Rev. 12/2012

LOBBYIST MONTHLY REPORT FORM



3454

State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619)

Page____of___Page(s) THIS SPACE FOR OFFICE USE ONLY

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SECRETARY OF STATE STATE OF IDAHO

		pe or print clear instructions at											
Gary 1211 \	-	rmanent busines	ss address				•	epared 2014	'	Period (Mo.	<u> </u>	ending) (Yr.)	
										1	31	2014	
Item 1	Totals	of all reportab	ole expenditures made o	or incurred b	y Lobb	yist o	r by	Lobbyist's Empl	oyer on behal	lf of Lobb	yist's Emp	loyer.	
Reimbu	tegory of Expressed Personal Li	ving and Travel	*Total Amount for All Employers	Proportionate amounts Item 3, at bottom of			nts contributed by each employer (Identif page.)			y employers, under			
	penses Pertaining to Lobbying Activity Do Not Have to be Reported tertainment			Employer No. 1		1	Employer No. 2		Employer No. 3		Employer No. 4		
	nment d Refreshme	nt	\$ \$0.00	\$ \$0.00)		\$ \$	0.00	\$ \$0.00		\$		
Living Accommodations			\$0.00	\$0.00			\$0.00		\$0.00				
Advertising			\$0.00	\$0.00			\$0.00		\$0.00				
Travel			\$0.00	\$0.00)		\$	0.00	\$0.00				
Telepho	ne		\$0.00	\$0.00)		\$	0.00	\$0.00				
Other E	xpenses or Se	ervices	\$0.00	\$0.00)		\$	0.00	\$0.00				
		Total	\$_\$0.00	\$ \$0.00)		\$_\$	60.00	\$_\$0.00		\$		
*When t	he number of e	emnlovers vou a	re reporting for requires m	ultiple L-2 fo	irms to l	he filed	a tot	al amount for all e	mployers shou	ld he entere	 ed on Page 1		
***************************************	The totals of	of each expend	liture of more than one										
Item-	and member(s) of their household.								Names of Legislators, Public and Executive Officials				
2	Date		Place	Amoun			and House		hold Members in Group				
	ا Continued on a	ttached page(s)											
INSTRUCTIONS						Iter 3		Employer(s) Name(s) and Address(es)					
						N. 1	Brid	dgeSpan Health	Company				
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code						No. 1 1211 W Myrtle St Ste 200 Boise ID 83702 USA							
Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.						Cambia Health Solutions Inc No. 2 1211 W Myrtle St Ste 200 Boise ID 83702 USA							
ТОІ	BE FILED W	ITH:					Re	gence BlueShield	d of Idaho				
Ben Ysursa Secretary of State						No. 3 1211 W Myrtle St S				D 83702 I	JSA		
	Phone	Boise,	Box 83720 ID 83720-0080 852 Fax: (208) 334-2	2282		No. 4							

	ect matter of proposed legislat		LEGISLATIVE SUBJECT IDENTIFICATION						
4 01 11	ouse Bill, Resolution or other Lobbyist was supporting or opposed Bill, Resolution or Other Legislative Ident. Number		Code 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, frederal Government, municipal Government, special districts Government, state	Code 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	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 2/12/2014 Lobbyist signature Date						