Rev. 12/2012

## LOBBYIST MONTHLY REPORT FORM



6372

State of Idaho
Lawerence Denney
Secretary of State

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

 $\begin{array}{cccc} Page \underline{\hspace{0.5cm}} of \underline{\hspace{0.5cm}} Page(s) \\ \text{THIS SPACE FOR OFFICE USE ONLY} \end{array}$ 

16 APR 04 AM 09:05

## SECRETARY OF STATE STATE OF IDAHO

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

| T 11 ' 4  |                | e instructions at |                                    |                        |              | Date pr  | J                   |                                    | In : 1                  |                    |          |
|---|----------------|-------------------|------------------------------------|------------------------|--------------|--|---------------------|------------------------------------|-------------------------|--------------------|----------|
| Lobbyist's name and permanent business address  Randall Simon   |                |                   |                                    |                        |              |  | .016                | Period covered                     |                         |                    |          |
| 250 S 5th St  |                |                   |                                    |                        |              |  | .016                |                                    | l L                     | month e            | nding    |
| Boise, ID 83702   |                |                   |                                    |                        |              |  |                     |                                    | (Mo.                    | .) (Day)           | (Yr.)    |
|   |                |                   |                                    |                        |              |  |                     |                                    | 3                       | 31                 | 2016     |
| Item<br>1   | Totals         | of all reportal   | ole expenditures made o            | or incurred b          | y Lobbyi:    | st or by   | Lobbyist's Empl     | oyer on behalf                     | of Lobb                 | yist's Emplo       | oyer.    |
| Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported |                |                   | *Total Amount for<br>All Employers | Proportiona Item 3, at |              |  | uted by each empl   | oyer ( <b>Identify en</b>          | ıployers                | s, under           |          |
|   |                |                   | All Employers                      | Employer No. 1         |              | I  | Employer No. 2      |                                    | Employer No. 3 Employer |                    | er No. 4 |
| Entertainment   |                |                   | ↑ <b>0</b> 000                     |                        |              |  |                     |                                    |                         |                    |          |
| Food and Refreshment  |                |                   | \$ \$0.00                          | \$ \$0.00              |              | _   \$   |                     | \$                                 |                         | \$                 |          |
| Living Accommodations   |                |                   | \$0.00                             | \$0.00                 |              | - -  |                     |                                    |                         |                    |          |
| Advertising   |                |                   | \$0.00                             | \$0.00                 |              | _  |                     |                                    |                         |                    |          |
| Travel  |                |                   | \$0.00                             | \$0.00                 |              | _  |                     |                                    |                         |                    |          |
| Telephone   |                |                   | \$0.00                             | \$0.00                 |              | _  |                     |                                    |                         |                    |          |
| Other Expenses or Services  |                |                   | \$0.00                             | \$0.00                 |              | _  |                     |                                    |                         |                    |          |
| Total   |                |                   | \$_\$0.00                          | \$_\$0.00              |              | \$   |                     | \$                                 |                         | \$                 |          |
| *When t   | he number of   | emplovers vou a   | re reporting for requires m        | ultiple L-2 fo         | orms to be f | iled a tot   | al amount for all e | mplovers should l                  | oe entere               | '<br>ed on Page 1. |          |
|   | The totals of  | of each expend    | liture of more than one            |                        |              |  |                     |                                    |                         |                    |          |
| Item-   | and member     | er(s) of their ho | ousehold.                          |                        |              |  | N                   | CI:-l-t Dh                         | : J T                   |                    | :-:-1-   |
| 2   | Date           |                   | Place                              | Am                     |              | Names of Legislators, Pu<br>nount and Household                  |                     |                                    | Members in Group        |                    |          |
|   | Continued on a | ttached nage(s)   |                                    |                        |              |  |                     |                                    |                         |                    |          |
| Continued on attached page(s)   |                |                   |                                    |                        |              | Item 3   | Er                  | nployer(s) Name(s) and Address(es) |                         |                    |          |
| INSTRUCTIONS  |                |                   |                                    |                        |              |  |                     | ()                                 | *                       | . ,                |          |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code   |                |                   |                                    |                        |              | No. 1  AARP Idaho No. 1  250 S 5th St Ste 800 Boise ID 83702 USA |                     |                                    |                         |                    |          |
| <b>Filing deadline:</b> Monthly reports due within fifteen (15) days of the month for activities of the past month.               |                |                   |                                    |                        |              | o. 2   |                     |                                    |                         |                    |          |
| TO BE FILED WITH:  Lawerence Denney Secretary of State  |                |                   |                                    |                        |              | No. 3  |                     |                                    |                         |                    |          |
| PO Box 83720<br>Boise, ID 83720-0080<br>Phone: (208) 334-2852 Fax: (208) 334-2282   |                |                   |                                    |                        | N            | o. 4   |                     |                                    |                         |                    |          |

|        |  |  |   | * * * * * * * * * * * * * * * * * * *   |  |  |  |  |  |  |
|--------|--|--|---|---|--|--|--|--|--|--|
| Item   |  |  |   |   | LEGISLATIVE SUBJECT IDENTIFICATION   |  |  |  |  |  |
|        | of House Bill, Resolution of other registative activity in which |  | 01 02 03 04   | Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens |  | Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, |  |  |  |  |
|        |  |  |   | 05<br>06<br>07<br>08<br>09<br>10<br>11<br>12<br>13<br>14<br>15<br>16  | Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state | 22<br>23<br>24<br>25<br>26<br>27<br>28<br>29<br>30   | collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify) |  |  |  |
| Item 5 | bid or   | y any rule, ratemaking decisibid process, financial services opposing. | on, procurement, contract,<br>s or bond lobbyist was support- |   | CERTIFICATION: I hereby certify to correct statement in accordance with  Electronically signed  Lobbyist signature   |  |  |  |  |  |