

LOBBYIST MONTHLY REPORT FORM



State of Idaho
Ben Yursa
Secretary of State

To Be Filed By:
L-3 LOBBYISTS
(Sec. 67-6619)

14 MAR 10 AM 11:09
SECRETARY OF STATE
STATE OF IDAHO

3450

(Type or print clearly in black ink)
See instructions at bottom of page

Lobbyist's name and permanent business address Shad Priest 1211 W Myrtle St Boise, ID 83702	Date prepared 3/10/2014	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) 2 28 2014
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Item 1	Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.				
Category of Expenditure <small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small>	*Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment	\$ \$0.00	\$ \$0.00	\$ \$0.00	\$ \$0.00	\$ _____
Food and Refreshment	\$0.00	\$0.00	\$0.00	\$0.00	_____
Living Accommodations	\$0.00	\$0.00	\$0.00	\$0.00	_____
Advertising	\$0.00	\$0.00	\$0.00	\$0.00	_____
Travel	\$0.00	\$0.00	\$0.00	\$0.00	_____
Telephone	\$0.00	\$0.00	\$0.00	\$0.00	_____
Other Expenses or Services	\$0.00	\$0.00	\$0.00	\$0.00	_____
Total	\$ \$0.00	\$ \$0.00	\$ \$0.00	\$ \$0.00	\$ _____

*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.

Item- 2	The totals of each expenditure of more than one hundred five dollars (\$105) for a legislator, other holder of public office, executive officials and member(s) of their household.			
	Date	Place	Amount	Names of Legislators, Public and Executive Officials and Household Members in Group

Continued on attached page(s)

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)
<p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code</p> <p>Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.</p> <p>TO BE FILED WITH: Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	No. 1	BridgeSpan Health Company 1211 W Myrtle St Ste 200 Boise ID 83702 USA
	No. 2	Cambia Health Solutions Inc 1211 W Myrtle St Ste 110 Boise ID 83702 USA
	No. 3	Regence BlueShield of Idaho 1211 W Myrtle St Ste 200 Boise ID 83702 USA
	No. 4	

Item 4	Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.		LEGISLATIVE SUBJECT IDENTIFICATION																																																																					
	Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number																																																																					
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Item 5	Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.		<p>CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.</p> <p><u>Electronically signed</u> <u>3/10/2014</u></p> <p>Lobbyist signature Date</p>																																																																					