# Rev. 12/2012

#### State of Idaho

Lawerence Denney Secretary of State

#### LOBBYIST MONTHLY REPORT FORM

To Be Filed By:

L-3 LO

LOBBYISTS (Sec. 67-6619)

Page of Page(s)
THIS SPACE FOR OFFICE USE ONLY

15 MAR 18 AM 9:00

SECHETARY OF STATE

(Type or print clearly in black ink) See instructions at bottom of page Date prepared Period covered Lobbvist's name and permanent business address month ending Morgan (Woody) Richards 2/28/2015 P.O. Box 2076 (Day) (Yr.) Boise, Idaho 83701 (Mo.) 02 2015 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure \*Total Amount for Item 3, at bottom of page.) Reimbursed Personal Living and Trave All Employers enses Pertaining to Lobbying Activity Employer No. 4 Do Not Have to be Reported Employer No. i Employer No. 2 Employer No. 3 Entertainment \$ 135,03 Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services 0.00 0.00 0.00 0.00 Total 135,03 \*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. 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. Item Names of Legislators, Public and Executive Officials 2 and Household Members in Group Place Amount Date \$0 Continued on attached page(s) item 3 Employer(s) Name(s) and Address(es) INSTRUCTIONS Associated Loggers Exchange No. 1 Who should file this form: Any lobbyist registered under Section P.O. Box 16410; Boise, Idaho 83715 67-6617 Idaho Code Idaho Insurance Guaranty Association Filing deadline: Monthly reports due within fifteen (15) days of the No. 2 1720 BellaireSt #410; Denver, Colo. 80222 month for activities of the past month. TO BE FILED WITH: NCCI HOldings Inc. No. 3 Lawerence Denney 901 Peninsula Corporte Cir. Boca Raton, Florida Secretary of State PO Box 83720 Workers Compensation Exchange Boise, ID 83720-0080 No. 4 P.O. Box 359; Lewiston, Idaho 83501 Phone: (208) 334-2852 Fax: (208) 334-2282

## LOBBYIST MONTHLY REPORT FORM



_		1	_of_	D.	(-)
ľa	ge_	11_	or	r	age(s)
тн	SSE	ACE	FOR OF	FICE US	E ONLY

ce Denney y of State

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

	(Type or print clear See instructions a	arly in black ink) bottom of page						Property and the second			
Lobbyist's name and permanent business address  Morgan (Woody) Richards P.O. Box 2076  Boise, Idaho 83701				Date prepared 2/28/2015			15	Period covered  month ending  (Mo.) (Day) (Yr.)  22 28 2015			
Item 1		able expenditures made or						fofLobb	yist's Emplo	<u> </u>	
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity		*Total Amount for All Employers	Item 3, at bottom of								
Do Not Have to be Reported  Entertainment Food and Refreshment		s \$135,03	Employer No. 1		_   \$_	Employer No. 2 Employer		No. 3	b. 3 Employer No. 4		
Living Acc	ommodations				_ -						
Advertising	3				-						
Travel Telephone					- -						
-	nses or Services										
Total \$			s 68.00		_ s_	0.00	s0.00		s0.00		
TI		are reporting for requires me diture of more than one l touschold.				for a legislator, o	ther holder of	public o	ffice, execut		
2	Date	Place	Amor					slators, Public and Executive Offic ousehold Members in Group			
\$0	inued on attached page(s)										
INSTRUCTIONS					Item 3	En	Employer(s) Name(s) and Address(es)				
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code				N	No. 1 America's Health Insurance Plans 601 Pennsylvania Ave. N.W., Suite 500 Wash. D.C.						
Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.					Willamette Dental of Idaho No. 2 6950 N.E. Campus Way, Hillsboro, Oregon 97124						
TO BE FILED WITH:  Lawerence Denney Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282					0. 3			And the state of t		-	

### LOBBYIST MONTHLY REPORT FORM



State of Idaho

Lawerence Denney Secretary of State To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)

Page of Page(s)
THIS SPACE FOR OFFICE USE ONLY

ALE:	£01	becieving of 5	L					1				
									24			
		(Type or print clear							To the second se			
See instructions at bottom of page Lobbyist's name and permanent business address						Date pr	epared		Period	covered		
		dy) Richards							1	month en	ding	
P.O. 1	Box 207	6					2/28/20	15		_		
Boise	, Idaho	83701								(Mo.) (Day) (Yr.)		
									02	28	2015	
Item 1	To	tals of all reporta	ble expenditures made o						3.6		yer.	
	** *	Expenditure	*Total Amount for	Proportion			uted by each empl	oyer (Identify	employer	, under		
Expense	s Pertaining	al Living and Travel to Lobbying Activity	All Employers			<del></del>		Factoria	- <del> </del>	Employer No. 4		
		to be Reported		Employ	yer No. 1	Employer No. 2		Employer	F NO. 3	Employe	NO. 4	
Enterta	inment nd Refresi	nment	\$ 135.03	\$ 6	7.03	s Ø		s Ø		s		
				*								
_	Accommo	odanons		1	··	- -						
Adverti	ising			-		- -			11			
Travel						-			+#-			
Telepho	one			-		-			-			
Other E	xpenses o	or Services				_ _						
				1	7.03	+						
		Total	S	s	7.03	_   <b>s</b>	0.00	s0.0	70	s0.0	<u>.</u>	
			135.03			 		 		l 		
*When			are reporting for requires a diture of more than one								ve official	
Item-		mber(s) of their h				(4100) 1	or a regulator, e	ale: Morae: 0.			vo omoia	
2	Date		Place		Amo	Names of Legislators, Pub				blic and Executive Officials Members in Group		
	\$0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7			and Household	William	ш отопр		
	<b>4</b> 0											
									14.00			
									1			
									111111111111111111111111111111111111111			
	Continued	on attached page(s)										
INSTRUCTIONS				l	3 Employer(s) Name(s) and Address(es)				ddress(es)			
						ا	latata laguna	C				
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code				No	Allstate Insurance Company No. 1 18911 Northcreek Parkway #301; Bothell, Wash.							
Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.				ne <sub>No</sub>	American Family Insurance No. 2 9510 Meridian Blvd; Englewood, Colo. 80112							
TO BE FILED WITH:						F	arm Bureau N	Autual Insur	rance C	ompany		
Lawerence Denney Secretary of State				No	Farm Bureau Mutual Insurance Company No. 3 275 Tierra Vista Dr; Pocatello, Idaho 83201							
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282				No	o. 4			Annual Complete and Secretary				