Rev. 05/2008

## LOBBYIST MONTHLY REPORT FORM



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 ON

09 FEB -6 AM 10: 59

STATE OF MAHO

		ype or print clea									OTAL	_ 0	r iuai	10
See instructions at bottom of page Lobbyist's name and pemparent business address						П	ate	prepared	Period covered					
Blue Cross of Idaho Health Service, Inc. 3000 E. Pine Avenue							Date prepared				month ending			
Meridian, ID 83642						2/6/09			(1	Mo.)	(Day)	(Yr.)		
												1	31	09
Ttern 1	Total	s of all reports	ble expe	enditures made o	r incurred	by Lob	byist	or by	y Lobbyist's Empl	oyer on	behalf of Lo	bbyi	st's Emplo	yer.
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity			1	*Total Amount for All Employers			tle amounts contributed by each employer (Id- softom of page.)							
	Not Have to I	e Reported			Emplo	yer No.	, I	_	Employer No. 2	Em	ployer No. 3	+	Employer	No. 4
Enterta Food ar	inment id Refreshm	ent	s	250.00	s	250.	.00	<b>s</b> _		s		_[;	s	
Living .	Accommoda	tions						_				_ .		
Adverti	sing							_				_ .		
Travel												_ _		
Telepho	ne											_ _		
Other E	xpenses or S	Services										_ _		
								_						
		Total	s	250.00	s	250.	00	\$_	0.00	s	0.0	<u>o</u>   9	i	0.00
*When t	he number of	employers you s	' ve report	ing for requires m	ı ultinle L-2 fi	on sond	be file	l a to	tal amount for all e	n plovers	should be en	rered d	nn Page 1.	
	The totals	of each expen	diture of					_	legislator, other l					ficials and
Item-	member(s)	of their house	hold.			· ·			- ·		7 7 111		-1 - 0.77	
2	Date			Place		moun	:		ors, Public and Executive Officials schold Members in Group					
									}					
									!					
	Continued on a	ittached page(s)				1								
INSTRUCTIONS							Ite 3		Employer(s) Name(s) and Address(es)					
	should file 617 Idaho C		y lobby	ist registered un	der Section	1	No. I	В	ue Cross of Id	aho H€	ealth Serv	ice,	Inc.	
Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.					No. 2 3000 E. Pine Avenue Meridian, ID 83642									
TO BE FILED WITH: Ben Ysursa							No. 3							
Secretary of State PO Box 83720										_			_	
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282							No. 4							

Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intan property to any, for any or on behalf of any Legislator, Public or Executive Official or Household Member(s).								cr(\$).						
	T.	Date	Amount	Name of Legis	slator, F	Public or Executive Official and Hou	schold M	ember(s) Receiving or Benefiting						
Item				ion, the number of the Senate legislative activity in which		LEGISLATIVE SUBJECT IDENTIFICATION								
Subject (from	Code	Bill, Re	as supporting or operation or Other ive Ident. Number	Appropriation Bill Number and Section Number	Ode 01 02 03 04 05 06 07 08 09 10 11	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	Code 17  18 19 20 21 22 23 24 25 26  27 28  29 30	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)						
	bid or b			on, procurement, contract, or bond lobbyist was support-		CERTIFICATION: I hereby cortify correct statement in accordance with Lobbyik signature								