Rev. 12/2016

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## LOBBYIST MONTHLY REPORT FORM



State of Idaho Lawerence Denney Secretary of State

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

Page\_\_\_\_of\_\_\_Page(s) THIS SPACE FOR OFFICE USE ONLY

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**SECRETARY OF STATE** STATE OF IDAHO

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

		pe or print clear e instructions at									
Benn I 420 W	s name and pe Brocksome Main St	ermanent busine				1	repared /2017	<b>'</b>	Period (	month end	ling
Boise,	ID 83702								(Mo.)	(Day)	(Yr.) <b>2017</b>
Item 1	Totals	of all reportal	ole expenditures made o	or incurred b	y Lobby	ist or by	Lobbyist's Empl	oyer on behal	f of Lobb	yist's Employ	/er.
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity		*Total Amount for All Employers	Item 3, at bottom								
	Not Have to be			Employ	er No. 1		Employer No. 2	Employer	No. 3	Employer	No. 4
Entertain Food an	nment d Refreshme	ent	\$ \$377.89	\$_\$0.00	)	\$_	\$0.00	\$_\$0.00		\$_\$0.00	
Living A	Accommodat	tions	\$0.00	\$0.00		_	\$0.00	\$0.00		\$0.00	
Advertis	sing		\$0.00	\$0.00		_	\$0.00	\$0.00		\$0.00	
Travel			\$0.00	\$0.00		_   _	\$0.00	\$0.00		\$0.00	
Telepho	ne		\$0.00	\$0.00		_	\$0.00	\$0.00		\$0.00	
Other E	xpenses or S	ervices	\$0.00	\$0.00		_	\$0.00	\$0.00		\$0.00	
		Total	\$_\$377.89	\$_\$0.00	)	\$	\$0.00	\$ \$0.00		\$ \$0.00	
	The totals	of each expend	ire reporting for requires manufacture of more than one busehold								e offi cials
Item-	Date	and member(s) of their household.  Date Place		Amor					tors, Public and Executive Officials sehold Members in Group		
	Continued on a	attached nage(s)									
Continued on attached page(s)  INSTRUCTIONS						Item 3	Employer(s) Name(s) and Address(es)				
		11/51	RUCTIONS			Co	I onduent, Inc. and	its Affiliates			
<b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code						No. 1 1800 M St NW North Tower, 5th Floor Washington DC 20036 US					
	<b>ng deadline:</b> EE FILED W	month for act	orts due within fifteen (ivities of the past mont			Jo 2	uane "DOG" Chap 81 Queen Emma		ılu HI 968	13 USA	
Lawerence Denney Secretary of State						Harris Family Limited Partnership No. 3 270 Shady Lane Boise ID 83716 USA					
PO Box 83720 Boise, ID 83720-0080 elections@sos.idaho.gov						Man Up Crusade No. 4					

PO Box 1922 Nampa ID 83653 USA

Subject matter of proposed legislation, the number of the Senate			LEGISLATIVE SUBJECT IDENTIFICATION					
	Bill, Resolution or other obbyist was supporting or op  Bill, Resolution 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, federal Government, municipal Government, special districts Government, state	Code 17  18 19 20 21 22 23 24 25 26  27 28  29 30 31	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	fy any rule, ratemaking decisi bid process, financial service opposing.	on, procurement, contract, s or bond lobbyist was support	<b></b>	CERTIFICATION: I hereby certify to correct statement in accordance with Electronically signed		, 1		

## **Lobbyist Report Form Attachment**

Lobbyist's name and permanent business address

Benn Brocksome 420 W Main St Boise, ID 83702

Employer No.	Entertainment Food & Refreshment	Living Accommodations	Advertising	Travel	Telephone	Other Expenses or Services	Employer Total
No.5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No.6	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No.7	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No.8	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No.9	\$377.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$377.89
No.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Employer No.	Employer Name(s)	Employer Address(es)
No.5	Northwest Specialty Hospital	1593 E Polston Ave Post Falls ID 83854 USA
No.6	Republic Services	11101 W. Executive Drive Suite 205 Boise ID 8370
No.7	Safe Haven Healthcare	2520 S. 5th Avenue Pocatello ID 83204 USA
No.8	Small Provider Association	2940 S Mayflower Way Boise ID 83709 USA
No.9	Strategies 360	420 W Main St #205 Boise ID 83702 USA
No.10	Zenefits	North Tower, 303 Second Street #401 San Francisc