|                                                  | 2012                                                                                                         |                                                                                                                                                                                                | LOBBYI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ST MON'                                                                             | THLY F                                 | EPOI                                 | RT FORM                                          | A I                                                                                        | Page                               |                                              |                                                   | age(s)      |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|---------------------------------------------------|-------------|
| PEAT                                             | SEAL                                                                                                         | State of Ida                                                                                                                                                                                   | To Do Eilad Duy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                        |                                      |                                                  |                                                                                            | THIS SPACE FOR OFFICE USE ONLY     |                                              |                                                   |             |
|                                                  |                                                                                                              | Lawerence Denney                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | L-3 LOBBYISTS                                                                       |                                        |                                      |                                                  | 16 FEB 09 PM 01:32                                                                         |                                    |                                              |                                                   |             |
| Secretary of State                               |                                                                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Sec. 67-6619)                                                                      |                                        |                                      |                                                  |                                                                                            |                                    |                                              |                                                   |             |
|                                                  |                                                                                                              | -                                                                                                                                                                                              | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                                        |                                      |                                                  |                                                                                            | SECRETARY OF STA<br>STATE OF IDAHO |                                              |                                                   |             |
|                                                  |                                                                                                              | <i>(</i> <b>7</b> )                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                        |                                      |                                                  |                                                                                            |                                    | ,,,,,                                        |                                                   | Dialo       |
|                                                  |                                                                                                              | (Type or print clear<br>See instructions at                                                                                                                                                    | bottom of page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                        |                                      |                                                  |                                                                                            |                                    |                                              |                                                   |             |
|                                                  | obbyist's name and permanent business address                                                                |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date prepared 2/9/2016                                                              |                                        |                                      |                                                  | Period covered month ending                                                                |                                    |                                              |                                                   |             |
| Saint Alphonsus Health System<br>Boise, ID 83706 |                                                                                                              |                                                                                                                                                                                                | tem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                                        |                                      |                                                  |                                                                                            |                                    |                                              |                                                   |             |
| Boise,                                           | , ID 8370                                                                                                    | 76                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                        |                                      |                                                  |                                                                                            |                                    | (Mo.)                                        | (Day)                                             | (Yr.)       |
| Item                                             | ×                                                                                                            |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                        |                                      |                                                  |                                                                                            |                                    | 1                                            | 31                                                | 2016        |
| 1                                                |                                                                                                              | -                                                                                                                                                                                              | ble expenditures made                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -                                                                                   | -                                      | -                                    |                                                  | -                                                                                          |                                    | -                                            | -                                                 | oyer.       |
| Reimbu<br>Expense                                | Category of Expenditure<br>Reimbursed Personal Living and Travel<br>Expenses Pertaining to Lobbying Activity |                                                                                                                                                                                                | *Total Amount for<br>All Employers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Proportionate amounts contributed by each employer (Ide Item 3, at bottom of page.) |                                        |                                      |                                                  | oyer (Identi                                                                               |                                    |                                              |                                                   |             |
|                                                  |                                                                                                              | o be Reported                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Employer No. 1                                                                      |                                        | Employer No. 2                       |                                                  | Emplo                                                                                      | Employer No. 3                     |                                              | Employer No. 4                                    |             |
|                                                  | Living Accommodations\$0.00Advertising\$0.00Travel\$0.00Telephone\$0.00                                      |                                                                                                                                                                                                | \$_\$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$_\$0.00                                                                           |                                        | \$ \$                                |                                                  | \$                                                                                         |                                    |                                              | \$                                                |             |
| Living A                                         |                                                                                                              |                                                                                                                                                                                                | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$0.00                                                                              |                                        |                                      |                                                  |                                                                                            |                                    |                                              |                                                   |             |
| Adverti                                          |                                                                                                              |                                                                                                                                                                                                | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$0.00                                                                              |                                        |                                      |                                                  |                                                                                            |                                    |                                              |                                                   |             |
| Travel                                           |                                                                                                              |                                                                                                                                                                                                | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$0.00                                                                              |                                        |                                      |                                                  |                                                                                            |                                    |                                              |                                                   |             |
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| Other E                                          |                                                                                                              |                                                                                                                                                                                                | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$0.00                                                                              | \$0.00                                 |                                      |                                                  |                                                                                            |                                    |                                              |                                                   |             |
|                                                  |                                                                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                        |                                      |                                                  |                                                                                            |                                    |                                              |                                                   |             |
|                                                  |                                                                                                              | Total                                                                                                                                                                                          | \$_\$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$_\$0.00                                                                           |                                        | \$                                   |                                                  | \$                                                                                         |                                    |                                              | \$                                                |             |
|                                                  |                                                                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                        |                                      |                                                  |                                                                                            |                                    |                                              |                                                   |             |
| *When t                                          |                                                                                                              | of employers you a                                                                                                                                                                             | are reporting for requires n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nultiple L-2 for                                                                    | ms to be file                          | d a total a                          |                                                  | employers sh                                                                               |                                    | entered                                      | on Page 1.                                        | ive officia |
| *When t                                          | The tota                                                                                                     | of employers you a                                                                                                                                                                             | are reporting for requires n<br>diture of more than one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nultiple L-2 for                                                                    | ms to be file                          | d a total a                          | a legislator, c                                  | employers sh<br>other holder                                                               | r of pub                           | entered<br>olic offici                       | on Page 1.<br>ce, execut                          |             |
|                                                  | The tota                                                                                                     | of employers you a                                                                                                                                                                             | are reporting for requires n<br>diture of more than one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nultiple L-2 for                                                                    | ms to be file                          | d a total a<br>105) for a            | a legislator, c<br>Names o                       | employers sh                                                                               | r of pub                           | entered<br>blic offication                   | on Page 1.<br>ce, execut                          |             |
| Item-                                            | The tota<br>and mer                                                                                          | of employers you a                                                                                                                                                                             | diture of more than one ousehold.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nultiple L-2 for                                                                    | ms to be file<br>dollars (\$           | d a total a<br>105) for a            | a legislator, c<br>Names o                       | employers sh<br>other holder<br>f Legislators                                              | r of pub                           | entered<br>blic offication                   | on Page 1.<br>ce, execut                          |             |
| Item-                                            | The tota<br>and mer                                                                                          | of employers you a                                                                                                                                                                             | diture of more than one ousehold.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nultiple L-2 for                                                                    | ms to be file<br>dollars (\$           | d a total a<br>105) for a            | a legislator, c<br>Names o                       | employers sh<br>other holder<br>f Legislators                                              | r of pub                           | entered<br>blic offication                   | on Page 1.<br>ce, execut                          |             |
| Item-                                            | The tota<br>and mer                                                                                          | of employers you a                                                                                                                                                                             | diture of more than one ousehold.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nultiple L-2 for                                                                    | ms to be file<br>dollars (\$           | d a total a<br>105) for a            | a legislator, c<br>Names o                       | employers sh<br>other holder<br>f Legislators                                              | r of pub                           | entered<br>blic offication                   | on Page 1.<br>ce, execut                          |             |
| Item-                                            | The tota<br>and mer                                                                                          | of employers you a                                                                                                                                                                             | diture of more than one ousehold.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nultiple L-2 for                                                                    | ms to be file<br>dollars (\$           | d a total a<br>105) for a            | a legislator, c<br>Names o                       | employers sh<br>other holder<br>f Legislators                                              | r of pub                           | entered<br>blic offication                   | on Page 1.<br>ce, execut                          |             |
| Item-2                                           | The tota<br>and mer<br>Date                                                                                  | of employers you a<br>lls of each expend<br>nber(s) of their h                                                                                                                                 | are reporting for requires n<br>diture of more than one<br>ousehold.<br>Place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nultiple L-2 for                                                                    | ms to be file<br>dollars (\$           | d a total a<br>105) for a            | a legislator, c<br>Names o                       | employers sh<br>other holder<br>f Legislators                                              | r of pub                           | entered<br>blic offication                   | on Page 1.<br>ce, execut                          |             |
| Item-2                                           | The tota<br>and mer<br>Date                                                                                  | of employers you a<br>lls of each expend<br>nber(s) of their h                                                                                                                                 | are reporting for requires n<br>diture of more than one<br>ousehold.<br>Place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nultiple L-2 for                                                                    | ms to be file<br>dollars (\$<br>Amoun  | d a total a<br>(05) for a<br>t<br>em | a legislator, c<br>Names o                       | employers sh<br>other holder<br>f Legislators<br>and Househ                                | r of pub                           | entered<br>plic offi<br>and Exe<br>abers in  | on Page 1.<br>ce, execut<br>ccutive Offi<br>Group |             |
| Item-2                                           | The tota<br>and mer<br>Date                                                                                  | of employers you a<br>lls of each expend<br>nber(s) of their h                                                                                                                                 | are reporting for requires n<br>diture of more than one<br>ousehold.<br>Place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nultiple L-2 for                                                                    | ms to be file<br>dollars (\$<br>Amoun  | em 3                                 | a legislator, c<br>Names o                       | mployers sh<br>other holder<br>f Legislators<br>and Househo<br>mployer(s) N                | , Public<br>old Men                | entered<br>plic offi<br>and Exe<br>abers in  | on Page 1.<br>ce, execut<br>ccutive Offi<br>Group |             |
| Item-<br>2                                       | The tota<br>and mer<br>Date                                                                                  | of employers you a<br>lls of each expend<br>nber(s) of their h<br>on attached page(s)<br>INST<br>file this form: A                                                                             | are reporting for requires n<br>diture of more than one<br>ousehold.<br>Place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | hundred five                                                                        | ms to be file<br>dollars (\$<br>Amoun  | em 3<br>Saint /                      | a legislator, c<br>Names o                       | mployers sh<br>other holder<br>f Legislators<br>and Househ<br>mployer(s) N<br>ealth Syster | , Public<br>old Men<br>Jame(s)     | entered<br>plic offi-<br>and Exe<br>nbers in | on Page 1.<br>ce, execut<br>ccutive Offi<br>Group |             |
| Item-<br>2                                       | The tota<br>and mer<br>Date                                                                                  | of employers you a<br>lls of each expend<br>nber(s) of their h<br>on attached page(s)<br>INST<br>file this form: A<br>67<br>ne: Monthly repo                                                   | re reporting for requires n<br>diture of more than one<br>ousehold.<br>Place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nultiple L-2 for<br>hundred five                                                    | ms to be file dollars (\$ Amoun It No. | em<br>Saint /<br>1055 f              | a legislator, c<br>Names o<br>Ei<br>Alphonsus He | mployers sh<br>other holder<br>f Legislators<br>and Househ<br>mployer(s) N<br>ealth Syster | , Public<br>old Men<br>Jame(s)     | entered<br>plic offi-<br>and Exe<br>nbers in | on Page 1.<br>ce, execut<br>ccutive Offi<br>Group |             |
| Item-<br>2                                       | The tota<br>and mer<br>Date                                                                                  | of employers you a<br>lls of each expend<br>nber(s) of their h<br>on attached page(s)<br>INST<br>file this form: A<br>67<br>ne: Monthly reported<br>month for ac                               | re reporting for requires n<br>diture of more than one<br>ousehold.<br>Place<br>Place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nultiple L-2 for<br>hundred five                                                    | ms to be file dollars (\$ Amoun It No. | em<br>Saint /<br>1055 f              | a legislator, c<br>Names o<br>Ei<br>Alphonsus He | mployers sh<br>other holder<br>f Legislators<br>and Househ<br>mployer(s) N<br>ealth Syster | , Public<br>old Men<br>Jame(s)     | entered<br>plic offi-<br>and Exe<br>nbers in | on Page 1.<br>ce, execut<br>ccutive Offi<br>Group |             |
| Item-<br>2                                       | The tota<br>and mer<br>Date                                                                                  | of employers you a<br>lls of each expend<br>nber(s) of their h<br>on attached page(s)<br>INST<br>file this form: A<br>67<br>ne: Monthly report<br>month for ac<br>D WITH:<br>Lawe              | TRUCTIONS  Tructions | nultiple L-2 for<br>hundred five                                                    | ms to be file dollars (\$ Amoun It No. | em<br>Saint /<br>1055 N              | a legislator, c<br>Names o<br>Ei<br>Alphonsus He | mployers sh<br>other holder<br>f Legislators<br>and Househ<br>mployer(s) N<br>ealth Syster | , Public<br>old Men<br>Jame(s)     | entered<br>plic offi-<br>and Exe<br>nbers in | on Page 1.<br>ce, execut<br>ccutive Offi<br>Group |             |
| Item-<br>2                                       | The tota<br>and mer<br>Date                                                                                  | of employers you a<br>ls of each expend<br>nber(s) of their h<br>on attached page(s)<br>INST<br>file this form: A<br>67<br>ne: Monthly report<br>month for ac<br>D WITH:<br>Lawe<br>Secr<br>PO | TRUCTIONS  Tructions | nultiple L-2 for<br>hundred five                                                    | e No.                                  | em<br>Saint /<br>1055 N              | a legislator, c<br>Names o<br>Ei<br>Alphonsus He | mployers sh<br>other holder<br>f Legislators<br>and Househ<br>mployer(s) N<br>ealth Syster | , Public<br>old Men<br>Jame(s)     | entered<br>plic offi-<br>and Exe<br>nbers in | on Page 1.<br>ce, execut<br>ccutive Offi<br>Group |             |

|          | 0.1.             |                                                                                                                                 |                                  | LEGISLATIVE SUBJECT IDENTIFICATION |                                      |              |                                    |  |  |  |
|----------|------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------|--------------------------------------|--------------|------------------------------------|--|--|--|
| Item     | Subj             | bject matter of proposed legislation, the number of the Senate<br>House Bill, Resolution or other legislative activity in which |                                  |                                    | LEGISLATIVE SUDJECT IDENTIFICATION   |              |                                    |  |  |  |
| 4        |                  | by b                                                                                        |                                  | Cada                               | Subject                              | Code Subject |                                    |  |  |  |
| -        | the L            | obbyist was supporting of op                                                                                                    | posing.                          | 01                                 | Agriculture, horticulture,           | 17           | Health service, medicine, drugs    |  |  |  |
| Subject  | t Code           | Bill, Resolution or Other                                                                                                       | Appropriation Bill Number        | 01                                 | farming, and livestock               | 1 /          | and controlled substances, health  |  |  |  |
| (from    |                  | Legislative Ident. Number                                                                                                       | and Section Number               | 02                                 | Amusements, games, athletics         |              | insurance, hospitals               |  |  |  |
| <u> </u> |                  | S.B. 1205                                                                                                                       |                                  | 02                                 | and sports                           | 18           | Higher education                   |  |  |  |
| 17, 28   | 3                | S.B. 1205                                                                                                                       |                                  | 03                                 | Banking, finance, credit and         | 18           | Housing, construction, codes       |  |  |  |
|          |                  |                                                                                                                                 |                                  | 05                                 | investments                          | 20           | Insurance (excluding health        |  |  |  |
|          |                  |                                                                                                                                 |                                  | 04                                 |                                      | 20           | insurance)                         |  |  |  |
|          |                  |                                                                                                                                 |                                  | 04                                 | Children, minors, youth,             | 21           | /                                  |  |  |  |
|          |                  |                                                                                                                                 |                                  | 0.5                                | senior citizens                      | 21           | Labor, salaries and wages,         |  |  |  |
|          |                  |                                                                                                                                 |                                  | 05                                 | Church and religion                  | 22           | collective bargaining              |  |  |  |
|          |                  |                                                                                                                                 |                                  | 06                                 | Consumer affairs                     | 22           | Law enforcement, courts,           |  |  |  |
|          |                  |                                                                                                                                 |                                  | 07                                 | Ecology, environment, pollution,     | 22           | judges, crimes, prisons            |  |  |  |
|          |                  |                                                                                                                                 |                                  |                                    | conservation, zoning, land and       | 23           | License, permits                   |  |  |  |
|          |                  |                                                                                                                                 |                                  | 0.0                                | water use                            | 24           | Liquor                             |  |  |  |
|          |                  |                                                                                                                                 |                                  | 08                                 | Education                            | 25           | Manufacturing, distribution and    |  |  |  |
|          |                  |                                                                                                                                 |                                  | 09                                 | Elections, campaigns, voting,        | 0(           | services                           |  |  |  |
|          |                  |                                                                                                                                 |                                  | 10                                 | political parties                    | 26           | Natural resources, forest and      |  |  |  |
|          |                  |                                                                                                                                 |                                  | 10                                 | Equal rights, civil rights,          |              | forest products, fisheries, mining |  |  |  |
|          |                  |                                                                                                                                 |                                  |                                    | minority affairs                     |              | and mining products                |  |  |  |
|          |                  |                                                                                                                                 |                                  | 11                                 | Government, financing,               | 27           | Public lands, parks, recreation    |  |  |  |
|          |                  |                                                                                                                                 |                                  |                                    | taxation, revenue, budget,           | 28           | Social insurance, unemployment     |  |  |  |
|          |                  |                                                                                                                                 |                                  |                                    | appropriations, bids, fees, funds    |              | insurance, public assistance,      |  |  |  |
|          |                  |                                                                                                                                 |                                  | 12                                 | Government, county                   |              | workmen's compensation             |  |  |  |
|          |                  |                                                                                                                                 |                                  | 13                                 | Government, federal                  | 29           | Transportation, highways,          |  |  |  |
|          |                  |                                                                                                                                 |                                  | 14                                 | Government, municipal                |              | streets and roads                  |  |  |  |
|          |                  |                                                                                                                                 |                                  | 15                                 | Government, special districts        | 30           | Utilities, communications,         |  |  |  |
|          |                  |                                                                                                                                 |                                  | 16                                 | Government, state                    |              | televisions, radio, newspaper,     |  |  |  |
|          |                  |                                                                                                                                 |                                  |                                    |                                      |              | power, CATV, gas                   |  |  |  |
|          |                  |                                                                                                                                 |                                  |                                    |                                      | 31           | Other (please specify)             |  |  |  |
|          |                  |                                                                                                                                 |                                  |                                    |                                      |              |                                    |  |  |  |
|          |                  |                                                                                                                                 |                                  |                                    |                                      |              |                                    |  |  |  |
|          |                  |                                                                                                                                 |                                  |                                    |                                      |              |                                    |  |  |  |
|          |                  |                                                                                                                                 |                                  |                                    |                                      |              |                                    |  |  |  |
|          |                  |                                                                                                                                 |                                  |                                    |                                      |              |                                    |  |  |  |
|          |                  |                                                                                                                                 |                                  |                                    |                                      |              |                                    |  |  |  |
|          |                  |                                                                                                                                 |                                  |                                    |                                      |              |                                    |  |  |  |
|          |                  |                                                                                                                                 |                                  |                                    |                                      |              |                                    |  |  |  |
|          |                  |                                                                                                                                 |                                  |                                    | CERTIFICATION: I hereby certify t    | hat the a    | bove is a true, complete and       |  |  |  |
|          | Identi           | fy any rule, ratemaking decisi                                                                                                  | on procurement contract          | 1 (                                | correct statement in accordance with | Section      | 67-6624 <b>Idaho Code.</b>         |  |  |  |
| Item     |                  |                                                                                                                                 | s or bond lobbyist was support-  |                                    |                                      |              |                                    |  |  |  |
| 5        |                  |                                                                                                                                 | s of bolid lobbyist was support- |                                    |                                      |              |                                    |  |  |  |
|          | ing or opposing. |                                                                                                                                 |                                  |                                    | Electronically signed                | 2/9/2016     |                                    |  |  |  |
|          |                  |                                                                                                                                 |                                  |                                    | Lobbyist signature                   |              | Date                               |  |  |  |
|          |                  |                                                                                                                                 |                                  | Boody ist signature                |                                      | Date         |                                    |  |  |  |
|          |                  |                                                                                                                                 |                                  |                                    |                                      |              |                                    |  |  |  |
|          |                  |                                                                                                                                 |                                  |                                    |                                      |              |                                    |  |  |  |
|          |                  |                                                                                                                                 |                                  |                                    |                                      |              |                                    |  |  |  |
|          |                  |                                                                                                                                 |                                  |                                    |                                      |              |                                    |  |  |  |