Rev. 12/2016

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## State of Idaho

LOBBYIST	REPORT	<b>FORM</b>
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(Sec. 67-6619)

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	<b>ANNUA</b>	

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Page	of	Page(s)
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## SECRETARY OF STATE STATE OF IDAHO

State of Idano		
Lawerence Denney		
Secretary of State	To Be Filed B	By:
	12	LOBBYISTS

			arly in black ink) t bottom of page									
Lobbyis		ermanent busine	1 0			Da	te prepared			Period o	covered	
PO B	Tisdale ox 1278					7/	/14/2017				year endi	ng
Boise	e, ID 83701									(Mo.)	(Day)	(Yr.)
										6	30	2017
Item 1	Total	s of all reportal	ble expenditures made of		-	-	-			-	-	yer.
Reimb	ategory of Exursed Personal L	penditure living and Travel Lobbying Activity	*Total Amount for All Employers	Proportionate amounts  Item 3, at bottom of p		unts contributed by each employer ( <b>Identify employers, under</b> of page.)						
	o Not Have to b		1 m 2mployers	Emplo	yer No.	1	Employer No. 2	Emp	loyer N	o. 3	Employe	r No. 4
Enterta Food a	inment nd Refreshm	ent	\$_\$0.00	\$_\$0.0	00		\$	\$			\$	
Living	Accommoda	tions	\$0.00	\$0.0	00							
Advert	ising		\$0.00	\$0.0	00							
Travel			\$0.00	\$0.0	00		-					
Telepho	one		\$0.00	\$0.0	00							
Other E	Expenses or S	Services	\$0.00	\$0.0	00			_				
		Total	\$_\$0.00	\$ \$0.0	00		\$	\$			\$	
*When	the number of	emplovers vou a	re reporting for requires m	ultiple I -2 fo	orms to h	he filed	a total amount for al	l employers	should b	ne entered	l on Page 1	
- Vilen	The totals	of each expend	iture of more than one h	_							_	e offi
Item-	ciais and in	ember(s) of the	eir nousenoid.				Names	of Legislato	rs, Publi	ic and Ex	ecutive Offic	ials
2	Date		Place		Aı	mount		and House	hold Me	embers in	Group	
	Continued on a	ttached page(s)				_						
INSTRUCTIONS						Iter 3		Employer(s) Name(s) and Address(es)				
Wh	o should file	this form: A	ny lobbyist registered ui	nder Section	n	No. 1	Idaho Hospital As	sociation				
67-6617 Idaho Code				PO Box 1278 Boise ID 83701 USA								
Filing deadline: Annual report is due on January 31st.  Executive Lobbyist semi-annual report due July 31st.			No. 2									
TO	BE FILED V		erence Denney									
		Secr	etary of State  Box 83720			No. 3						
		election	ID 83720-0080 s@sos.idaho.gov			No. 4						
Phone: (208) 334-2852 Fax: (208) 334-2282					1							

T.	Subje	ect matter of proposed legislat	ion, the number of the Senate	LEGISLATIVE SUBJECT IDENTIFICATION				
Item		ouse Bill, Resolution or other						
4		obbyist was supporting or op		Code	Subject	Code	Subject	
				01	Agriculture, horticulture,	17	Health service, medicine, drugs	
Subject		Bill, Resolution or Other	Appropriation Bill Number		farming, and livestock		and controlled substances, health	
(from t	able)	Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals	
17					and sports	18	Higher education	
• •				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	
					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	27	and mining products	
				11	Government, financing,	27	Public lands, parks, recreation	
					taxation, revenue, budget, appropriations, bids, fees, funds	28	Social insurance, unemployment	
				12	Government, county		insurance, public assistance, workmen's compensation	
				13	Government, federal	29	Transportation, highways,	
				14	Government, municipal	29	streets and roads	
				15	Government, special districts	30	Utilities, communications,	
				16	Government, state	30	televisions, radio, newspaper,	
				10	Government, state		power, CATV, gas	
						31	Other (please specify)	
					ERTIFICATION: I hereby certify th			
				_	orrect statement in accordance with S	ection 6	7-0024 Idano Code.	
	l				Electronically signed		7/14/2017	
5	contrac	y any rule, ratemaking decision of bid or bid process, financial obbyist was supporting or opp	l services agreement or	L	obbyist signature		Date	
				Er	mployer No. 1 signature		Date	
				Er	nployer No. 2 signature		Date	
				Er	mployer No. 3 signature		Date	
				Er	mployer No. 4 signature		Date	