Rev. 12/2016

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Lawerence Denney Secretary of State

LOBBYIST REPORT FORM

LOBBYISTS

(Sec. 67-6619)

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ANNUAL

To Be Filed By:

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SECRETARY OF STATE STATE OF IDAHO

State of Idaho

(Type or print clearly in black ink)

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

See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered Tim S Olson 12/22/2018 year ending 1661 S. Lakemoor Way Eagle, ID 83616 (Mo.) (Day) (Yr.) 31 12 2018 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 *Total Amount for Item 3, at bottom of page.) Reimbursed Personal Living and Travel 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 \$ \$0.00 \$ \$0.00 \$ \$0.00 \$_\$0.00 \$_\$0.00 Living Accommodations \$0.00 \$0.00 \$0.00 \$0.00 _\$0.00 \$0.00 Advertising \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Travel \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Telephone \$0.00 \$0.00 \$0.00 \$0.00 Other Expenses or Services \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Total \$ \$0.00 \$_\$0.00 \$ \$0.00 \$ \$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 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) America's Health Insurance Plans [AHIP] Who should file this form: Any lobbyist registered under Section No. 1 67-6617 Idaho Code 601 Pennsylvania Ave NW Ste 500 South Building Washington DC Filing deadline: Annual report is due on January 31st. **BPA Health** Executive Lobbyist semi-annual report due July 31st. No. 2 380 E Parkcenter Blvd Suite 300 Boise ID 83706 USA TO BE FILED WITH: Lawerence Denney Secretary of State **CVS Health** No. 3 PO Box 83720 1275 Pennsylvania Ave NW Washington DC 20004 USA Boise, ID 83720-0080 elections@sos.idaho.gov Idaho Life and Health Insurance Guaranty Association

PO Box 441 Star ID 83669 USA

Item			ion, the number of the Senate		LEGISLATIVE SUB	BJECT	IDENTIFICATION
4			legislative activity in which				
•	the L	obbyist was supporting or op	posing.		Subject		Subject
Subject	t Code	Bill, Resolution or Other	Appropriation Bill Number	01	Agriculture, horticulture,	17	Health service, medicine, drugs
(from		Legislative Ident. Number	and Section Number		farming, and livestock		and controlled substances, health
			and Section Number	02	Amusements, games, athletics		insurance, hospitals
4, 6		H.B. 339, H.B. 464			and sports	18	Higher education
7, 8		H.B. 548, S.B. 1288		03	Banking, finance, credit and	19	Housing, construction, codes
9, 10		S.B. 1303, H.B. 465			investments	20	Insurance (excluding health
11, 1		S.B. 1219, H.B. 338		04	Children, minors, youth,		insurance)
		H.B. 464, H.B. 495 H.B. 615, S.B. 1224			senior citizens	21	Labor, salaries and wages,
17, 1	-	S.B. 1273, S.B. 1281		05	Church and religion		collective bargaining
20, 2	4	S.B. 1289, S.B. 1336		06	Consumer affairs	22	Law enforcement, courts,
26, 2		S.C.R. 145, H.B. 614		07	Ecology, environment, pollution,		judges, crimes, prisons
28		H.B. 616, S.B. 1311			conservation, zoning, land and	23	License, permits
		H.B. 408, H.B. 564			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,
							power, CATV, gas
						31	Other (please specify)
				_			
					ERTIFICATION: I hereby certify th		
				cc	orrect statement in accordance with S	ection 6	/-6624 Idaho Code.
				-			
			-	Electronically signed		12/22/2018	
Item		y any rule, ratemaking decisi		L	obbyist signature		Date
5		ct bid or bid process, financia					
	bona i	obbyist was supporting or opp	posing.	-			
				En	nployer No. 1 signature		Date
				_			
				Er	nployer No. 2 signature		Date
				Er	nployer No. 3 signature		Date
				Er	nployer No. 4 signature		Date

Lobbyist Report Form Attachment

Lobbyist's name and permanent business address

Tim S Olson 1661 S. Lakemoor Way Eagle, ID 83616

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
]			

Employer No.	Employer Name(s) and Address(es)	Employer Signature(s)	Date Signed
No.5	NezPerce Tribe PO Box 305 Lapwai ID 83540 USA		
No.6	PacificSource 408 E Parkcenter Blvd Ste 100 Boise ID 83706 USA		
No.7	Self-Storage Association 1901 N Beauregard St Ste 106 Alexandria VA 22311 USA		