Rev. 12/2016

LOBBYIST MONTHLY REPORT FORM



8060

State of Idaho Lawerence Denney Secretary of State

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

Page____of___Page(s) THIS SPACE FOR OFFICE USE ONLY

17 MAR 15 AM 10:36

SECRETARY OF STATE STATE OF IDAHO

			ly in black ink) bottom of page									
Ryan I		rmanent busine d				I -	repared 5/2017	1	Period		ling	
	an, ID 8364								(Mo.	(Day)	(Yr.) 2017	
Item 1	Totals	of all reportal	ole expenditures made of	or incurred by	y Lobbyis	st or by	Lobbyist's Empl	oyer on behal	f of Lobb	yist's Employ	er.	
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity		*Total Amount for All Employers		roportionate amounts contributed by each employer (Identify em) tem 3, at bottom of page.)				employers	aployers, under			
	Not Have to be		1 3	Employ	er No. 1		Employer No. 2	Employer	alf of Lobbyist's Employer. y employers, under er No. 3 Employer No. 4 \$	No. 4		
Entertai Food an	nment d Refreshmer	nt	\$ \$0.00	\$_\$0.00	\$ \$0.00			\$				
\$\\$0.00 \$\\$0												
Advertis	sing		\$0.00	\$0.00)	_						
Γravel			\$0.00	\$0.00		_						
Геlephone			\$0.00	\$0.00		_ _						
Other Expenses or Services			\$0.00	\$0.00								
		Total	\$ \$0.00	\$ \$0.00)	_ \$_		\$		\$		
*When t			I re reporting for requires material in the reporting for requires materials.								offi cials	
Item-	and member(s) of their household											
2	Date		Place	Amount		Names of Legislators, Public and Executive Of and Household Members in Group				als		
	ا Continued on at	tached page(s)										
INSTRUCTIONS						Item 3	Eı	Employer(s) Name(s) and Address(es)				
					N/	o. 1	aho Association o	f Chiropractic	Physiciar	ns		
		67	ny lobbyist registered un -6617 Idaho Code				3601 W McMillan	Rd Ste 102-33	31 Boise	ID 83713 USA	\	
Filin	_		rts due within fifteen (1 ivities of the past month	, ,		o. 2						
ТО І	BE FILED W				-							
Lawerence Denney Secretary of State PO Box 83720						o. 3						
PO Box 83720 Boise, ID 83720-0080 elections@sos.idaho.gov Phone: (208) 334-2852 Fax: (208) 334-2282					No	o. 4						

Subject matter of proposed legislation, the number of the Senate				LEGISLATIVE SUBJECT IDENTIFICATION						
Item 4	Item or House Bill, Resolution or other legislative activity in which				Subject					
•	the L	obbyist was supporting or opp	posing.	Code 01	Agriculture, horticulture,	Code 17	Subject 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			
17, 20		H.B. 195		- 02	and sports	18	Higher education			
17, 20	J			03	Banking, finance, credit and	19	Housing, construction, codes			
					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			
				00	water use	24	Liquor			
				08	Education Elections, campaigns, voting,	25	Manufacturing, distribution and services			
				09	political parties	26	Natural resources, forest and			
				10	Equal rights, civil rights,	20	forest products, fisheries, mining			
				10	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	that the a	bove is a true, complete and			
	T1	C 1 1: 1 : :	<u> </u>	1	correct statement in accordance with		, 1			
Item		fy any rule, ratemaking decision								
5	bid or bid process, financial services or bond lobbyist was support- ing or opposing.									
	ing or opposing.			-	Electronically signed		3/15/2017			
					Lobbyist signature		Date			