Rev. 12/2016

9193

Lawerence Denney Secretary of State

LOBBYISTS

(Sec. 67-6619)

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To Be Filed By:

☐ SEMI-ANNUAL

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

State of Idaho

		arly in black ink) at bottom of page								
Winst	c's name and permanent busing con Inouye V Main St	ess address				te prepared /2/2019		Period c	eovered year endir	ng
Boise	, ID 83702							(Mo.)	(Day)	(Yr.)
								12	31	2018
Item 1	Totals of all reporta	ible expenditures made	or incurred l	by Lobb	byist o	r by Lobbyist's Emp	loyer on behalf	of Lobby	vist's Emplo	yer.
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity		*Total Amount for All Employers	Proportionate amount Item 3, at bottom of		ounts contributed by each employer (Identify employers, under of page.)					
	Not Have to be Reported	1 3	Emplo	yer No.	1	Employer No. 2	Employer N	Jo. 3	Employer	No. 4
Entertai Food ar	inment nd Refreshment	\$_\$0.00	\$_\$0.0	00		\$ \$0.00	\$_\$0.00		\$_\$0.00	
Living .	Accommodations	\$0.00	\$0.0	00		_\$0.00	_\$0.00		\$0.00	
Adverti	sing	\$0.00	\$0.0	00		\$0.00	\$0.00		\$0.00	
Travel		\$0.00	\$0.0	00		\$0.00	_\$0.00		\$0.00	
Telepho	one	\$0.00	\$0.0	00		\$0.00	\$0.00		\$0.00	
Other E	xpenses or Services	\$0.00	\$0.0	00		\$0.00	\$0.00		\$0.00	
	Total	\$_\$0.00	\$_\$0.0	00		\$_\$0.00	\$_\$0.00		\$_\$0.00	
*When t	he number of employers you	are reporting for requires m	 	orms to h	be filed	a total amount for all e	 	he entered	Lon Page 1	
	The totals of each expend	diture of more than one l								offi
Item-	cials and member(s) of the	neir household.				Names of	f Legislators, Publ	ic and Ev	ecutive Office	iale
2	Date	Place		A	mount		and Household M			1415
	Continued on attached page(s)									
	INS	FRUCTIONS			Iter 3		mployer(s) Name(s) and Ad	ldress(es)	
Wh	o should file this form: A	any lobbyist registered u	nder Section	n	No. 1	Double L Global				
		7-6617 Idaho Code			100. 1	1200 Overland Ave.	Burley ID 83318	8 USA		
Fili	ng deadline: Annual repor					Honeywell				
Executive Lobbyist semi-annual report due July 31st. TO BE FILED WITH:					No. 2 2371 S. Presidents Drive, Suite A West Valley City UT 84120 USA					
	Law	erence Denney				Mini Occasia O	anna Acetta - 9			
		retary of State O Box 83720			No. 3 Mini-Cassia Commerce Authority					
	Boise	, ID 83720-0080				PO Box 608 Burley		JSA		
elections@sos.idaho.gov Phone: (208) 334-2852 Fax: (208) 334-2282				No. 4 Southern Idaho Solid Waste						
	Phone: (208) 334-2832 Fax: (208) 334-2282				-	4050 14/ 400 0 5 1	ID 00040 !!0 4			

Item	Subject matter of proposed legislation, the number of the Senate			LEGISLATIVE SUBJECT IDENTIFICATION				
Subjec (from 1, 7 12, 1 16, 2 26, 2 30	or Ho the Lot Code table)		legislative activity in which	Code 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Subject 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, tederal Government, municipal Government, special districts Government, state		Subject Health service, medicine, drugs and controlled substances, health 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	tt-		En En	ERTIFICATION: I hereby certify the prect statement in accordance with Stat		pove is a true, complete and		
				Er	mployer No. 4 signature		Date	