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)

Page___of__Page(s)
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14 FEB 03 AM 11:41

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						Da	Date prepared Period covered						
Nicholas Miller						2	2/3/2014			month ending			
877 W Main St													
Boise, ID 83702										(Mo.)	(Day)	(Yr.)	
										1	31	2014	
Item 1	Totals	of all reportab	ole expenditures made o	or incurred b	y Lobl	byist o	r by L	obbyist's Empl	oyer on behalf o	of Lobby	rist's Emplo	yer.	
Category of Expenditure Proportionate a								ted by each emplo	oyer (Identify en	ployers,	under		
Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			All Employers	Employer No. 1			Employer No. 2		Employer No. 3		Employe	Employer No. 4	
Entertainment											1 3		
Food and Refreshment			\$_\$0.00	\$_\$0.00			\$		\$		\$		
Living Accommodations			\$0.00	\$0.00									
Adverti	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			\$	\$		\$			
*When t	he number of 6	emplovers vou a	re reporting for requires m	ultiple L-2 fo	orms to	be filed	a tota	l amount for all e	mplovers should b	oe entered	d on Page 1.		
	the number of employers you are reporting for requires multiple L-2 forms to The totals of each expenditure of more than one hundred five doll											ve official	
Item-	and member(s) of their household.					Names of Legislators, Public and Executive Officials							
2	Date		Place			Amount		and Household Members in Group					
	Continued on a	ttached page(s)											
INSTRUCTIONS						Iter 3		En	Employer(s) Name(s) and Address(es)				
							Idaho Health Facilities Authority						
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code						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 Phone: (208) 334-2852 Fax: (208) 334-2282						No. 4							
1 Hono. (200) 55 1 2052 1 u.a. (200) 557-2202													

	Subie	ect matter of proposed legislat	ion the number of the Senate	LEGISLATIVE SUBJECT IDENTIFICATION					
Item	Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which								
4		the Lobbyist was supporting or opposing.		Code	Subject	Code	Subject		
	l the E			01	Agriculture, horticulture,	17	Health service, medicine, drugs		
Subject	Code	Bill, Resolution or Other	Appropriation Bill Number	1	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		
11				03	Banking, finance, credit and	19	Housing, construction, codes		
					investments	20	Insurance (excluding health		
					Children, minors, youth,		insurance)		
				04	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 09	Education	25	Manufacturing, distribution and		
					Elections, campaigns, voting,		services		
					political parties	26	Natural resources, forest and		
					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,		
					,		power, CATV, gas		
						31	Other (please specify)		
							4		
				(CERTIFICATION: I hereby certify t	hat the a	bove is a true, complete and		
	l			1	correct statement in accordance with				
Item		fy any rule, ratemaking decision							
5	1		s or bond lobbyist was support-						
	ing or opposing.			1	Electronically signed	2/3/2014			
				-	Lobbyist signature				
				'	Loodyist signature		Date		