Rev. 12/2012

3554

f Idaho

sursa Secretary of State

LOBBYIST	REPORT	FORM
----------	---------------	-------------

/	ANNUAL

To Be Filed By:

\mathbb{I} S	$\mathbf{F}\mathbf{M}$	I-A	NN	IJAT

Page	of	Page(s)
THIS SPAC	E FOR OFFI	CE LISE ONLY

14 DEC 31 AM 10:05

SECRETARY OF STATE STATE OF IDAHO

CALLIT SEAL	State of
2 (1)	Ben Y

	The second secon			L-2	_	BBYIS c. 67-6							F STAT DAHO
			arly in black ink)										
Micha 101 (t's name and per ael Rowder Constitution nington, DC	rmanent busines Ave NW	t bottom of page ss address				e prepared 2/31/2014	4			riod co (Mo.)	vered year endi (Day)	(Yr.)
Item 1	Totals	of all reportat	ole expenditures made	or incurred b	oy Lobl	byist or	by Lobby	ist's Empl	loyer on b	ehalf of L	obbyis	st's Emplo	yer.
Ca Reimb	Lategory of Expursed Personal Lives Pertaining to Lo	ving and Travel	*Total Amount for All Employers	Proportionate Item 3, at bot				each empl	oyer (Ide	ntify emplo	yers, u	nder	
	o Not Have to be			Emplo	yer No.	1	Employer No. 2		Employer No. 3			Employer No. 4	
	inment nd Refreshmer	nt	\$_\$0.00	\$_\$0.0	00		\$		\$			S	
Living	Accommodati	ons	\$0.00	\$0.0	00	.					-		
Advert	ising		\$0.00	\$0.0	00	.					-		
Travel			\$0.00	\$0.0	00	.			.		-		
Telepho	one		\$0.00	\$0.0	00	-					-		
Other I	Expenses or Se	ervices	\$0.00	\$0.0	00								
		Total	\$_\$0.00	\$_\$0.0	00	!	\$		\$			8	
	The totals of		re reporting for requires me ture of more than one household	-								_	officials
Item-	Date	(s) of their no	Place		A	mount				rs, Public ar			ials
	Continued on att	ached page(s)											
		INST	RUCTIONS			Iten 3	1	E	mployer(s)	Name(s) aı	nd Add	ress(es)	
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code					1	American Council of Life Insurers No. 1 101 Constitution Ave NW Ste 700 Washington DC 20001 USA							
Fili			is due on January 31st. obyist semi-annual repo		31st.	No. 2							
ТО	BE FILED W	B Secre	en Ysursa etary of State			No. 3							
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282					No. 4								

Item		ect matter of proposed legislat		LEGISLATIVE SUBJECT IDENTIFICATION				
4		ouse Bill, Resolution or other		G 1	6.11.4	0.1	G 1.1.4	
	the L	obbyist was supporting or op	posing.	O1	Subject Agriculture, horticulture,	Loae 17	Subject Health service, medicine, drugs	
Subject	Code	Bill, Resolution or Other	Appropriation Bill Number	01	farming, and livestock	1 /	and controlled substances, health	
(from		Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals	
20		H.B. 511, H.B. 564		1 02	and sports	18	Higher education	
20		H.B. 358		03	Banking, finance, credit and	19	Housing, construction, codes	
		11.5. 556		03	investments	20	Insurance (excluding health	
				04	Children, minors, youth,		insurance)	
				"	senior citizens	21	Labor, salaries and wages,	
				05	Church and religion		collective bargaining	
				06	Consumer affairs	22	Law enforcement, courts,	
				07	Ecology, environment, pollution,		judges, crimes, prisons	
					conservation, zoning, land and	23	License, permits	
					water use	24	Liquor	
				08	Education	25	Manufacturing, distribution and	
				09	Elections, campaigns, voting,		services	
					political parties	26	Natural resources, forest and	
				10	Equal rights, civil rights,		forest products, fisheries, mining	
					minority affairs		and mining products	
				11	Government, financing,	27	Public lands, parks, recreation	
					taxation, revenue, budget,	28	Social insurance, unemployment	
					appropriations, bids, fees, funds		insurance, public assistance,	
				12	Government, county		workmen's compensation	
				13	Government, federal	29	Transportation, highways,	
				14	Government, municipal		streets and roads	
				15	Government, special districts	30	Utilities, communications,	
				16	Government, state		televisions, radio, newspaper,	
						2.1	power, CATV, gas	
						31	Other (please specify)	
				_				
				1	ERTIFICATION: I hereby certify the prrect statement in accordance with S		, 1	
				_	Electronically signed		12/31/2014	
Item 5	contra	fy any rule, ratemaking decisict bid or bid process, financia obbyist was supporting or opp	l services agreement or	L	obbyist signature		Date	
		/ and Proposed Rule		Er	mployer No. 1 signature		Date	
		.01.46 – Recognition		Er	mployer No. 2 signature		Date	
Morta	lity T	ables for Use in Dete	rmining Reserve					
Liabil		for Annuities and Pure	e Endowment	Er	nployer No. 3 signature		Date	
] Er	mployer No. 4 signature		Date	
					- ·			