

3775

Rev. 12/2012

LOBBYIST MONTHLY REPORT FORM

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State of Idaho

Ben Ysursa
Secretary of State

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

FEB -3 PM 1:09

SECRETARY OF STATE
STATE OF IDAHO

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

| | | |
|---|----------------------------------|---|
| Lobbyist's name and permanent business address Morgan (Woody) Richards P.O. Box 2076 Boise, Idaho 83701 | Date prepared 2/1/2014 | Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) 1 31 2014 |
|---|----------------------------------|---|

| Item 1 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 | | | | | |
| Food and Refreshment | \$ 36.00 | \$ 0 | \$ 0 | \$ 10.00 | \$ |
| Living Accommodations | | | | | |
| Advertising | | | | | |
| Travel | | | | | |
| Telephone | | | | | |
| Other Expenses or Services | | | | | |
| Total | \$ 36.00 | \$ 0 | \$ 0 | \$ 10.00 | \$ |

*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 |
| | | N/A | | |

Continued on attached page(s)

| INSTRUCTIONS | Item 3 Employer(s) Name(s) and Address(es) |
|---|---|
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code | No. 1 Allstate Insurance Company 18911 Northwood Parkway # 301 Bothell Washington 98011 |
| Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month. | No. 2 American Family Insurance 9510 Meridian Blvd Englewood, Colorado 80112 |
| 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 Farm Bureau Mutual Insurance Co. 275 Tierra Vista Drive Pocatello, Idaho 83201 |
| | No. 4 |

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| | | |
|--|----------------------------|--|
| Lobbyist's name and permanent business address Morgan (Woody) Richards P.O. Box 2076 Boise, Idaho 83701 | Date prepared 2/18/2014 | Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) 1 31 2014 |
|--|----------------------------|--|

| 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 | \$ 36.44 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Food and Refreshment | | | | | |
| Living Accommodations | | | | | |
| Advertising | | | | | |
| Travel | | | | | |
| Telephone | | | | | |
| Other Expenses or Services | | | | | |
| Total | \$ 36.44 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

*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 | |
| N/A | | | | |

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 | Associated Loggers Exchange P.O. Box 16410 Boise, Idaho 83715 |
| | No. 2 | Idaho Insurance Guaranty Assoc 1720 Bellaire Street #408 Denver, Colorado 80222 |
| | No. 3 | NCCI Holdings Inc 901 Peninsula Corporate Circle Boca Raton, Florida 33487 |
| | No. 4 | Worker Compensation Exchange P.O. Box 359 Lewiston, Idaho 83501 |

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| | | |
|--|----------------------------------|---|
| Lobbyist's name and permanent business address <i>Morgan W. Richards (w/roady) P.O. Box 2076 Boise, Idaho 83701</i> | Date prepared <i>2/1/2014</i> | Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) <i>1 31 2014</i> |
|--|----------------------------------|---|

| 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 | | | | | |
| Food and Refreshment | \$ <i>36.XX</i> | \$ <i>26.XX</i> | \$ <i>Ø</i> | \$ <i>Ø</i> | \$ _____ |
| Living Accommodations | | | | | |
| Advertising | | | | | |
| Travel | | | | | |
| Telephone | | | | | |
| Other Expenses or Services | | | | | |
| Total | \$ <i>36.XX</i> | \$ <i>26.XX</i> | \$ <i>Ø</i> | \$ <i>Ø</i> | \$ _____ |

*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 |
| | | <i>N/A</i> | | |

Continued on attached page(s)

| INSTRUCTIONS | Item 3 Employer(s) Name(s) and Address(es) |
|--|---|
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code | No. 1 <i>America's Health Insurance Plans 601 Pennsylvania Avenue, N.W. Suite #500 Washington, D.C. 20004</i> |
| Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month. | No. 2 <i>Surplus Line Association 595 S. 14th Street Boise, Idaho 83702</i> |
| TO BE FILED WITH: Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282 | No. 3 <i>Willamette Dental of Idaho 6950 N.E. Campus Way Hillsboro, Oregon 97124</i> |
| | 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.

| Subject Code (from table) | Bill, Resolution or Other Legislative Ident. Number | Appropriation Bill Number and Section Number |
|---------------------------|---|--|
| 20 | HB 358 | |
| 17 | HB 393 | |
| 17 | SB 1226 | |
| 17 | SB 1243 | |

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

N/A

LEGISLATIVE SUBJECT IDENTIFICATION

- | Code | Subject | Code | Subject |
|------|---|------|--|
| 01 | Agriculture, horticulture, farming, and livestock | 17 | Health service, medicine, drugs and controlled substances, health insurance, hospitals |
| 02 | Amusements, games, athletics and sports | 18 | Higher education |
| 03 | Banking, finance, credit and investments | 19 | Housing, construction, codes |
| 04 | Children, minors, youth, senior citizens | 20 | Insurance (excluding health insurance) |
| 05 | Church and religion | 21 | Labor, salaries and wages, collective bargaining |
| 06 | Consumer affairs | 22 | Law enforcement, courts, judges, crimes, prisons |
| 07 | Ecology, environment, pollution, conservation, zoning, land and water use | 23 | License, permits |
| 08 | Education | 24 | Liquor |
| 09 | Elections, campaigns, voting, political parties | 25 | Manufacturing, distribution and services |
| 10 | Equal rights, civil rights, minority affairs | 26 | Natural resources, forest and forest products, fisheries, mining and mining products |
| 11 | Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds | 27 | Public lands, parks, recreation |
| 12 | Government, county | 28 | Social insurance, unemployment insurance, public assistance, workmen's compensation |
| 13 | Government, federal | 29 | Transportation, highways, streets and roads |
| 14 | Government, municipal | 30 | Utilities, communications, televisions, radio, newspaper, power, CATV, gas |
| 15 | Government, special districts | 31 | Other (please specify) _____ |
| 16 | Government, state | | |

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

Morgan W. Reed j. 2/2/2014
 Lobbyist signature Date