

Rev. 12/2016



State of Idaho

Lawrence Denney  
Secretary of State(Type or print clearly in black ink)  
See instructions at bottom of page

## LOBBYIST REPORT FORM

 ANNUAL     SEMI-ANNUALPage \_\_\_\_\_ of \_\_\_\_\_ Page(s)  
THIS SPACE FOR OFFICE USE ONLY

2019 JAN - 1 AM 9:57

SECRETARY OF STATE  
STATE OF IDAHO

To Be Filed By:

<b>L-2</b>	<b>LOBBYISTS</b>
(Sec. 67-6619)	

Lobbyist's name and permanent business address

Blue Cross of Idaho Health Service, Inc.  
300 E. Pine Avenue  
Meridian, ID 83642

Date prepared

1/8/19

Period covered

 year ending(Mo.) (Day) (Yr.)  
12 31 2018

Item 1	Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.				
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	*Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment	\$0.00	\$0.00	\$	\$	\$
Food and Refreshment	\$0.00	\$0.00	\$	\$	\$
Living Accommodations	0.00	0.00			
Advertising	0.00	0.00			
Travel	0.00	0.00			
Telephone	0.00	0.00			
Other Expenses or Services	0.00	0.00			
Total	\$0.00	\$0.00	\$	\$	\$

\*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 ten dollars (\$110) for a legislator, other holder of public office, executive officials and member(s) of their household.

Item 2	Date	Place	Amount	Names of Legislators, Public and Executive Officials and Household Members in Group

 Continued on attached page(s)

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code	No. 1	Blue Cross of Idaho Health Service, 300 E. Pine Ave. Meridian, ID 83642
Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st.	No. 2	
TO BE FILED WITH:  Lawerence Denney Secretary of State PO Box 83720 Boise, ID 83720-0080 elections@sos.idaho.gov Phone: (208) 334-2852 Fax: (208) 334-2282	No. 3	
	No. 4	

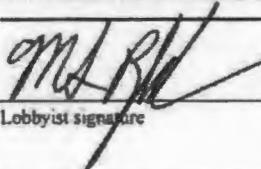
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STATE

<b>Item 4</b>	Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.	
Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number
<b>Item 5</b>	Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing	

LEGISLATIVE SUBJECT IDENTIFICATION	
Code	Subject
01	Agriculture, horticulture, farming, and livestock
02	Amusements, games, athletics and sports
03	Banking, finance, credit and investments
04	Children, minors, youth, senior citizens
05	Church and religion
06	Consumer affairs
07	Ecology, environment, pollution, conservation, zoning, land and water use
08	Education
09	Elections, campaigns, voting, political parties
10	Equal rights, civil rights, minority affairs
11	Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds
12	Government, county
13	Government, federal
14	Government, municipal
15	Government, special districts
16	Government, state
17	Health services, medicine, drugs and controlled substances, health insurance, hospitals
18	Higher education
19	Housing, construction, codes
20	Insurance (excluding health insurance)
21	Labor, salaries and wages, collective bargaining
22	Law enforcement, courts, judges, prisons
23	Licenses, permits
24	Liquor
25	Manufacturing, distribution and services
26	Natural resources, forest and forest products, fisheries, mining and mining products
27	Public lands, parks, recreation
28	Social insurance, unemployment insurance, public assistance, workmen's compensation
29	Transportation, highways, streets and roads
30	Utilities, communications, television, radio, newspaper, power, CATV, gas
31	Other (please specify) _____

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.



Lobbyist signature

1/9/18

Date

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Employer No. 1 signature

Date

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Employer No. 2 signature

Date

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Employer No. 3 signature

Date

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Employer No. 4 signature

Date

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State of Idaho

Lawrence Denney  
Secretary of State(Type or print clearly or block info)  
See instructions at bottom of pageLOBBYIST REPORT FORM  
ANNUAL 19 MAR 6 PM 3:19Page 1 of 1  
This document is a public record.To Be Filed by SECRETARY OF STATE  
STATE OF IDAHO JAN - 1 AM 9:57L-2 LOBBYISTS  
(Sec. 67-6619)SECRETARY OF STATE  
STATE OF IDAHO

Lobbyist's name and permanent business address <b>Blue Cross of Idaho Health Services, Inc. 300 E. Pine Avenue Meridian, ID 83642</b>	Date prepared <b>1/8/19</b>	Period covered <b>12/31/2018</b>
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Item 1	Total of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.					
	Category of Expenditure Combined Personal Living and Travel Expenses Pertaining to Entertaining Agency Do Not Show All be Reported	*Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers under Item 3, at bottom of page.)			
			Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment						
Food and Refreshment	\$0.00	\$0.00	\$	\$	\$	\$
Living Accommodations	0.00	0.00				
Advertising	0.00	0.00				
Travel	0.00	0.00				
Telephone	0.00	0.00				
Other Expenses or Services	0.00	0.00				
Total	\$0.00	\$0.00	\$	\$	\$	\$

\*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 total of each expenditure of more than one hundred ten dollars (\$110) for a legislator, other holder of public office, executive officials and member(s) of their household.

Item 2	Date	Place	Amount	Names of Legislators, Public and Executive Officials and Household Members or Group

 Continued on attached page(s)

<b>INSTRUCTIONS</b>	<b>Page 3</b>	<b>Employer Name(s) and Address(es)</b>
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Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st.	No. 2	
<b>TO BE FILED WITH:</b>	No. 3	
Lawrence Denney Secretary of State PO Box 83720 Boise, ID 83720-0000 lawden@idaho.gov Phone: (208) 334-2832 Fax: (208) 334-3282	No. 4	

<b>Item 6</b>	Subject matter of proposed legislation, amendment of existing statute, Bill, Resolution or other legislative activity in which the Employee was supporting or opposing.																																									
<b>Subject Code (Check one)</b>	<b>Bill Description or Other Legislative Item Number</b>	<b>Appropriation Bill Number and Session Number</b>																																								
<b>Item 7</b>	Identify any role, including witness, participant, contract bid or bid process, financial services agreement or other liability was supporting or opposing.																																									
<p align="center"><b>LIAISON/LEGISLATIVE ACTIVITIES IDENTIFICATION</b></p> <table border="0"> <tr> <td><b>Code Number</b></td> <td><b>Description</b></td> </tr> <tr> <td>21</td> <td>Agriculture, Forestry, Fishing, and Related</td> </tr> <tr> <td>22</td> <td>Automobiles, general, vehicles and parts</td> </tr> <tr> <td>23</td> <td>Building, Finance, credit and Insurance</td> </tr> <tr> <td>24</td> <td>Children, minor, youth, senior citizens</td> </tr> <tr> <td>25</td> <td>Church and Religion</td> </tr> <tr> <td>26</td> <td>Commerce, retail</td> </tr> <tr> <td>27</td> <td>Corporations, insurance, public utility companies, power, telephone, gas and water</td> </tr> <tr> <td>28</td> <td>Education</td> </tr> <tr> <td>29</td> <td>Health, hospitals, nursing, medical practice</td> </tr> <tr> <td>30</td> <td>Intellectual, civil rights, minority issues</td> </tr> <tr> <td>31</td> <td>Opposition, Executive, Senate, Congress, House, Governor, State, City, Mayor, City Council, County, State, City, Mayor, City Council, County</td> </tr> <tr> <td>32</td> <td>Opposition, party</td> </tr> <tr> <td>33</td> <td>Opposition, federal</td> </tr> <tr> <td>34</td> <td>Opposition, municipal</td> </tr> <tr> <td>35</td> <td>Opposition, special interests</td> </tr> <tr> <td>36</td> <td>Opposition, state</td> </tr> <tr> <td>37</td> <td>Participation, legislature, committee, commission, board, panel, commission, Social Services, transportation, environment, agriculture, parks, recreation, workforce development, transportation, highway, streets and roads</td> </tr> <tr> <td>38</td> <td>Utilities, electric, telephone, telephone, cable television, water, sewer, CO-OP, and other business entities</td> </tr> <tr> <td>39</td> <td>Other (please specify)</td> </tr> </table>			<b>Code Number</b>	<b>Description</b>	21	Agriculture, Forestry, Fishing, and Related	22	Automobiles, general, vehicles and parts	23	Building, Finance, credit and Insurance	24	Children, minor, youth, senior citizens	25	Church and Religion	26	Commerce, retail	27	Corporations, insurance, public utility companies, power, telephone, gas and water	28	Education	29	Health, hospitals, nursing, medical practice	30	Intellectual, civil rights, minority issues	31	Opposition, Executive, Senate, Congress, House, Governor, State, City, Mayor, City Council, County, State, City, Mayor, City Council, County	32	Opposition, party	33	Opposition, federal	34	Opposition, municipal	35	Opposition, special interests	36	Opposition, state	37	Participation, legislature, committee, commission, board, panel, commission, Social Services, transportation, environment, agriculture, parks, recreation, workforce development, transportation, highway, streets and roads	38	Utilities, electric, telephone, telephone, cable television, water, sewer, CO-OP, and other business entities	39	Other (please specify)
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CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-3624 Maine Code.

*M.J.R./* 1/9/18  
 Lobbyist signature Date  
*M.J.R./d* 3/6/19  
 Employer No. 1 signature Date

*[Signature]* Date  
*[Signature]* Date  
*[Signature]* Date