Rev. 12/2016

State of Idaho

Lawerence Denney Secretary of State

elections@sos.idaho.gov

Phone: (208) 334-2852 Fax: (208) 334-2282

LOBBYIST I	REPORT	FORM
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L-2

To Be Filed By:

LOBBYISTS (Sec. 67-6619) 18 JAN 02 AM 11:28

SECRETARY OF STATE STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered Shelley Shannon 12/29/2017 year ending Po Box 8867 Boise, ID 83707-2867 (Mo.) (Day) (Yr.) 12 31 2017 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure Reimbursed Personal Living and Travel *Total Amount for Item 3, at bottom of page.) Expenses Pertaining to Lobbying Activity All Employers Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Employer No. 4 Entertainment 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 the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1. The totals of each expenditure of more than one hundred ten dollars (\$110) for a legislator, other holder of public office, executive offi cials and member(s) of their household. Item-Names of Legislators, Public and Executive Officials 2 Date Place Amount and Household Members in Group Continued on attached page(s) Item INSTRUCTIONS Employer(s) Name(s) and Address(es) Idaho Health Facilities Authority Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code PO Box 8867 Boise ID 83707 USA Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. No. 2 TO BE FILED WITH: Lawerence Denney Secretary of State No. 3 PO Box 83720 Boise, ID 83720-0080

No. 4

Item Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which			LEGISLATIVE SUBJECT IDENTIFICATION				
4						<i>a</i> 1	
	the L	obbyist was supporting or op	posing.	Code 01	Subject Agriculture, horticulture,	Code 17	Subject Health service, medicine, drugs
Subject	t Code	Bill, Resolution or Other	Appropriation Bill Number	1 01	farming, and livestock	1 /	and controlled substances, health
(from		Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals
2 44				1 02	and sports	18	Higher education
3, 11				03	Banking, finance, credit and	19	Housing, construction, codes
15, 1	1			03	investments	20	Insurance (excluding health
				04	Children, minors, youth,		insurance)
					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)
					ERTIFICATION: I hereby certify the orrect statement in accordance with S		
	x 1				Electronically signed		12/29/2017
Item 5	tt- t		L	obbyist signature		Date	
				Eı	nployer No. 1 signature		Date
				Eı	nployer No. 2 signature		Date
				Eı	mployer No. 3 signature		Date
				Eı	mployer No. 4 signature		Date