| R | ev. 12/2 | 2016 | | LOBBYIST MONTHLY REPORT FORM | | | | | PageOfPage(s) | | | | |
|--------|---|--|--|---|--|--|--------------------------|------------------------------------|-----------------|---|------------|-------------------|----------------------|
| | BEAT | EALO | State of Idaho To Be Filed By: | | | | | | | THIS | SPACE FO | OR OFFICE USI | E ONLY |
| | O THE SIL | 9 9 10 10 10 10 | Lawerence De Secretary of | | | | DBBYISTS ec. 67-6619) | | | 18 MAR 15 AM 11:53 | | | |
| 31 | | | · | L | | | |] | | | | ARY OI E OF ID | = STATE AHO |
| _ | | S | ype or print clear ee instructions at | bottom of page | | | | | | | | - | |
| S F | Sarah PO Bo | s name and p Bettwies ox 2110 | ss address | Date prepared 3/15/2018 | | | | Period covered month end | | ling | | | |
| E | 3oise, | ID 83701 | | | | | | | | | (Mo.) 2 | (Day) | (Yr.) 2018 |
|] | Item 1 | Total | s of all reporta | ble expenditures made | or incurred b | y Lobbyis | st or by | Lobbyist's Empl | loyer on be | half of I | Lobbyi | st's Employ | /er. |
| | Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported | | | *Total Amount for All Employers | Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.) | | | | | | | | |
| _ | | | | | Employer No. | | Employer No. 2 | | Employer No. 3 | | 3 | Employer No. 4 | |
| | ntertai | nment d Refreshm | ent | \$_ \$0.00 | \$_\$0.00 | 0 | \$ | \$0.00 | \$ \$0.0 | 0 | | <u>\$0.00</u> | |
| L | iving A | Accommoda | tions | \$0.00 | \$0.00 | 0 | _ | \$0.00 | \$0.0 | 0 | | \$0.00 | |
| А | dvertis | sing | | \$0.00 | \$0.00 | 0 | _ : | \$0.00 | \$0.0 | 0 | | \$0.00 | |
| Ti | ravel | | | \$0.00 | \$0.00 | | _ : | \$0.00 | \$0.00 | | \$0. | | 00 |
| Т | elepho | ne | | \$0.00 | \$0.00 | 00 | | \$0.00 \$0 | | .00 | | \$0.00 \$0.00 | |
| 0 | Other Expenses | | Services | \$0.00 | \$0.00 | 0 | \$0.00 | | \$0.00 | | | | |
| _ | Total | | | \$_\$0.00 | \$\$0.00 | 0 | \$ | \$0.00 | <u>\$</u> \$0.0 | 0 | | \$ <u>\$0.00</u> | |
| *) | When the | he number of | f employers you a | are reporting for requires n | nultiple L-2 fo | orms to be f | iled a to | tal amount for all e | mployers sl | hould be a | entered | on Page 1. | |
| | The totals of each expendi and member(s) of their hor | | | | hundred ten | dollars (\$ | 110) fc | or a legislator, oth | her holder | of public | c offi c | e, executive | e offi cials |
| _ | Item- 2 | Date | | Place | Place | | | | | ators, Public and Executive Officials asehold Members in Group | | | |
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| | | ontinued on | attached page(s) | | | | | | | | | | |
| Г | | Continued on attached page(s) INSTRUCTIONS | | | | | Item 3 | Employer(s) N | | Name(s) and Address(es) | | | |
| - - | | | | | | AFLAC | | | | | | | |
| | Who | should file | | ny lobbyist registered u '-6617 Idaho Code | nder Section | n ^{No} | | 32 Wynnton Rd (| | GA 3199 | 9 USA | | |
| | | - | month for act | orts due within fifteen (tivities of the past mont | | ihe No | 2 | aho Bankers Ass O Box 683 Boise | | JSA | | | |
| | TO B | E FILED V | | | | Idaho Financial Services Association | | | | | | | |
| | | Lawerence Denney Secretary of State | | Idaho Financial Services A No. 3 PO Box 2110 Boise ID 837 | | | | | | | | | |
| | | PO Box 83720 | | | | | | | | | | | |
| | Boise, ID 83720-0080 elections@sos.idaho.gov Phone: (208) 334-2852 Fax: (208) 334-2 | | | | 2282 | Magellan Healthcare, Inc No. 4 1 W Broad St Ste 100 Bethlehem PA 18018 USA | | | | | USA | | |
| | | | × / | <pre></pre> | | | | | | | | | |

| | ect matter of proposed legislat | | | LEGISLATIVE SUP | BJECT | IDENTIFICATION |
|----------|---|---|--|---|-------|---|
| | Jouse Bill, Resolution or other cobbyist was supporting or op Bill, Resolution or Other Legislative Ident. Number S.B. 1246, S.B. 1262 S.B. 1286, S.B. 1277 S.B. 1336, S.B. 1262 S.B. 1219, H.B. 615 H.B. 659, H.B. 658 H.B. 624, H.B. 621 H.B. 536, H.B. 554 H.B. 488, H.B. 338 H.B. 495, H.B. 464 H.B. 506 | 6 | 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, 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) |
| 5 bid of | fy any rule, ratemaking decisi bid process, financial service opposing. | on, procurement, contract, s or bond lobbyist was support- | | CERTIFICATION: I hereby certify to correct statement in accordance with Electronically signed Lobbyist signature | | , 1 |

Lobbyist Report Form Attachment

Lobbyist's name and permanent business address

Sarah Bettwieser PO Box 2110 Boise, ID 83701

| Employer No. | Entertainment Food & Refreshment | Living Accommodations | Advertising | Travel | Telephone | Other Expenses or Services | Employer Tota |
|--------------|--|--------------------------|-------------|--------|-----------|----------------------------------|---------------|
| 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 |
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| Employer No. | Employer Name(s) | Employer Address(es) |
|--------------|-------------------------|---|
| 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 |
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