                   | ole expenditures made o            | or incurred by  | y Lobby   | ist or b | y Lobbyist's Empl     | oyer on behalf  | of Lobb      | oyist's Employer.          |  |  |
| Reimbu  |                              | penditure<br>iving and Travel<br>obbying Activity | *Total Amount for<br>All Employers | Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.) |           |          |                       |   |              |                            |  |  |
|   | Not Have to be               |   |                                    | Employe   | er No. 1  |          | Employer No. 2        | Employer  | No. 3        | Employer No. 4             |  |  |
| Entertai  |                              |   |                                    |   |           |          |                       |   |              |                            |  |  |
| Food an   | d Refreshme                  | ent   | \$_\$0.00                          | \$_\$0.00   |           | \$_      |                       | \$  |              | . \$                       |  |  |
| Living A  | Accommodat                   | ions  | \$0.00                             | \$0.00  | <u> </u>  | _ _      |                       |   |              |                            |  |  |
| Advertising   |                              |   | \$0.00                             | \$0.00  |           | _ _      |                       |   |              |                            |  |  |
| Γravel  |                              |   | \$0.00                             | \$0.00  | )         | _ _      |                       |   |              |                            |  |  |
| Геlepho   | ne                           |   | \$0.00                             | \$0.00  | )         | _ _      |                       |   |              |                            |  |  |
| Other E   | xpenses or S                 | ervices   | \$0.00                             | \$0.00  |           | _   _    |                       |   |              |                            |  |  |
|   |                              | Total   | \$_\$0.00                          | \$_\$0.00   | )         | \$_      |                       | <b>\$</b>   |              | \$                         |  |  |
| *Whon t   | ha mumhan af                 | 1   |                                    | <br>  | maa ta ba | flad a t | atal amount for all a | <br>  | 1 h.a. amtau | and on Poss 1              |  |  |
| when t  |                              |   | re reporting for requires m        |   |           |          |                       |   |              | e, executive officials and |  |  |
| Item-   | member(s) of their household |   |                                    |   |           |          |                       |   |              |                            |  |  |
| 2   | Date                         | Date Place  |                                    |   | Amou      |          |                       | Names of Legislators, Public and Executive Official<br>and Household Members in Group |              |                            |  |  |
|   | Date                         |   | T luce                             |   | 7 1111    | Ount     |                       | and Household I   | vicinocis    | пі Огоцр                   |  |  |
|   |                              |   |                                    |   |           |          |                       |   |              |                            |  |  |
|   |                              |   |                                    |   |           |          |                       |   |              |                            |  |  |
|   |                              |   |                                    |   |           |          |                       |   |              |                            |  |  |
|   |                              |   |                                    |   |           |          |                       |   |              |                            |  |  |
|   |                              |   |                                    |   |           |          |                       |   |              |                            |  |  |
|   | Continued on a               | ttached page(s)                                   |                                    |   |           |          |                       |   |              |                            |  |  |
| INSTRUCTIONS  Item 3  |                              |   |                                    |   |           | Е        | mployer(s) Name       | e(s) and A  | Address(es)  |                            |  |  |
|   |                              |   |                                    |   |           | U        | nited HealthCare      | Services, Inc.  |              |                            |  |  |
| Who should file this form: Any lobbyist registered under Section No. 1  | 724 N. Tenaya Wa             |   | IV 89128                           | 8 USA   |           |          |                       |   |              |                            |  |  |
| <b>Filing deadline:</b> Monthly reports due within fifteen (15) days of the month for activities of the past month. |                              |   |                                    |   |           | No. 2    |                       |   |              |                            |  |  |
| mo :  | )                            |   | -                                  |   | ⊢         |          |                       |   |              |                            |  |  |
| 101   | BE FILED W                   |   | en Ysursa                          |   | N         | No. 3    |                       |   |              |                            |  |  |
|   |                              | Secre   | etary of State                     |   |           |          |                       |   |              |                            |  |  |
| PO Box 83720<br>Boise, ID 83720-0080  |                              |   |                                    |   |           | No. 4    |                       |   |              |                            |  |  |
|   | Phon                         |   | 852 Fax: (208) 334-2               | 282   |           | NO. 4    |                       |   |              |                            |  |  |
|   |                              |   |                                    |   |           |          |                       |   |              |                            |  |  |

|   | ject matter of proposed legislat  |   | LEGISLATIVE SUBJECT IDENTIFICATION   |  |  |   |  |  |
|---|---|---|--|--|--|---|--|--|
| 4   | louse Bill, Resolution or other Lobbyist was supporting or opposite bill, Resolution or Other Legislative Ident. Number | 2 | Code<br>01<br>02<br>03<br>04<br>05<br>06<br>07<br>08<br>09<br>10<br>11<br>12<br>13<br>14<br>15<br>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, tederal Government, special districts Government, state | Code 17  18 19 20 21 22 23 24 25 26  27 28  29 30 31 | 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 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.  Electronically signed 3/5/2013  Lobbyist signature Date |  |  |   |  |  |