ev. 12/201	16		LOBBYI	ST MON	THLY R	EPOF	RT FORM					Page(s)
ENT SEA	N N	State of Ida	To Do Eilod Der					THIS SPACE FOR OFFICE USE ONLY				
				L-3 LOBBYISTS				17 FEB 10 PM 03:00				
	E TO	Secretary of	State		(Sec. 67-6619)							
			L						STATE OF IDAHO			
	ſ	Type or print clear	ly in black ink)								_	_
- <u> 4</u>	S	ee instructions at	bottom of page			ata meanan	ad			D 1	1	
Jerry D Mason PO Box 1832			ss address			2/10/2017			month ending			
	, aono,									· · · ·	1	(Yr.) 2017
Item			hla avnandituras mada			niet on her Table Softer Table		lover on h	ahalfa			
1 Catego		*						2		5	•	byer.
Reimbursed Personal Living and Trave			*Total Amount for All Employers	Item 3, at bottom of page.)								
				Employer No. 1		Employer No. 2		Emp	Employer No. 3		Employer No. 4	
Entertainment Food and Refreshment Living Accommodations		\$ \$0.00	\$0.00 \$ \$0.00		\$		\$			\$		
		\$0.00										
dvertising	g		\$0.00	\$0.00)							
\$0.00 Freiephone \$0.00		\$0.00										
		\$0.00	\$0.00									
<u>^</u>												
elephone ther Expe		Services	\$0.00	\$0.00)			-				
<u>^</u>								- <u> </u>			\$	
ther Expe	enses or	Total	\$_\$0.00	\$_\$0.00)	\$		_ \$			\$	
ther Expe	enses or	Total f employers you a	\$_\$0.00	\$_\$0.00) rms to be file	d a total ai		employers s			d on Page 1.	
ther Expe	number o	Total f employers you a	\$_\$0.00 are reporting for requires r liture of more than one	\$_\$0.00) rms to be file	d a total ai	egislator, ot	employers s her holder	of pub	lic offi o	d on Page 1. ce, executi	ve offi cials
ther Expe	number o	Total f employers you a s of each expend	\$_\$0.00 are reporting for requires r liture of more than one	\$_\$0.00) rms to be file	d a total an 0) for a l	egislator, oth Names o	employers s her holder	of pub	lic offi o c and Ex	d on Page 1. ce, executi xecutive Off	ve offi cials
When the r	number o The totals	Total f employers you a s of each expend	\$_\$0.00 are reporting for requires r liture of more than one ousehold.	\$_\$0.00) rms to be file dollars (\$11	d a total an 0) for a l	egislator, oth Names o	employers s her holder	of pub	lic offi o c and Ex	d on Page 1. ce, executi xecutive Off	ve offi cials
When the r	number o The totals	Total f employers you a s of each expend	\$_\$0.00 are reporting for requires r liture of more than one ousehold.	\$_\$0.00) rms to be file dollars (\$11	d a total an 0) for a l	egislator, oth Names o	employers s her holder	of pub	lic offi o c and Ex	d on Page 1. ce, executi xecutive Off	ve offi cials
When the r	number o The totals	Total f employers you a s of each expend	\$_\$0.00 are reporting for requires r liture of more than one ousehold.	\$_\$0.00) rms to be file dollars (\$11	d a total an 0) for a l	egislator, oth Names o	employers s her holder	of pub	lic offi o c and Ex	d on Page 1. ce, executi xecutive Off	ve offi cials
When the r	number o The totals	Total f employers you a s of each expend	\$_\$0.00 are reporting for requires r liture of more than one ousehold.	\$_\$0.00) rms to be file dollars (\$11	d a total an 0) for a l	egislator, oth Names o	employers s her holder	of pub	lic offi o c and Ex	d on Page 1. ce, executi xecutive Off	ve offi cials
When the r When the r Item- 2	number o The totals nd mem Date	Total	\$_\$0.00 are reporting for requires r liture of more than one ousehold.	\$_\$0.00) rms to be file dollars (\$11	d a total an 0) for a l	egislator, oth Names o	employers s her holder	of pub	lic offi o c and Ex	d on Page 1. ce, executi xecutive Off	ve offi cials
When the r When the r Item- 2	number o The totals nd mem Date	Total	\$_\$0.00 we reporting for requires r diture of more than one ousehold. Place	\$_\$0.00) rms to be file dollars (\$11 Amoun	d a total ar 0) for a l t t em	egislator, otl Names o	employers s her holder	of pub rs, Publi hold Me	lic offi d c and Ex mbers in	d on Page 1. ce, executi xecutive Off n Group	ve offi cials
When the r When the r Item- 2	number o The totals nd mem Date	Total	\$_\$0.00 are reporting for requires r liture of more than one ousehold.	\$_\$0.00) rms to be file dollars (\$11 Amoun	d a total ar 0) for a l t em 3	egislator, otl Names o	employers s her holder of Legislator and House mployer(s)	of pub rs, Publi hold Me	lic offi d c and Ex mbers in	d on Page 1. ce, executi xecutive Off n Group	ve offi cials
When the r When the r Item- 2 Cont	number o The totals nd mem Date	Total f employers you a f of each expendence ber(s) of their he attached page(s) INST e this form: Attached page (s)	\$_\$0.00 we reporting for requires r diture of more than one ousehold. Place	\$_\$0.00) rms to be file dollars (\$11 Amoun Ite	d a total ar 0) for a l t em 3 Associ	egislator, otl Names o	mployer(s)	of pub rs, Publi hold Me	lic offi of c and Exembers in mbers in	d on Page 1. ce, executi xecutive Off n Group	ve offi cials
When the r Them- 2 Cont Who sh	number o The totals nd mem Date	Total f employers you a f of each expendence ber(s) of their he attached page(s) INST e this form: Att 67 : Monthly repo	\$_\$0.00 we reporting for requires r diture of more than one ousehold. Place Place	nultiple L-2 fo hundred ten undred ten) rms to be filed dollars (\$11 Amoun Ite No. 1	d a total an 0) for a l t em 3 Associ 3100 S	egislator, oth Names o E ation of Idah	mployer(s)	of pub rs, Publi hold Me	lic offi of c and Exembers in mbers in	d on Page 1. ce, executi xecutive Off n Group	ve offi cials
When the r When the r Item- 2 Cont Who sh Filing d	number o The totals nd mem Date	Total f employers you a f of each expendence ber(s) of their he attached page(s) INST e this form: Ar 67 : Monthly report month for act WITH:	\$_\$0.00 we reporting for requires relative of more than one ousehold. Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place	nultiple L-2 fo hundred ten undred ten) rms to be filed dollars (\$11 Amoun Ite No. 1	d a total an 0) for a l t em 3 Associ 3100 S	egislator, oth Names o E ation of Idah	mployer(s)	of pub rs, Publi hold Me	lic offi of c and Exembers in mbers in	d on Page 1. ce, executi xecutive Off n Group	ve offi cials
When the r When the r Item- 2 Cont Who sh Filing d	number o The totals nd memi Date bate hould fil deadline	Total f employers you a f of each expendence ber(s) of their he f of their he f of their he f of the	\$_\$0.00 we reporting for requires relative of more than one ousehold. Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place	nultiple L-2 fo hundred ten undred ten) rms to be filed dollars (\$11 Amoun Ite No. 1	d a total an 0) for a l t t Associ 3100 S	egislator, oth Names o E ation of Idah	mployer(s)	of pub rs, Publi hold Me	lic offi of c and Exembers in mbers in	d on Page 1. ce, executi xecutive Off n Group	ve offi cials
When the r When the r Item- 2 Cont Who sh Filing d	number o The totals nd memi Date bate hould fil deadline	Total f employers you a f of each expendence ber(s) of their he f of the f of the f he f of the f he f of the f h	\$_\$0.00 we reporting for requires relative of more than one ousehold. Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place Place	nultiple L-2 fo hundred ten undred ten) rms to be filed dollars (\$11 Amoun Ite No. 1 No. 1 No. 2	d a total an 0) for a l t t Associ 3100 S	egislator, oth Names o E ation of Idah	mployer(s)	of pub rs, Publi hold Me	lic offi of c and Exembers in mbers in	d on Page 1. ce, executi xecutive Off n Group	ve offi cials
	bbyist's r erry D I O Box oeur d' tem 1 Categ Reimburse xpenses Pr Do No itertainn od and I ving Acc dvertisin	(1 S bbyist's name and erry D Mason O Box 1832 oeur d'Alene, tem 1 Tota 1 Tota Category of E Reimbursed Personal xpenses Pertaining to Do Not Have to thertainment od and Refreshn ving Accommod dvertising	State of Ida Lawerence De Secretary of (Type or print clean See instructions at bbyist's name and permanent busine erry D Mason O Box 1832 oeur d'Alene, ID 83816 tem 1 Totals of all reportat Category of Expenditure Reimbursed Personal Living and Travel xpenses Pertaining to Lobbying Activity Do Not Have to be Reported thertainment ood and Refreshment ving Accommodations dvertising	State of Idaho Lawerence Denney Secretary of State (Type or print clearly in black ink) Secretary of State (Type or print clearly in black ink) Secretary of State (Type or print clearly in black ink) Secretary of State Obvist's name and permanent business address Pery D Mason O Box 1832 Oeur d'Alene, ID 83816 Totals of all reportable expenditures made Category of Expenditure *Total Amount for All Employers All Employers tertainment \$0.00 od and Refreshment \$0.00 wing Accommodations \$0.00 wertising \$0.00	State of Idaho Lawerence Denney Secretary of State (Type or print clearly in black ink) Secretary of State (Type or print clearly in black ink) Secretary of State (Type or print clearly in black ink) Secretary of State Dyst of print clearly in black ink) Secretary of print clearly in black ink)	State of Idaho Lawerence Denney Secretary of State To Be Filed By: L-3 LOBBY19 (Sec. 67-6) (Type or print clearly in black ink) See instructions at bottom of page bbyist's name and permanent business address erry D Mason O Box 1832 oeur d'Alene, ID 83816 tem 1 Totals of all reportable expenditures made or incurred by Lobbyist of All Employers Reimbursed Personal Living and Travel xpenses Pertaining to Lobbying Activity Do Not Have to be Reported tertainment wing Accommodations \$ \$0.00 \$ \$0.00 \$ \$0.00 \$ \$0.00	State of Idaho Lawerence Denney Secretary of State To Be Filed By: L-3 LOBBYISTS (Sec. 67-6619) (Type or print clearly in black ink) Secretary of State Date prepar bbyist's name and permanent business address erry D Mason O Box 1832 Oeur d'Alene, ID 83816 Totals of all reportable expenditures made or incurred by Lobbyist or by Lob Category of Expenditure Reimbursed Personal Living and Travel xpenses Pertaining to Lobbying Activity *Total Amount for All Employers Proportionate amounts contributed Item 3, at bottom of page.) tertrainment out and Refreshment ving Accommodations \$ \$0.00 \$ \$0.00 \$ \$0.00 \$ \$0.00 \$ \$0.00 \$0.00 \$ \$0.00 \$ \$0.00 \$ \$ \$0.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	State of Idaho Lawerence Denney Secretary of State To Be Filed By: L-3 LOBBYISTS (Sec. 67-6619) (Type or print clearly in black ink) See instructions at bottom of page bbyjst's name and permanent business address erry D Mason O Box 1832 oeur d'Alene, ID 83816 Date prepared 2/10/2017 tem 1 Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Emp Category of Expenditure Reimbursed Personal Living and Travel spenses Pertaining to Lobbying Activity Do Not Have to be Reported *Total Amount for All Employers *Totals of all reportable expenditures mainter to dand Refreshment ving Accommodations wertising *So.00 \$0.00 \$0.00 \$	State of Idaho Lawerence Denney Secretary of State To Be Filed By: L-3 LOBBYISTS (Sec. 67-6619) (Type or print clearly in black ink) See instructions at bottom of page bbyist's name and permanent business address erry D Mason O Box 1832 oeur d'Alene, ID 83816 Date prepared 2/10/2017 Category of Expenditure Reimbursed Personal Living and Travel Appenses Pertaining to Lobbying Activity Do Not Have to be Reported *Total Amount for All Employers Proportionate amounts contributed by each employer (Iden Reimbursed Personal Living and Travel Appenses Pertaining to Lobbying Activity Do Not Have to be Reported May an Universe Personal Living and Travel Appenses Pertaining to Lobbying Activity Do Not Have to be Reported State Proportionate amounts contributed by each employer (Iden All Employer No. 1 Employer No. 1 Employer No. 1 Employer No. 1 State State Date prepared 2/10/2017 State Proportionate amounts contributed by each employer (Iden All Employer No. 1 Employer No. 1 Employer No. 1 State State State State State State State	State of Idaho Lawerence Denney Secretary of State To Be Filed By: 17 Secretary of State L-3 LOBBYISTS Secretary (Type or print clearly in black ink) Sec instructions at bottom of page Secretary Date prepared erry D Mason Date prepared 2/10/2017 O Box 1832 oeur d'Alene, ID 83816 Proportionate amounts contributed by each employer on behalf or Category of Expenditure *Total Amount for All Employers Proportionate amounts contributed by each employer (Identify em tem 3, at bottom of page.) bot of all reportable expenditures \$ \$0.00 \$ \$0.00 \$ \$0.00 wing Accommodations \$ \$0.00 \$ 0.00 \$ 0.00 \$ \$0.00	State of Idaho Lawerence Denney To Be Filed By: 17 FEB Secretary of State L-3 LOBBYISTS (Sec. 67-6619) 17 FEB (Type or print clearly in black ink) Sec instructions at bottom of page SECRE SECRE bbyist's name and permanent business address Date prepared Period C erry D Mason O Box 1832 2/10/2017 [] tem Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobby 1 tem Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobby Proportionate amounts contributed by each employer (Identify employers, Item 3, at bottom of page.) Not Have to be Reported \$<\$0.00	State of Idaho Lawerence Denney Secretary of State To Be Filed By: L-3 LOBBYISTS (Sec. 67-6619) 17 FEB 10 PM SECRETARY (STATE OF I SECRETARY (STATE OF I SECRETARY (STATE OF I STATE OF I STATE OF I STATE OF I bbyist's name and permanent business address orry D Mason O Box 1832 oeur d'Alene, ID 83816 Date prepared 2/10/2017 Period covered I (Mo.) (Day) 1 31 tem 1 Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer business Parting to Lobbying Activity Do Not Have to be Reported *Total Amount for All Employers SO.00 Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)

	Subie	ect matter of proposed legislat	ion, the number of the Senate	LEGISLATIVE SUBJECT IDENTIFICATION					
Item 4 Subject (from	or Ho the L	buse Bill, Resolution or other obbyist was supporting or op Bill, Resolution or Other Legislative Ident. Number	legislative activity in which	Code 01 02	Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics	Code 17	Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals		
14				03 04 05 06 07 08 09 10 11 12 13 14 15 16	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, federal Government, special districts Government, state	18 19 20 21 22 23 24 25 26 27 28 29 30 31	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	bid or	Identify any rule, ratemaking decision, procurement, contract, 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. - - - - - - - - - - - - - - - - - - -				