

**LOBBYIST MONTHLY REPORT FORM**



**State of Idaho**  
Ben Yursa  
Secretary of State

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

14 APR 10 PM 04:14  
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 <b>Michael Kane</b> 1087 W River St Boise, ID 83702	Date prepared 4/10/2014	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) <b>3</b>   <b>31</b>   <b>2014</b>
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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	\$ \$0.00
Food and Refreshment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Living Accommodations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Advertising	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Telephone	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Expenses or Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$ \$0.00</b>	<b>\$ \$0.00</b>	<b>\$ \$0.00</b>	<b>\$ \$0.00</b>	<b>\$ \$0.00</b>

\*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)

<p><b>INSTRUCTIONS</b></p> <p><b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code</p> <p><b>Filing deadline:</b> 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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%; text-align: center;">Item 3</th> <th style="text-align: center;">Employer(s) Name(s) and Address(es)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">No. 1</td> <td>AAA of Idaho 7155 W Denton St Boise ID 83704 USA</td> </tr> <tr> <td style="text-align: center;">No. 2</td> <td>Central District Health Department (CDHC) 707 N Armstrong PI Boise ID 83704 USA</td> </tr> <tr> <td style="text-align: center;">No. 3</td> <td>Idaho Board of Professional Engineers and Land Surveyors 1510 E Watertower St Ste 110 Meridian ID 83642 USA</td> </tr> <tr> <td style="text-align: center;">No. 4</td> <td>Idaho Counties Risk Management Program 3100 Vista Ave Ste 300 Boise ID 83705 USA</td> </tr> </tbody> </table>	Item 3	Employer(s) Name(s) and Address(es)	No. 1	AAA of Idaho 7155 W Denton St Boise ID 83704 USA	No. 2	Central District Health Department (CDHC) 707 N Armstrong PI Boise ID 83704 USA	No. 3	Idaho Board of Professional Engineers and Land Surveyors 1510 E Watertower St Ste 110 Meridian ID 83642 USA	No. 4	Idaho Counties Risk Management Program 3100 Vista Ave Ste 300 Boise ID 83705 USA
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<b>Item 4</b>	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.		<b>LEGISLATIVE SUBJECT IDENTIFICATION</b>	
	Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number	
12, 15 16, 17 20, 22 23	H.B. 519, H.B. 518 H.B. 514, S.B. 1411 S.B. 1357, S.B. 1332 S.B. 1331, S.B. 1284 S.B. 1282, S.B. 1273 S.B. 1259, S.B. 1254 S.B. 1252, S.B. 1241 S.B. 1232, S.B. 1226 S.B. 1225, S.B. 1224 S.B. 1221, H.B. 472 H.B. 466, H.B. 465 H.B. 464, H.B. 461 H.B. 457, H.B. 456 H.B. 455, H.B. 450 H.B. 449, H.B. 433 H.B. 404, H.B. 367 H.B. 365			
<b>Item 5</b>	Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.		<p style="text-align: center;">CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 <b>Idaho Code</b>.</p> <p style="text-align: center;"><u>Electronically signed</u> <span style="float: right;"><u>4/10/2014</u></span></p> <p style="text-align: center;">Lobbyist signature <span style="float: right;">Date</span></p>	



Employer No.	Employer Name(s)	Employer Address(es)
No.5	Idaho Sheriffs Association	1087 W River St Ste 100 Boise ID 83702 USA
No.6	Idaho State Board of Dentistry	PO Box 83720 Boise ID 83720-0021 USA
No.7	Property Casualty Insurers Association of America	8700 W Bryn Mawn #1200S Chicago IL 60631 USA