Rev. 12/2016

9231

State of Idaho

Lawerence Denney Secretary of State

LOBBYIST 1	REPORT	FORM
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LOBBYISTS

(Sec. 67-6619)

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To Be Filed By:

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SECRETARY OF STATE STATE OF IDAHO

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Sarah PO B		ermanent busine er	1 0					pared 2019	'	Period (Mo.	year endi (Day)	ng (Yr.)
										12	31	2018
Item 1	Totals	s of all reportal	ble expenditures made	or incurred b	oy Lobb	byist or	r by I	Lobbyist's Empl	oyer on behalf	f of Lobb	yist's Emplo	yer.
Reimbu		spenditure Living and Travel Lobbying Activity	*Total Amount for All Employers	Proportion Item 3, at				ited by each emplo	oyer (Identify 6	employers	1	
	Not Have to b		Pagas	Emplo	yer No.	1	Е	mployer No. 2	Employer	No. 3	Employer	r No. 4
Entertai Food ar	nment nd Refreshme	ent	\$_\$0.00	\$_\$0.0	00		\$ <u>\$</u> (0.00	\$_\$0.00		\$_\$0.00	
Living 1	Accommoda	tions	\$0.00	\$0.0	00		_\$0	0.00	_\$0.00_		\$0.00	
Adverti	sing		\$0.00	\$0.0	00		_\$(0.00	\$0.00		\$0.00	
Travel			\$0.00	\$0.0	00		_\$(0.00	_\$0.00		\$0.00	
Telepho	one		\$0.00	\$0.0	00		\$(0.00	\$0.00		\$0.00	
Other E	expenses or S	Services	\$0.00	\$0.0	00		_\$0	0.00	\$0.00		\$0.00	
		Total	\$_\$0.00	\$_\$0.0	00		\$_\$(0.00	\$_\$0.00		\$_\$0.00	
*When t			re reporting for requires m iture of more than one	-							_	e offi
Item-	cials and m	nember(s) of the	eir household.		T			- N	T 114 D1	11: 15		
2	Date		Place		A	mount			Legislators, Pul and Household N			ials
	Continued on a	ttached page(s)										
		INST	RUCTIONS			Iter 3		Employer(s) Name(s) and Address(es)				
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code				n	AFLAC No. 1 1932 Wynnton Rd Columbus GA 31999 USA					SA		
Filiı	ng deadline:	Annual report	is due on January 31st				Ida	ho Bankers Ass	ociation			
ТО	BE FILED V		obyist semi-annual repo	ort due July	31st.	No. 2		Box 683 Boise	ID 83701 USA			
			rence Denney etary of State			No. 3	Ida	ho Financial Se	rvices Associa	tion		
		PO	Box 83720 ID 83720-0080					Box 2110 Boise	e ID 83701-21	10 USA		
	Phon	elections	s@sos.idaho.gov 852 Fax: (208) 334-2	2282		No. 4	Ма	igellan Healthca	re, Inc			

1 W Broad St Ste 100 Bethlehem PA 18018 USA

Item					LEGISLATIVE SUE	BJECT	IDENTIFICATION
Item 4 Subjec (from	or Ho the L t Code table)		ion, the number of the Senate legislative activity in which posing. Appropriation Bill Number and Section 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, special districts Government, state		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)
Item 5	contra	y any rule, ratemaking decisi et bid or bid process, financia obbyist was supporting or opj	l services agreement or	En En	ERTIFICATION: I hereby certify the orrect statement in accordance with SELECTRONICALLY SIGNED Obbyist signature Imployer No. 1 signature Imployer No. 2 signature Imployer No. 3 signature		
				Er	mployer No. 4 signature		Date

Lobbyist Report Form Attachment

Sarah Bettwieser PO Box 2110 Boise, ID 83701

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	St Luke's Health System 420 W Idaho St Boise ID 83702 USA		
No.6	State Farm Insurance One State Farm Plaza A-3 Chino CA 91710 USA		
No.7	Union Pacific Railroad 1400 Douglas St Omaha NE 68179 USA		