State of Idaho

Ben Ysursa

Secretary of State

Rev. 17/2012

3943

## LOBBYIST MONTHLY REPORT FORM

To Be Filed By:

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LOBBY 15 TS (Sec. 67-6619) Page\_\_\_\_of\_\_\_Page(s)
THIS SPACE FOR OFFICE USE ONLY

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(Type or print clear					STA	TE O	F IDAH	IU		
See instructions at Lobbyist's name and performent business			Oat	r n cpared		Period o	avered			
Tricia Crump				3/17/2014			mouth unding			
595 S. 14th Street						(Mo.)	(Tlay)	(Y'r.)		
Boise, ID 83702					İ	2	28	2014		
Item Totals of all reportal	ole expenditures made	or incurred by L	obbyist of	by Lobbyist's Employer	yer on behalf o	f Lobby	ist's Emplo	oyer.		
Category of Expenditure Reimbursed Personal Living and Trivel Expenses Pertaining to Lubbying Activity	*Total Annuar for All Employers	Proportionate amounts contributed by each or Item 3, at bottom of page.)								
On Not fixe to be Reported		Employer No. 1		Employer No. 2	No. 2 Employer No		Employer No. 4			
Entertainment Food and Refreshment	s	. s		s	s		\$			
Living Accommodations		-  - <b>-</b>								
Advertising										
Travel		No Expe		res	!	· ·				
Telephone		·						<del></del>		
Other Expenses of Services										
Total 5_0.00		s_0.00		s 0.00	s_0.00	s_0.00				
*When the number of capployers you a										
The totals of each expend and member(s) of their he		hundred five de	ollars (\$10	5) for a legislator of	her holder of pu	iblic off	ice, execut	ive officials		
ilem.			Amourt	1	of Legislators, Public and Executive Officials and Household Members in Group					
12210	Date Place		Annotal C		nd Household Mi	curteers is	Viniup			
NA										
Commund on attached page(s)										
INSTRUCTIONS			Itan 3	En	Em floyer(s) Name(s) and Address(es)					
<u> </u>				daman dama luu	A to	9.0				
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code				No. Independent Insurance Agents & Brokers of Idaho, Inc.						
Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.										
TO BE FILED WITH:										
Ben Ysursa Secretary of State										
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282										

Subject matter of proposed legislation, the number of the Senate				LEGISLATIVE SUBJECT IDENTIFICATION					
Leen or	House, Bill, Resolution or other Lobbyist was supporting or op e   Bill, Resolution or Other	legislative activity in which	01 02 03 04 05 06 07 08 09 10 11	Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, tinance, credit and investments Children, miners, youth, senior citizens Church and religion Consumer affairs Beology, environment, pollution, conservation, zoning, land and water tias Education Elections, tampaigns, voting, political parties Equal rights, civil rights, minority affairs Government, tinancing, taxation, reveaue, budget, appropriations, bids, foes, funds Government, religion Government, religion Government, minicipal Government, special districts Government, state	Code 17 18 19 20 21 22 23 24 25 26 27 28	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, uncomployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)			
Item  Identify any rule, ratemaking decision, procurement, contract, bid or bid process, francial services or bond lobbyist was supporting or opposing.			; ;	ERTIFICATION: I hereby certify the project statement in accordance with Statement statement accordance with Statement statement accordance with Statement st	a the absection 6	3/17/2014 Date			