_Rev. 12/2012

State of Idaho

Lawerence Denney Secretary of State

LOBBYIST MONTHLY REPORT FORM

To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)

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SCANNED SEURLIARY OF STATE STATE OF 10 AHO

	,	ype or print clear ee instructions at	,					OIMIL	OF IL	Anu				
Lobbyis		permanent busine		-		Da	te prepa	ared			Period	covered		
Michael J. McGrane McGrane Consulting 1014 N Grey Pebble Way Eagle, ID 83616						February 14, 2017					(Mo.) (Day) (Yr.) 1 31 2017			
Item 1	Total	s of all reporta	ble expenditures made of	or incurred t	by Lob	byist or	r by Lo	obbyist's Emp	loyer on t	ehalf of				
Reimb Expens	es Pertaining to	Living and Travel Lobbying Activity	*Total Amount for All Employers	Item 3, at	bottom	of page	e.)	d by each empl	oyer (Ide	ntify emp	loyers,	under		
	o Not Have to b	e Reported		Employ	yer No.	1	Em	ployer No. 2	Emp	loyer No.	3	Emp	loyer l	No. 4
Enterta Food at	inment nd Refreshm	ent	\$0.00	s	0.00		\$	0.00	\$			\$		
Living.	Accommoda	tions		- 										· · · · · · · · · · · · · · · · · · ·
Adverti Travel	sing		0.00		.00		-	0.00						
									ļ ——					
Telepho Other E	xpenses or S	Services	195.00	97	7.50			97.50						
*1171	h	Total	\$ 195.00 97.50	- J	7.50		\$	97.50	\$	0.00		s	0.00	0
When	The totals	of each expend	re reporting for requires m liture of more than one	hundred five	e dolla	be filed a	a total a	mount for all e	mployers s ther holds	should be	entered	on Pag	e I.	official
Item-	and member	er(s) of their ho	ousehold.				-, 101							
2	Date		Place		А	mount		Names of	Legislator and House	rs, Public hold Men	and Ex bers in	ecutive Group	Officia	ıls
	Continued on a	ttached page(s)			N	lone								
INSTRUCTIONS						Item 3		En	imployer(s) Name(s) and Address(es)					
		this form: An	y lobbyist registered un 6617 Idaho Code			No. 1	615	e Leaders N 7th Stree	t, Boise	, ID 83	3702			
Filin	g deadline:	Monthly report month for acti	rts due within fifteen (1: ivities of the past month	5) days of th	ne	No. 2	1850	o Nurses A DE Souther	n Ave.	#1, Ter	npe,	AZ 8	5282	
ТО Е	BE FILED W	Lawer Secre	ence Denney tary of State			No. 3							*****	
	Phone	Boise, I	Box 83720 D 83720-0080 852	982		No. 4								

Item	or Ho	ouse Bill, Resolution or other	tion, the number of the Senate registrative activity in which	LEGISLATIVE SUBJECT IDENTIFICATION						
Subject (from tr. 17 23	Code able)	Bill, Resolution or Other Legislative Ident. Number H0003 H0004 H0091 S1050 S1003 S1004 S1050 S1060	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11	Agriculture, horticulture, farming, and livestock 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, municipal Government, special districts Government, state	17 18 19 20 21 22 23 24 25 26 27 28 29 30	Health service, medicine, drug and controlled substances, hea 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, minimand mining products Public lands, parks, recreation Social insurance, unemploymer insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)			
5 bi	bid or bid process, financial services or bond lobbyist was support- ing or opposing.				CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code. 2/14/2017					
oard of Nursing Rules 23-0101-1601,23-0101-1602					oblyvist signature	Date				