# LOBBYIST MONTHLY REPORT FORM



## State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)

Page\_\_\_of\_\_Page(s)
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11 MAR 31 AM 8: 30

| (Type or print clearly in black ink) See instructions at bottom of page                                                                                                                           |                                  |                                                   |                                                                    |                             |          | To .                       |                                                      |                                                                                                                                                       | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SEC-                  | · · · · · · · · · · · · · · · · · · · | OF STATE |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------|--------------------------------------------------------------------|-----------------------------|----------|----------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------|----------|--|
| Morgan (Woody) Richards Jr. P. B. BOX 2076 Boise, Idaho 83701                                                                                                                                     |                                  |                                                   |                                                                    | <b>`</b> 1                  |          | 3/31/2011                  |                                                      |                                                                                                                                                       | Period covered The First Cover |                       |                                       |          |  |
| - I                                                                                                                                                                                               | 3015                             | , Ida                                             | po 83701                                                           |                             |          |                            |                                                      |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 03                    | 31                                    | 2011     |  |
| Reimbu<br>Expense:                                                                                                                                                                                | tegory of Ex<br>crsed Personal L | penditure<br>iving and Travel<br>obbying Activity | *Total Amount for<br>All Employers                                 | Proportiona<br>Item 3, at I | ate amou | ints contr                 | ibuted by each empl                                  | oyer (Ide                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | loyers, u             |                                       |          |  |
| Entertainment                                                                                                                                                                                     |                                  |                                                   | \$ 56.0                                                            | \$ 4.00                     |          | \$_                        | ø                                                    | <b>s</b>                                                                                                                                              | $\varphi$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       | \$                                    |          |  |
| Advertis                                                                                                                                                                                          | sing                             |                                                   |                                                                    |                             |          | _                          |                                                      | .                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                     |                                       |          |  |
| Travel                                                                                                                                                                                            |                                  |                                                   |                                                                    | -l                          |          | _                          |                                                      | .                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |          |  |
| Telepho                                                                                                                                                                                           |                                  |                                                   |                                                                    |                             |          | -                          |                                                      |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                     | _                                     |          |  |
| Other E                                                                                                                                                                                           | xpenses or S                     | ervices                                           |                                                                    | -                           |          |                            |                                                      |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |          |  |
|                                                                                                                                                                                                   |                                  | Total                                             | s_56.01                                                            | s_4.0                       |          |                            | Ø                                                    | <b>\$</b>                                                                                                                                             | Ø                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                       |          |  |
| *When t                                                                                                                                                                                           | The totals                       |                                                   | are reporting for requires me<br>diture of more than one<br>shold. |                             |          |                            | a legislator, other                                  | holder o                                                                                                                                              | of public o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | office, ex            | xecutive o                            |          |  |
| 2                                                                                                                                                                                                 | Date                             |                                                   | Place                                                              |                             | Ar       | nount                      | <b>I</b>                                             | _                                                                                                                                                     | tors, Public<br>sehold Men                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                       | cials    |  |
|                                                                                                                                                                                                   | Continued on a                   | attached page(s)                                  | 8                                                                  |                             |          |                            |                                                      |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |          |  |
|                                                                                                                                                                                                   | Continued on a                   |                                                   |                                                                    |                             |          | Item Employer(s) Nar       |                                                      |                                                                                                                                                       | s) Name(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | me(s) and Address(es) |                                       |          |  |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code  Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month. |                                  |                                                   |                                                                    |                             | .        | No. 1                      | Associated<br>P.O. BOX<br>BOISE<br>Workers<br>PO BOX | Associated Coppers Exchange P.O. BOX 16410 BOISO Idaho 83715 Workers Comp Exchange PO BOX 359 Lewiston, Idaho 83501 NCCI 901 Peninsula Corporte Cinde |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |          |  |
| TO BE FILED WITH:  Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282                                                                      |                                  |                                                   |                                                                    |                             | No. 3    | NCCI<br>901 Peni<br>BOCA 1 | N Sole<br>RATO                                       | Co.                                                                                                                                                   | point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Cin                   | 487                                   |          |  |

| 4 the       | the Lobbyist was supporting or opposing.                       |  |  |  |  |  |  |
|-------------|----------------------------------------------------------------|--|--|--|--|--|--|
| Subject Cod | ''' '                                                          |  |  |  |  |  |  |
| 28          | FIREMEN Burden of Proof                                        |  |  |  |  |  |  |
| 28          | 581139                                                         |  |  |  |  |  |  |
| 28          | Second Injury Fund                                             |  |  |  |  |  |  |
| 28          | Mis descification                                              |  |  |  |  |  |  |
| 28          | 5 B 1166                                                       |  |  |  |  |  |  |
| 28          | H B 77                                                         |  |  |  |  |  |  |
| 28          | H 6 240                                                        |  |  |  |  |  |  |
| 23          | HB 343                                                         |  |  |  |  |  |  |
| 28          | SB 1186                                                        |  |  |  |  |  |  |
|             |                                                                |  |  |  |  |  |  |
|             |                                                                |  |  |  |  |  |  |
|             |                                                                |  |  |  |  |  |  |
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|             |                                                                |  |  |  |  |  |  |
|             |                                                                |  |  |  |  |  |  |
| Item Ider   | Identify any rule, ratemaking decision, procurement, contract, |  |  |  |  |  |  |

bid or bid process, financial services or bond lobbyist was support-

Subject matter of proposed legislation, the number of the Senate

or House Bill, Resolution or other legislative activity in which

Item

## LEGISLATIVE SUBJECT IDENTIFICATION

#### Code Subject

- Agriculture, horticulture,
- farming, and livestock Amusements, games, athletics 02 and sports
- 03 Banking, finance, credit and investments
- 04 Children, minors, youth, senior citizens
- 05 Church and religion
- 06 Consumer affairs
- Ecology, environment, pollution, conservation, zoning, land and water use
- 08 Education
- Elections, campaigns, voting, political parties
- Equal rights, civil rights, minority affairs
- Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds
- 12 Government, county
- 13 Government, federal
- 14 Government, municipal
- 15 Government, special districts
- Government, state

#### Code Subject

- Health service, medicine, drugs and controlled substances, health insurance, hospitals
- 18 Higher education
- 19 Housing, construction, codes
- Insurance (excluding health insurance)
- 21 Labor, salaries and wages, collective bargaining
- Law enforcement, courts, judges, crimes, prisons
- 23 License, permits
- 24 Liquor
- 25 Manufacturing, distribution and services
- 26 Natural resources, forest and forest products, fisheries, mining and mining products
- 27 Public lands, parks, recreation
- Social insurance, unemployment insurance, public assistance, workmen's compensation
- Transportation, highways, streets and roads
- 30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas
- Other (please specify)

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

Morgani W. Rechard J., 3/3i/2011
Lobbyist signature
Date

ing or opposing.

# LOBBYIST MONTHLY REPORT FORM



## State of Idaho

Ben Ysursa Secretary of State

Boise, ID 83720-0080

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

To Be Filed By:

**L-3** 

LOBBYISTS (Sec. 67-6619)

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|                                                                                                              | See instru                                                                            | ctions at l  | ly in black ink)<br>pottom of page |                                                                              |           |                                                                                     |                      |                                       | SEC<br>S                          |             | Y OF<br>OF IDA | STATE<br>HO  |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------|------------------------------------|------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------|----------------------|---------------------------------------|-----------------------------------|-------------|----------------|--------------|
|                                                                                                              | Lobbyist's name and permanent business address                                        |              |                                    |                                                                              |           | Date                                                                                | prepared             |                                       | Pe                                | eriod cover |                |              |
| Morgan (Woody) Richois JA.                                                                                   |                                                                                       |              |                                    | . •                                                                          | 12/2/2 "  |                                                                                     |                      |                                       | month ending                      |             |                |              |
|                                                                                                              | o. Box a                                                                              |              |                                    |                                                                              |           | 3/31/2011 (Mo.)                                                                     |                      |                                       |                                   |             | (Day)          | (Yr.)        |
| (                                                                                                            | 30iso, I                                                                              | 40 f.        | ° 83701                            |                                                                              |           |                                                                                     |                      |                                       |                                   | 3           | 3 (            | 2011         |
| Item<br>1                                                                                                    | Totals of all                                                                         | reportab     | ole expenditures made o            | r incurred b                                                                 | y Lobb    | yist or                                                                             | y Lobbyist's Emp     | loyer on                              | behalf of I                       | obbyist's   | Emplo          | yer.         |
| Reimbu                                                                                                       | tegory of Expenditured Personal Living and Personal Living and Pertaining to Lobbying | d Travel     | *Total Amount for<br>All Employers | Proportionate amounts contributed by each employ ltem 3, at bottom of page.) |           |                                                                                     | loyer (Ide           | er (Identify employers, under         |                                   |             |                |              |
|                                                                                                              | Not Have to be Report                                                                 |              | - In Employers                     | Employ                                                                       | yer No. 1 | 1                                                                                   | Employer No. 2       |                                       | Employer No. 3                    |             | Employer No. 4 |              |
| Entertai<br>Food an                                                                                          | nment<br>ad Refreshment                                                               |              | \$ 56.01                           | s 19,98                                                                      |           | <u> </u>                                                                            | $\phi$               | . \$                                  | s                                 |             | S              |              |
| Living A                                                                                                     | Accommodations                                                                        |              |                                    |                                                                              |           | -                                                                                   |                      |                                       |                                   | _           |                |              |
| Adverti                                                                                                      | sing                                                                                  |              |                                    |                                                                              |           | -                                                                                   | _                    | -                                     |                                   | _           | _              |              |
| Travel                                                                                                       |                                                                                       |              |                                    |                                                                              |           | -                                                                                   | -                    |                                       |                                   |             |                |              |
| Telepho                                                                                                      |                                                                                       |              |                                    | -                                                                            |           | -                                                                                   | -                    |                                       |                                   |             |                |              |
| Other E                                                                                                      | xpenses or Services                                                                   | S            |                                    |                                                                              |           | -                                                                                   |                      | -                                     |                                   | _           |                |              |
|                                                                                                              | 1                                                                                     | <b>Fotal</b> | s 56.0(                            | s_19.                                                                        | 98        | \$                                                                                  | ø                    | <b>s</b>                              | Ø                                 |             |                |              |
| *When t                                                                                                      | he number of employ                                                                   | ers you a    | re reporting for requires mi       | ultiple L-2 fo                                                               | orms to b | e filed a                                                                           | total amount for all | ·<br>employers                        | should be e                       | entered on  | Page 1.        |              |
|                                                                                                              |                                                                                       |              | iture of more than one I           | hundred do                                                                   | llars (\$ | 100) for                                                                            | a legislator, other  | holder o                              | of public of                      | ffice, exec | cutive o       | fficials and |
| Item-<br>2                                                                                                   | 2                                                                                     |              |                                    |                                                                              |           |                                                                                     |                      | ators, Public and Executive Officials |                                   |             | ials           |              |
|                                                                                                              | Date                                                                                  |              | Place                              | Ame                                                                          |           | mount and Hou                                                                       |                      | and Hous                              | sehold Mem                        |             |                |              |
| П                                                                                                            | Continued on attached                                                                 | page(s)      | Ø                                  |                                                                              |           |                                                                                     |                      |                                       |                                   |             |                |              |
|                                                                                                              |                                                                                       |              |                                    |                                                                              |           | Item Emp                                                                            |                      | mployer(s                             | ployer(s) Name(s) and Address(es) |             |                |              |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code                          |                                                                                       |              |                                    |                                                                              | ·         | No.1 PO. BCK 7408                                                                   |                      |                                       |                                   |             |                |              |
| Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month. |                                                                                       |              |                                    |                                                                              | he        | Boiso, Idalo 83707  Internocutor Hospital  No.2 303 Allumbangh  BOISO, Idalo 83704  |                      |                                       |                                   |             |                |              |
| TO BE FILED WITH:  Ben Ysursa  Secretary of State                                                            |                                                                                       |              |                                    |                                                                              | No. 3     | Boiso, Ida-to 83704 Willowate Dental  6950 N.E. Compus Way Hills Roso, Oregon 97124 |                      |                                       |                                   |             | ۷              |              |
| PO Box 83720                                                                                                 |                                                                                       |              |                                    |                                                                              |           |                                                                                     |                      |                                       |                                   |             |                |              |

No. 4

Subject matter of proposed legislation, the number of the Senate ltem or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.

| Subject Code | Bill, Resolution or Other      | Appropriation Bill Number |
|--------------|--------------------------------|---------------------------|
| (from table) | Legislative Ident. Number      | and Section Number        |
| 17           | Any willing                    | Provider                  |
| 17           | HBSIR                          |                           |
| 17           | HB 260                         | , clatin                  |
| 17           | Hygienists                     | 4 Rate                    |
| 17           | Hygienists Le<br>County Reinda | inner!                    |
| 17           | HB5                            |                           |
| 17           | HB117                          |                           |
| 17           | HB 138                         |                           |
| 17           | HB 131                         |                           |
| 17           | HB 162                         |                           |
| 17           | 58 1104                        |                           |
| 17           | HCR 20                         |                           |
| 17           | HB 219                         |                           |
| 17           | HB 36C                         |                           |
| 17           | HB 271                         |                           |
| (7           | HB 298<br>HB 299               |                           |
| (7)          | [                              |                           |
|              |                                |                           |

Identify any rule, ratemaking decision, procurement, contract, Item bid or bid process, financial services or bond lobbyist was support-5 ing or opposing.



### LEGISLATIVE SUBJECT IDENTIFICATION

#### Code Subject

- Agriculture, horticulture, farming, and livestock
- Amusements, games, athletics and sports
- Banking, finance, credit and investments
- 04 Children, minors, youth, senior citizens
- 05 Church and religion
- Consumer affairs
- Ecology, environment, pollution, conservation, zoning, land and water use
- Education
- 09 Elections, campaigns, voting, political parties
- 10 Equal rights, civil rights, minority affairs
- 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds
- 12 Government, county
- 13 Government, federal
- 14 Government, municipal 15
- Government, special districts 16 Government, state

### Code Subject

- Health service, medicine, drugs and controlled substances, health insurance, hospitals
- 18 Higher education
- 19 Housing, construction, codes
- Insurance (excluding health insurance)
- 21 Labor, salaries and wages, collective bargaining
- Law enforcement, courts, judges, crimes, prisons
- 23 License, permits
- 24 Liquor
- 25 Manufacturing, distribution and services
- 26 Natural resources, forest and forest products, fisheries, mining and mining products
- 27 Public lands, parks, recreation
- Social insurance, unemployment insurance, public assistance, workmen's compensation
- Transportation, highways, streets and roads
- 30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas
- Other (please specify)

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

Margon W. Russy. 3/31/2011
Lobbyist signiture

# Rev. 11/2011

# LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

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To Be Filed By:

-3 LOBBYISTS (Sec. 67-6619)

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------|----------------------------------------------------------------|-------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------|-------------------|-----------------------------------------------------------------|---------|---------------|--|
| Lobbyist's name and permanent business address  Morgan (Wood) Richards Tr.  Pro-Box 2076  Bois , Farbo 83701                                                                                      |                |                                      |                                                                |                         |      | Date prepared  3/3(/20((                                                                                                                                                                                          |                                                                      |             |                   | Period covered  [2-month ending  (Mo.) (Day) (Yr.)  3 3 ( 20 (/ |         |               |  |
| Item Totals of all reportable expenditures made or incurred by L                                                                                                                                  |                |                                      |                                                                |                         |      | st or by                                                                                                                                                                                                          | Lobbyist's Emp                                                       | lover on be |                   |                                                                 |         |               |  |
| Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity  *Total Amount for All Employers                                                           |                |                                      | Proportiona<br>Item 3, at                                      | ate amount<br>bottom of |      |                                                                                                                                                                                                                   |                                                                      |             | employers, under  |                                                                 |         |               |  |
| Entertainment Food and Refreshment Living Accommodations                                                                                                                                          |                |                                      | S 4,00                                                         |                         | _ \$ | s                                                                                                                                                                                                                 |                                                                      | s Ø         |                   | \$ 28.03                                                        |         |               |  |
| Advertis                                                                                                                                                                                          |                | ions                                 |                                                                |                         |      |                                                                                                                                                                                                                   |                                                                      |             |                   |                                                                 |         |               |  |
| Travel Telephone Other Expenses or Services                                                                                                                                                       |                |                                      |                                                                |                         |      | _                                                                                                                                                                                                                 |                                                                      |             |                   | -  <br>-                                                        |         |               |  |
| Total \$_56.01 \$_                                                                                                                                                                                |                |                                      | s <u>4</u> .                                                   | 4.00 s                  |      | Ø                                                                                                                                                                                                                 | s_ &                                                                 | s 28.03     |                   |                                                                 |         |               |  |
|                                                                                                                                                                                                   | The totals of  |                                      | re reporting for requires m<br>liture of more than one<br>hold |                         |      |                                                                                                                                                                                                                   |                                                                      |             |                   |                                                                 |         | officials and |  |
| Item-<br>2                                                                                                                                                                                        | Date           |                                      | Place                                                          |                         | Amo  | Names of Legislators, Public and Executive Officials  Amount and Household Members in Group                                                                                                                       |                                                                      |             |                   |                                                                 |         | cials         |  |
|                                                                                                                                                                                                   | Continued on a | ttached page(s)                      | $ \emptyset $                                                  |                         |      |                                                                                                                                                                                                                   |                                                                      |             |                   |                                                                 |         |               |  |
| INSTRUCTIONS                                                                                                                                                                                      |                |                                      |                                                                |                         |      | Item 3 Employer(s) Name(s) and Address(es)                                                                                                                                                                        |                                                                      |             |                   |                                                                 | (es)    |               |  |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code  Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month. |                |                                      |                                                                |                         |      | No.1 18911 Noithcreek Parkbay #301 Bothell, Washington 98011  AMERICAN Foundy Insurance Confuny  No.2 9510 Meridian Blud  Engleword, Colorado 80112  Farm Bricon Mutual Insurance Copy  No.3 275 Terra Usta Price |                                                                      |             |                   |                                                                 |         | any .         |  |
| TO BE FILED WITH:  Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282                                                                      |                |                                      |                                                                |                         |      | o. 4                                                                                                                                                                                                              | Farm Bu<br>275 Terro<br>Pocotelle<br>Surplus 1<br>595 S.<br>Boija Te | 1494        | (000 B<br>Associa | 330<br>~~~                                                      | 0(      | - G.bJ        |  |

Subject matter of proposed legislation, the number of the Senate Item or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.

4

5

ing or opposing.

| Subject Code<br>(from table) | Bill, Resolution or Other<br>Legislative Ident. Number | Appropriation Bill Number and Section Number |
|------------------------------|--------------------------------------------------------|----------------------------------------------|
| 20                           | HB 179                                                 |                                              |
| 20                           | I.c. \$41-18                                           |                                              |
| a c                          | Cradit Scow                                            | <b>7</b>                                     |
| 20                           | 50 (088                                                |                                              |
| 20                           | SB 1089                                                |                                              |
| 20                           | H B 127                                                |                                              |
| 20                           | 581025                                                 |                                              |
| 20                           | +B14100                                                |                                              |
| 20                           | SB /143aa                                              |                                              |
| 20                           | HB 26C                                                 |                                              |
| 20                           | ( B 31)                                                |                                              |
|                              |                                                        |                                              |
|                              |                                                        |                                              |
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|                              |                                                        |                                              |
|                              |                                                        |                                              |

Identify any rule, ratemaking decision, procurement, contract,

bid or bid process, financial services or bond lobbyist was support-



### LEGISLATIVE SUBJECT IDENTIFICATION

#### Code Subject

- Agriculture, horticulture, farming, and livestock
- 02 Amusements, games, athletics and sports
- 03 Banking, finance, credit and investments
- 04 Children, minors, youth, senior citizens
- 05 Church and religion
- 06 Consumer affairs
- Ecology, environment, pollution, conservation, zoning, land and water use
- 08 Education
- Elections, campaigns, voting, political parties
- Equal rights, civil rights, minority affairs
- 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds
- Government, county
- 13 Government, federal
- 14 Government, municipal
- 15 Government, special districts
- Government, state

#### Code Subject

- Health service, medicine, drugs and controlled substances, health insurance, hospitals
- 18 Higher education
- Housing, construction, codes 19
- 20 Insurance (excluding health insurance)
- 21 Labor, salaries and wages, collective bargaining
- 22 Law enforcement, courts, judges, crimes, prisons
- 23 License, permits
- 24 Liquor
- 25 Manufacturing, distribution and services
- 26 Natural resources, forest and forest products, fisheries, mining and mining products
- 27 Public lands, parks, recreation
- Social insurance, unemployment insurance, public assistance, workmen's compensation
- 29 Transportation, highways, streets and roads
- 30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas
- 31 Other (please specify)

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.