Rev. 12/2016

LOBBYIST MONTHLY REPORT FORM



8075

State of IdahoLawerence Denney
Secretary of State

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

Page___of__Page(s)
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SECRETARY OF STATE STATE OF IDAHO

(Type or print clearly in black in

			bottom of page									
Lobbyist's name and permanent business address							epared		Period covered			
Bob Boeh							3/7/2017			month ending		
	x 220	4										
Lacied	le, ID 8384	÷1							(Mo.	(Day)	(Yr.)	
									2	28	2017	
Item 1	Totals	of all reportal	ble expenditures made	or incurred by	/ Lobbyis	st or by	Lobbyist's Empl	oyer on beha	lf of Lobb	yist's Emplo	yer.	
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity			*Total Amount for All Employers	Item 3, at bottom of								
Do	Not Have to be	Reported		Employer No. 1]	Employer No. 2 Employe		r No. 3	No. 3 Employer No. 4		
Entertainment Food and Refreshment			\$_\$0.00	\$_\$0.00		_ \$		\$		\$		
Living A	Accommodati	ions	\$0.00	\$0.00		_						
Advertis	sing		\$0.00	\$0.00								
Γravel			\$0.00	\$0.00								
Геlepho	ne		\$0.00	\$0.00								
Other Expenses or Services			\$0.00	\$0.00								
Total			\$_\$0.00	\$ \$0.00		\$		\$		\$		
*When t	he number of e	employers you a	are reporting for requires r	nultiple L-2 for	ms to be f	filed a to	tal amount for all e	mployers shou	ld be entere	ed on Page 1.		
			liture of more than one	hundred ten d	dollars (\$	5110) fo	r a legislator, oth	ner holder of	oublic offi	ce, executiv	ve offi cials	
Item-	and membe	r(s) of their ho	ousehold.			Names of Legislator			Public and Executive Officials			
2 Date		Place	Aı		ount		Names of Legislators, Public and Executive Officials and Household Members in Group			Ciais		
_												
	Continued on a	ttached page(s)			_	Item						
INSTRUCTIONS						3	Eı	mployer(s) Name(s) and Address(es)				
					N	o. 1	nho Forest Group)				
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code Filing deadline: Monthly reports due within fifteen (15) days of the						PO Box 220 Laclede ID 83841 USA						
		month for act	ivities of the past mont	h.	N	o. 2						
TO BE FILED WITH:												
Lawerence Denney												
Secretary of State PO Box 83720												
Boise, ID 83720-0080												
elections@sos.idaho.gov Phone: (208) 334-2852 Fax: (208) 334-2282						o. 4						
		· //	(,									

Item	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 Subject	the Lot	obbyist was supporting or opp Bill, Resolution or Other	Appropriation Bill Number	01	Subject Agriculture, horticulture, farming, and livestock	Code 17	Subject Health service, medicine, drugs and controlled substances, health			
(from t	table)	Legislative Ident. Number	and Section Number	02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens 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, special districts Government, state	18 19 20 21 22 23 24 25 26 27 28 29 30	insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, 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	hid or hid process financial services or hand labbuist was support				CERTIFICATION: I hereby certify to correct statement in accordance with Electronically signed					
					Lobbyist signature		Date			