3715 Rev. 12/2012

State of Idaho

Ben Ysursa Secretary of State

LOBBYIST MONTHLY REPORT FORM

To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

Page	of	Page(s)
THIS SPACE	FOR OFFICE	USE ONL

4 FEB -3 PM 1:09

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

Morgan (woody) Richards P.O. BOX 2076 Boise, Idelo 83701

2/1/2014

Period covered from the ending (Mo.) (Day) (Yr.)

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.)							
Do Not Have to be Reported	, 2	Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4				
Entertainment Food and Refreshment	s 36.00	s_ O	\$	s 10, XX	\$				
Living Accommodations									
Advertising					.				
Travel									
Telephone									
Other Expenses or Services									
Total	s 36.00	s_ &	s_ \	\$10.XX	s				

*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.

The totals of each expenditure of more than one hundred five dollars (\$105) for a legislator, other holder of public office, executive officials and member(s) of their household.

| Date | Place | Amount | Names of Legislators, Public and Executive Officials and Household Members in Group

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Continued on attached page(s)

INSTRUCTIONS

Who should file this form: Any lobbyist registered under Section

67-6617 Idaho Code

Filing deadline: Monthly reports due within fifteen (15) days of the

month for activities of the past month.

TO BE FILED WITH:

Ben Ysursa Secretary of State PO Box 83720

Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282 Item 3

Employer(s) Name(s) and Address(es)

No. 1 18911 No: Therese Parkong # 30

Bothell Washington 980 America Foundly Issue

Englewood, Coloredo 80112

No.3 275 Terra UIS to Ource

Pocotello, Idofo 83761

No. 4

			т	LECIOL ARIVE OU	DIECE	IDENTIFICATION
				LEGISLATIVE SUI	BJECT	IDENTIFICATION
Item or H	ect matter of proposed legislat ouse Bill, Resolution or other obbyist was supporting or opposed Bill, Resolution or Other Legislative Ident. Number H B 358 C vor & total	legislative activity in which posing. Appropriation Bill Number and Section Number	Code 01 02 03 04 05 06 07	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,	Code 17 18 19 20 21 22 23 24 25	Subject 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
			10 11 12 13 14 15 16	political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state	26 27 28 29 30	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)
5 bid o	fy any rule, ratemaking decisi bid process, financial service opposing.	on, procurement, contract, s or bond lobbyist was support-	1	CERTIFICATION: I hereby certify correct statement in accordance with	1 Section	67-6624 Idaho Code.

Lobbyist signature

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

Page of Page(s)
THIS SPACE FOR OFFICE USE ONLY

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(Type or print clearly in black ink) See instructions at bottom of page

		c nightachons at					1				
Lobbyis	t's name and p	ermanent busine	ss address		Da	te prepared		Period covered			
	Morg	40 (WOO	ly) Richolds 276		ł			month ending			
	6.00	Box 20	376		- 1	11		(Mo.) (Day) (Vo.)			
	Bois	o The	ho 83701		1	2/1/2014		(Mo.) (Day) (Yr.)			
Item			······································	· · · · · · · · · · · · · · · · · · ·	<u> </u>	•		1 31 2014			
1			ole expenditures made o					of Lobbyist's Employer.			
	ntegory of Ex ursed Personal L	penditure iving and Travel	*Total Amount for		oportionate amounts contributed by each employer (Identify employers, under em 3, at bottom of page.)						
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			All Employers	Employer		Employer No. 2	Employer N	lo. 3 Employer No. 4			
Entertai				Employer	110.1	Employer No. 2	Limployer N	d. 5 Employer No. 4			
	nd Refreshme	ent	s 36.xx	sØ		s	\$	s 6			
Living A	Accommodat	tions	,	(7	1				
Adverti	sing										
Travel											
Telepho	ne										
Other E	xpenses or S	ervices									
		Total	s 36,xx	s	5	s Ø	s	s Ø			
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*When t			re reporting for requires m								
14		of each expend er(s) of their ho		hundred five d	ioliars (\$10	5) for a legislator, of	ther holder of pu	ublic office, executive officials			
ltem- 2	Date		Place		Amount	Names of Legislators, Public and Executive Officials Amount and Household Members in Group					
	Date		riace		Amoun		and Household Me	anoers in Group			
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	Continued on a	ttached page(s)			1 14						
		INST	RUCTIONS		Iten 3	En	nployer(s) Name(s	s) and Address(es)			
						Assecra	ted log	pers Exchange			
Who	should file		y lobbyist registered un	der Section	No. 1	P.a. Box		83715			
		6/-	6617 Idaho Code			Tdala	CASORO	Guerout Assec			
Filin	g deadline:		ts due within fifteen (1) vities of the past month		No. 2	1720 Be		804# TE-1+3			
		monus for acti	vities of the past monar	•	ļ			6 80222			
TO E	BE FILED W		n Ysursa		No. 3	NECI 901 Pen	Holdings	isperate Circle			
			n r sursa tary of State					Florida 33487			
			Box 83720 D 83720-0080		No. 4		Noi Kor Composition Exclored				
	Phone		52 Fax: (208) 334-22	282	NO. 4		359' TdsDr				
						CHANGE TOWN		3 (

			ion, the number of the Senate	LEGISLATIVE SUBJECT IDENTIFICATION					
Item 4 Subject (from t	or Ho the L	Bill, Resolu Legislative I	legislative activity in which	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, federal Government, municipal Government, special districts Government, state		Subject 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)		
	1,1,				CERTIFICATION: 1 hereby certify correct statement in accordance witl				
Item 5			ion, procurement, contract, es or bond lobbyist was support-	-	4, 0		<i>(. f</i>		

ing or opposing.

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

PO Box 83720

Boise, 1D 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282

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14 FEB -3 PM 1:09

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		ype or print clear ee instructions at	- ,					5	IAIE	OF IDA	НО
Lobbyis	t's name and r	ermanent busine	ess address			Date p	repared		Period c	overed	
	Mos	you w	Richards						month ending		
	Po	. Box 2	076				2/1/2014		(Mo.)	(Day)	(Yr.)
	Boi	iso, Ida	cho 83701			'	2 1 1 40.	1	1	3(2014
Item 1	Total	s of all reporta	ble expenditures made o	r incurred	by Lobb	yist or by	Lobbyist's Empl	oyer on behalf	of Lobby	ist's Emplo	yer.
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity *Total Amount for All Employers			Proportion Item 3, at			buted by each emplo	oyer (Identify e i	nployers,	under		
	o Not Have to b		Till Employers	Emplo	yer No. 1		Employer No. 2	Employer N	lo. 3	Employe	No. 4
Enterta Food a	inment nd Refreshm	ent	s 36.xx	s_ 20	o. K Y	\$_	φ	s_ 7	5	\$	(RATIO)
Living	Accommoda	tions									
Advert	ising									~	
Travel											
Telepho	one					-				4	-111-2
Other E	Expenses or S	Services			water for suit of						
	Total \$ 36.XX		s 36.XX	s 26.xx		s	Ø	s Ø		\$	
*11/1	tha mumban of	omnloven vou e	 	ultiple I 2 6	orme to be	 a filed a to	(malovers should	ha antered	on Page 1	
When	The totals	of each expend	diture of more than one								ve officials
Item-	and memb	er(s) of their ho	ousehold.				Names of	Legislators, Pub	lic and Exe	cutive Offic	ials
2	Date		Place		An	nount	l .	and Household M			
			W/A		The state of the s						
	Continued on a	attached page(s)									
		INST	RUCTIONS			Item 3	1	nployer(s) Name(,		
Who should file this form: Any lobbyist registered under				der Section		No. 1	Americas	Herth 100210 Au	Isso.	, w, w, , x04	25 Su:fe_#50
67-6617 Idaho Code Filing deadline: Monthly reports due within fifteen (15 month for activities of the past month.					he	No. 2	Surplus 595 S. Boiso, I	Line Ass 14th Str 2daho 8	8370	~ ~	
то	BE FILED W		en Ysursa		1	No. 3	6950 N.				e
Secretary of State							flills loo	Drago	· P	7/24	

No. 4

	1 0 1				LECTOL ATTIVE OUR	NI COR	IDENTIFICATION			
ltem			ion, the number of the Senate	LEGISLATIVE SUBJECT IDENTIFICATION						
4		ouse Bill, Resolution or other								
•	the L	obbyist was supporting or op	posing.	1	Subject		Subject			
6.1:		Dill D. Lei Od	T4 : 5:1131 - 1	01	Agriculture, horticulture,	17	Health service, medicine, drugs			
Subject		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 0 0 0	}		and sports	18	Higher education			
2	\sim	# B 358 # B 393		03	Banking, finance, credit and	19	Housing, construction, codes			
~		11	1		investments	20	Insurance (excluding health			
('	7	n B 393		04	Children, minors, youth,		insurance)			
,	'	H		ļ	senior citizens	21	Labor, salaries and wages,			
11	1	60 1221		05	Church and religion		collective bargaining			
(,	5B 1243		06	Consumer affairs	22	Law enforcement, courts,			
_				07	Ecology, environment, pollution,		judges, crimes, prisons			
(ኅ		5 B 1243			conservation, zoning, land and	23	License, permits			
•					water use	24	Liquor			
			1	08	Education	25	Manufacturing, distribution and			
			1	09	Elections, campaigns, voting,		services			
					political parties	26	Natural resources, forest and			
			į	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,			
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	ļ]		31	Other (please specify)			
			İ	į						
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					CERTIFICATION: I hereby certify t	hat the a	bove is a true, complete and			
			1		correct statement in accordance with					
Item	Identif	fy any rule, ratemaking decisi	on, procurement, contract,	`	on the statement in deep define with					
5			s or bond lobbyist was support-							
3	ing or	opposing.			Mara W. Ru	01	1. 2/2/2014			
				1	120 Da W. Kee	*OO	1. 01-1-01			

N/A

Mayor W. Recood J. 2/2/2014

Lobbyist signature

Date