Rev. 12/2016

7699

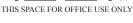
State of Idaho

Lawerence Denney Secretary of State

r

╗	CTAIL	A TAT	TITI	A T
	SEMI-	AIN.	NU	AL.

Page	of	Page(s)
THIS CDA	TE EOD OFFI	CE LISE ONLY



To Be Filed By: L-2

LOBBYISTS (Sec. 67-6619) 18 JAN 03 AM 11:49

SECRETARY OF STATE STATE OF IDAHO

		Type or print clea see instructions a	arly in black ink)								
Lobbyis		ermanent busine				Dat	te prepared		Period	covered	
	Varin W. Torana	a Dr.				1/3	3/2018			year end	ling
Meric	lian, ID 83	646							(Mo	(Day)	(Yr.) 2017
Item	Total	s of all reportal	ole expenditures made o	or incurred b	ov Lobi	ovist or	by Lobbyist's Emp	olover on b			
	ategory of Ex					-	ntributed by each emp				
Reimb	ursed Personal L	Living and Travel Lobbying Activity	*Total Amount for All Employers	Item 3, at bottom of							
	o Not Have to b		r .y	Emplo	yer No.	1	Employer No. 2	Emp	oloyer No. 3	Employe	er No. 4
Enterta	inment nd Refreshm	ent	\$ \$2,963.69	\$ \$2.9	963.69		\$	\$		\$	
	Accommoda		\$0.00	\$0.0			Ψ	- Ψ <u></u>		Ψ	
Adverti			\$0.00	\$0.0							
Travel	- 0		\$0.00	\$0.0							
Telepho	one		\$0.00	\$0.0				_			
Other E	Expenses or S	Services	\$0.00	\$0.0	00	.		_			
		Total	\$_\$2,963.69	\$_\$2,9	963.69	9	\$	_ \$		\$	
*When t	he number of	employers you a	 re reporting for requires m	 ultiple L-2 fo	orms to b	be filed a	a total amount for all	employers s	should be entere	 ed on Page 1.	
	1	_	iture of more than one h	nundred ten	dollars	(\$110)) for a legislator, ot	her holder	of public offi	ce, executiv	ve offi
Item-	ciais and ii	nember(s) of the					Names o		rs, Public and E		cials
	Date		Place		A	mount		and House	hold Members	n Group	
	Continued on a	attached page(s)				,					
		INST	RUCTIONS			Iten 3		Employer(s)	Name(s) and A	ddress(es)	
Who should file this form: Any lobbyist registered under Section				n	PacificSource Health Plans						
67-6617 Idaho Code					No. 1 408 E Parkcenter Blvd Ste 100 Boise ID 83706 USA						
Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31				31st.	No. 2						
ТО	BE FILED V		1	,							
			erence Denney etary of State			No. 3					
		PO	Box 83720								
		election	ID 83720-0080 s@sos.idaho.gov			No. 4					
	Phone: (208) 334-2852 Fax: (208) 334-2282										

	Subje	ect matter of proposed legislat	ion, the number of the Senate	LEGISLATIVE SUBJECT IDENTIFICATION				
Item		ouse Bill, Resolution or other						
4		obbyist was supporting or opp		Code	Subject	Code	Subject	
				01	Agriculture, horticulture,	17	Health service, medicine, drugs	
Subject		Bill, Resolution or Other	Appropriation Bill Number		farming, and livestock		and controlled substances, health	
(from	table)	Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals	
17					and sports	18	Higher education	
.,				03	Banking, finance, credit and	19	Housing, construction, codes	
					investments	20	Insurance (excluding health	
				04	Children, minors, youth,		insurance)	
					senior citizens	21	Labor, salaries and wages,	
				05	Church and religion		collective bargaining	
				06	Consumer affairs	22	Law enforcement, courts,	
				07	Ecology, environment, pollution,		judges, crimes, prisons	
					conservation, zoning, land and	23	License, permits	
					water use	24	Liquor	
				08	Education	25	Manufacturing, distribution and	
				09	Elections, campaigns, voting,		services	
					political parties	26	Natural resources, forest and	
				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	20	workmen's compensation	
				13	Government, federal	29	Transportation, highways,	
				14	Government, municipal	• •	streets and roads	
				15	Government, special districts	30	Utilities, communications,	
				16	Government, state		televisions, radio, newspaper,	
						2.1	power, CATV, gas	
						31	Other (please specify)	
					ERTIFICATION: I hereby certify the orrect statement in accordance with S			
				_				
				_ <u>E</u>	Electronically signed		1/3/2018	
Item 5	contrac	y any rule, ratemaking decision of bid or bid process, financial obbyist was supporting or opp	l services agreement or	Lo	obbyist signature		Date	
				En	nployer No. 1 signature		Date	
				En	nployer No. 2 signature		Date	
				En	nployer No. 3 signature		Date	
				En En	nployer No. 4 signature		Date	

Rev. 12/2016

SEAT OF SEAT O

7699

State of Idaho

Lawerence Denney Secretary of State

Phone: (208) 334-2852 Fax: (208) 334-2282

LOBBYIST 1	REPORT	FORM
------------	--------	-------------

r

7	SEMI-	AN	NUA	ľ

Page	of	Page(s)
THIS SPAC	E FOR OFFI	CE LISE ONLY

To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619)

18 JAN 03 AM 11:52

SECRETARY OF STATE 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 Period covered Norm Varin 1/3/2018 year ending 2818 W. Torana Dr. (Mo.) (Day) (Yr.) Meridian, ID 83646 12 31 2017 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure Reimbursed Personal Living and Travel *Total Amount for Item 3, at bottom of page.) Expenses Pertaining to Lobbying Activity All Employers Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Employer No. 4 Entertainment Food and Refreshment \$ \$2,963.69 \$_\$2,963.69 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** \$ \$2,963.69 \$ \$2,963.69 *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 offi cials and member(s) of their household. Item-Names of Legislators, Public and Executive Officials 2 Date Place Amount and Household Members in Group Continued on attached page(s) Item INSTRUCTIONS Employer(s) Name(s) and Address(es) PacificSource Health Plans Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code 408 E Parkcenter Blvd Ste 100 Boise ID 83706 USA 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 No. 3 PO Box 83720 Boise, ID 83720-0080 elections@sos.idaho.gov No. 4

Item			ion, the number of the Senate		LEGISLATIVE SUE	SJECT	IDENTIFICATION
4			legislative activity in which				
•	the L	obbyist was supporting or op	posing.	1	Subject		Subject
Subjec	t Code	Bill, Resolution or Other	Appropriation Bill Number	01	Agriculture, horticulture,	17	Health service, medicine, drugs
(from		Legislative Ident. Number	and Section Number	02	farming, and livestock		and controlled substances, health
	tuoie)	Degistative racit. I tailieer	and Section I tuniber	02	Amusements, games, athletics	1.0	insurance, hospitals
17				03	and sports Banking, finance, credit and	18	Higher education Housing, construction, codes
				03	investments	19 20	Insurance (excluding health
				04	Children, minors, youth,	20	insurance)
				04	senior citizens	21	Labor, salaries and wages,
				05	Church and religion	21	collective bargaining
				06	Consumer affairs	22	Law enforcement, courts,
				07	Ecology, environment, pollution,		judges, crimes, prisons
					conservation, zoning, land and	23	License, permits
					water use	24	Liquor
				08	Education	25	Manufacturing, distribution and
				09	Elections, campaigns, voting,		services
					political parties	26	Natural resources, forest and
				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	2.0	streets and roads
				15	Government, special districts	30	Utilities, communications,
				16	Government, state		televisions, radio, newspaper,
						31	power, CATV, gas
						31	Other (please specify)
				_	ERTIFICATION: I hereby certify the	at the ah	pove is a true complete and
					prrect statement in accordance with S		
				_			
	× 1				Electronically signed		1/3/2018
Item 5	contra	y any rule, ratemaking decision bid or bid process, financia	l services agreement or		obbyist signature		Date
	bond le	obbyist was supporting or opp	posing.	ل_ ٍ إ	JNV		1/3/2018
				Er	mployer No. 1 signature		Date
				Er	nployer No. 2 signature		Date
				Er	mployer No. 3 signature		Date
				Er	mployer No. 4 signature		Date