## Rev. 12/2012

3467

## LOBBYIST MONTHLY REPORT FORM

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	S.	
100	RETON !	

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 12 AM 11:07

## 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								
-		ermanent busine	ss address			Dat	e prepared		Period	l covered	
Erin R						2/	12/2014			✓ month en	ding
	N Tenaya \								'	<u> </u>	
Las v	egas, NV 8	39128							(Mo	o.) (Day)	(Yr.)
									1	31	2014
Item 1	Totals	of all reportal	ole expenditures made of	or incurred by	y Lobł	byist or	by Lobbyist's Em	ployer on behal	f of Lobl	byist's Emplo	yer.
Reimbu	tegory of Expressed Personal Li	iving and Travel	*Total Amount for All Employers	Proportiona Item 3, at b			tributed by each emp	ployer (Identify	employer	rs, under	
Expenses Pertaining to Lobbying Activity <b>Do Not Have to be Reported</b>		All Employers	Employer No. 1		1	Employer No. 2	Employer No. 3		3 Employer No. 4		
Entertai	nment										
	nd Refreshme	ent	\$_\$0.00	\$ \$0.00	)		\$	_ \ \\$		\$	
Living Accommodations  Advertising		\$0.00	\$0.00 \$0.00								
		\$0.00									
Travel			\$0.00	\$0.00	)						
Telepho	one		\$0.00	\$0.00	)			_			
Other E	xpenses or S	ervices	\$0.00	\$0.00	)			_		-	
		Total	\$_\$0.00	\$ \$0.00	)	:	\$	_ \$		. \$	
*When t			re reporting for requires m								: CC . : . 1
_		er(s) of their ho	liture of more than one	nunarea 11ve	e dona	ırs (\$10	5) for a legislator,	other holder of	public c	mice, execut	ive official
Item-		(=) ==					Names	of Legislators, Pu			cials
	Date		Place		A	mount		and Household	Members	in Group	
	Continued on a	ttached page(s)									
INSTRUCTIONS					Item 3	<b>1</b> ]	Employer(s) Nam	mployer(s) Name(s) and Address(es)			
							United HealthCare	e Services Inc			
Who	o should file		ny lobbyist registered u -6617 Idaho Code	nder Section		No. 1	2724 N Tenaya W		NV 89128	3 USA	
F				5 1 01							
Filir	ig deadline:		orts due within fifteen (1 civities of the past mont		ne	No. 2					
TO I	BE FILED W	/ITH:									
Ben Ysursa					No. 3						
			etary of State Box 83720								
			ID 83720-0080			No. 4					
	Phon	e: (208) 334-2	852 Fax: (208) 334-2	2282							

Item Subject matter of proposed legislation, the number of the Sen or House Bill, Resolution or other legislative activity in wh			LEGISLATIVE SUBJECT IDENTIFICATION					
4   01 11	ouse Bill, Resolution or other obbyist was supporting or opporting 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	fy any rule, ratemaking decisi- bid process, financial services opposing.	on, procurement, contract, s or bond lobbyist was support-	† '	CERTIFICATION: I hereby certify to correct statement in accordance with Electronically signed		, 1		