Rev. 1	2/2012		LO	BBYIST R	EPOR1	FORM		Pag			age(s)
BE	T SEALO	State of Ida	aho	ANNUAL	☑ SI	EMI-ANN	UAL	THIS	S SPACE FC	OR OFFICE US	E ONLY
E		Lawerence De	enney								
TE OIL	A A	Secretary of	State	To Be Filed By:				16 JI	JL 22	AM 10:2	20
11	E to O	5			OBBYIS					ARY O	
				(S	ec. 67-66	519)			SIAI	E OF II	DAHO
		(Type or print clear See instructions a									
		d permanent busine		Date	prepared		1	Period co	vered		
	/ Pitman Pine Stre	et, Suite 3150		7/2	7/21/2016			year ending			
	Francisc						(Mo.)	(Day)	(Yr.)		
									6	30	2016
Item	То	tals of all reportal	ble expenditures made	or incurred by Lo	bbyist or l	y Lobbyist'	s Employer on	behalf of	Lobbyis	st's Employ	yer.
Reim	bursed Person	Expenditure al Living and Travel	*Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)							
		to Lobbying Activity to be Reported		Employer No	o. 1	Employer M	No. 2 Em	ployer No	. 3	Employer	No. 4
	ainment										
Food and Refreshment			\$_\$0.00	\$\$0.00	\$	\$\$				\$	
	g Accommo	odations	\$0.00 \$0.00		_				-		
			\$0.00	\$0.00	_						
Trave			\$0.00	\$0.00					-		
Telephone Other Expenses or Services		а :	\$0.00	\$0.00	-			-			
Other	Expenses o	or Services	\$0.00	\$0.00							
		Total	\$\$0.00	\$_\$0.00	\$		\$		5	\$	
*Wher			re reporting for requires m iture of more than one h	-						-	fficials
Item	Item-					· · · · · · · · · · · · · · · · · · ·			prs, Public and Executive Officials		
2	Date		Place		Amount	N		ors, Public sehold Men			ials
	Continued o	n attached nage(s)									
Continued on attached page(s)					Item		Employer(s) Name(s)	and Add	ress(es)	
INSTRUCTIONS											
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code					No. 1	The Bank of New York Mellon Trust Company, N.A. No. 1 500 Grant Street, Suite 2245 Pittsburgh PA 15258 USA					
Fi	ling deadlii		t is due on January 31st. bbyist semi-annual repo		No. 2				<u>,</u>		
т	ים דו בו	WITH.									
TO BE FILED WITH: Lawerence Denney Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282					No. 3						
					No. 4						

Item	Subject matter of proposed legislation, the number of the Senate			LEGISLATIVE SUBJECT IDENTIFICATION						
4		ouse Bill, Resolution or other			~ • •	~ •	~ • •			
	the L	obbyist was supporting or op	posing.		Subject		Subject			
Subject	Code	Bill, Resolution or Other	Appropriation Bill Number	01	Agriculture, horticulture,	17	Health service, medicine, drugs and controlled substances, health			
(from		Legislative Ident. Number	and Section Number	02	farming, and livestock Amusements, games, athletics		insurance, hospitals			
<u> </u>					and sports	18	Higher education			
3				03	Banking, finance, credit and	19	Housing, construction, codes			
					investments	20	Insurance (excluding health			
				04	Children, minors, youth,	20	insurance)			
				0.	senior citizens	21	Labor, salaries and wages,			
				05	Church and religion		collective bargaining			
				06	Consumer affairs	22	Law enforcement, courts,			
				07	Ecology, environment, pollution,		judges, crimes, prisons			
					conservation, zoning, land and	23	License, permits			
					water use	24	Liquor			
				08	Education	25	Manufacturing, distribution and			
				09	Elections, campaigns, voting,		services			
					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 th	nat the al	pove is a true, complete and			
					orrect statement in accordance with S					
				-						
				<u> </u>	Electronically signed		7/21/2016			
Item		y any rule, ratemaking decisi et bid or bid process, financia		L	obbyist signature		Date			
5		obbyist was supporting or op								
					mployer No. 1 signature		Data			
n/a				E	mployer No. I signature		Date			
				Ē	mployer No. 2 signature		Date			
				E	mployer No. 3 signature		Date			
					mployer No. 4 signature		Date			