Rev. 12/2012

LOBBYIST MONTHLY REPORT FORM



3448

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								
Lobbyist's name and permanent business address						Date prepared			Period covered		
Nicholas Miller 877 W Main St						3/3/2014			✓ month ending		
Boise, ID 83702									l Ma) (Day)	(V=)
,									(Mo.	´ ı ` ' ı	(Yr.)
									2	28 2	2014
Item 1			ole expenditures made o		-	-		-			
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity			*Total Amount for All Employers		Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)					s, under	
Do Not Have to be Reported			r	Employer No. 1		1	Employer No. 2	Employer No. 3		Employer No	. 4
Entertainment Food and Refreshment			\$ <u>\$0.00</u>	\$_\$0.00)		\$	_ \\$		\$	
Living Accommodations			\$0.00	\$0.00				_			
Advertis	sing		\$0.00	\$0.00							
Travel			\$0.00	\$0.00				_			
Telepho	ne		\$0.00	\$0.00				_			
Other Expenses or Services			\$0.00	\$0.00		-		_			
Total			\$_\$0.00	\$_\$0.00		!	5	\$		\$	
*When t	ha numbar of a	amplovers vou a	re reporting for requires m	 	rme to l	ha filad :	a total amount for all	amployers should	ha antare	ed on Page 1	
W Hell t			liture of more than one								official
Item-	and member(s) of their household										
2	Date Place			٨		Nan Amount		ames of Legislators, Public and Executive Officials and Household Members in Group			
	Continued on a	ttached page(s)									
INSTRUCTIONS						Item 3	I F	Employer(s) Name(s) and Address(es)			
							Idaho Health Facil	ities Authority			
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code					l	No. 1 1087 W River Street Ste 250 Boise ID 83702 USA					
Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.						No. 2					
TO BE FILED WITH:											
Ben Ysursa											
Secretary of State PO Box 83720											
Boise, ID 83720-0080						No. 4					
Phone: (208) 334-2852 Fax: (208) 334-2282											

Colindary Commend 1 1 1 2 4 1 Cd Cd					LEGICLATIVE CUDIECT IDENTIFICATION					
Item Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which			LEGISLATIVE SUBJECT IDENTIFICATION							
4		obbyist was supporting or opp		Code	Subject	Code	Subject			
	l the L	sooyist was supporting or opp		01	Agriculture, horticulture,	17	Health service, medicine, drugs			
Subjec	t Code	Bill, Resolution or Other	Appropriation Bill Number	7	farming, and livestock		and controlled substances, health			
(from	table)	Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals			
11					and sports	18	Higher education			
• •				03	Banking, finance, credit and	19	Housing, construction, codes			
					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			
				00	water use	24	Liquor			
				08	Education	25	Manufacturing, distribution and services			
				09	Elections, campaigns, voting, political parties	26	Natural resources, forest and			
				10	Equal rights, civil rights,	20	forest products, fisheries, mining			
				10	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,			
							power, CATV, gas			
						31	Other (please specify)			
				Ι,	CERTIFICATION: I hereby certify	hat the a	hove is a true complete and			
	l				correct statement in accordance with					
Item	Identi	fy any rule, ratemaking decision	on, procurement, contract,		The second secon					
5			s or bond lobbyist was support-	-						
	ing or	opposing.		4	Electronically signed		3/3/2014			
					Lobbyist signature		Date			
				'	Loody 13t Signature		Date			
				1						