Rev. 12/2016

## State of Idaho

Secretary of State

|  | LOBBYIST | REPORT | <b>FORM</b> |
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| Page      | of         | Page(s)      |
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Lawerence Denney

(Type or print clearly in black ink)

To Be Filed By: L-2

LOBBYISTS (Sec. 67-6619) 19 JAN 02 PM 03:17

SECRETARY OF STATE STATE OF IDAHO

| Lobbyist's name and permanent business address  |                                                              |                                                     |                                         |            | e prepared             |                    | Period covered                               |
|-------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------|------------|------------------------|--------------------|----------------------------------------------|
| Tony Smith<br>2145 W Quilceda                   |                                                              |                                                     | 1/                                      | 1/2019     |                        | year ending        |                                              |
|                                                 | , ID 83634                                                   |                                                     |                                         |            |                        |                    | (Mo.) (Day) (Yr.)                            |
|                                                 |                                                              |                                                     |                                         |            |                        |                    | 12 31 2018                                   |
| Item<br>1                                       | Totals of all reporta                                        | ble expenditures made                               | or incurred by Lob                      | byist or   | by Lobbyist's Empl     | loyer on behalf o  | f Lobbyist's Employer.                       |
| Ca<br>Reimb                                     | ategory of Expenditure ursed Personal Living and Travel      | *Total Amount for                                   | Proportionate ame                       |            | tributed by each empl  | oyer (Identify em  | ployers, under                               |
|                                                 | es Pertaining to Lobbying Activity o Not Have to be Reported | All Employers                                       | Employer No                             | . 1        | Employer No. 2         | Employer No        | o. 3 Employer No. 4                          |
| Enterta                                         |                                                              | ¢ ¢0.00                                             | Ф Ф • • •                               |            | th.                    | ¢.                 | · ·                                          |
|                                                 | nd Refreshment                                               | \$ \$0.00                                           | \$ \$0.00                               | `          | \$                     | . \$               | \$                                           |
| _                                               | Accommodations                                               | \$0.00                                              | \$0.00                                  | -          |                        |                    |                                              |
| Advert                                          | ising                                                        | \$0.00                                              | \$0.00                                  | -          |                        |                    |                                              |
| Travel                                          |                                                              | \$0.00                                              | \$0.00                                  | -          |                        |                    |                                              |
| Telepho                                         |                                                              | \$0.00                                              | \$0.00                                  | -          |                        |                    |                                              |
| Other I                                         | Expenses or Services                                         | \$0.00                                              | \$0.00                                  |            |                        |                    |                                              |
|                                                 | Total                                                        | \$_\$0.00                                           | \$_\$0.00                               | !          | \$                     | . \$               | \$                                           |
| *Whan                                           | the number of employers you a                                | are reporting for requires n                        | ultiple L 2 forms to                    | he filed s | total amount for all a | mployers should be | e entered on Page 1                          |
| WHEN                                            | The totals of each expend                                    |                                                     | -                                       |            |                        |                    |                                              |
| Item-                                           | cials and member(s) of the                                   | eir household.                                      |                                         |            | N                      | CIi-l-4 Dobli      | J Fti Off-i-1-                               |
| 2                                               | Date                                                         | Place                                               | . A                                     | Amount     |                        | and Household Me   | c and Executive Officials<br>embers in Group |
|                                                 |                                                              |                                                     |                                         |            |                        |                    |                                              |
|                                                 |                                                              |                                                     |                                         |            |                        |                    |                                              |
|                                                 |                                                              |                                                     |                                         |            |                        |                    |                                              |
|                                                 |                                                              |                                                     |                                         |            |                        |                    |                                              |
|                                                 |                                                              |                                                     |                                         |            |                        |                    |                                              |
|                                                 |                                                              |                                                     |                                         |            |                        |                    |                                              |
|                                                 | Continued on attached page(s)                                |                                                     |                                         | _          |                        |                    |                                              |
|                                                 | INST                                                         | TRUCTIONS                                           |                                         | Iten<br>3  | ı Eı                   | mployer(s) Name(s  | and Address(es)                              |
| Wh                                              | o should file this form: A                                   | ny lobbyist registered u                            | nder Section                            |            | Idaho Public Employ    | ees Association    |                                              |
| 67-6617 Idaho Code                              |                                                              |                                                     | No. 1<br>PO Box 8326 Boise ID 83707 USA |            |                        |                    |                                              |
| Fili                                            | ng deadline: Annual repor<br>Executive Lo                    | t is due on January 31st<br>bbyist semi-annual repo |                                         | No. 2      |                        |                    |                                              |
| TO BE FILED WITH:                               |                                                              |                                                     |                                         |            |                        |                    |                                              |
| Lawerence Denney Secretary of State             |                                                              |                                                     | No. 3                                   |            |                        |                    |                                              |
| PO Box 83720                                    |                                                              |                                                     |                                         |            |                        |                    |                                              |
| Boise, ID 83720-0080<br>elections@sos.idaho.gov |                                                              |                                                     | No. 4                                   |            |                        |                    |                                              |
|                                                 | Phone: (208) 334-2852 Fax: (208) 334-2282                    |                                                     |                                         |            |                        |                    |                                              |

| 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 or House Bill, Resolution or other legislative active the Lobbyist was supporting or opposing.  Subject Code Bill, Resolution or Other   Appropriation I |                                                                                                                                        | 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, 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) |      |  |  |
|                                                                                                                                                            |                                                                                                                                        |                                                                                                   |                                                      | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ERTIFICATION: I hereby certify the prect statement in accordance with S  Electronically signed |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | , 1  |  |  |
| Item<br>5                                                                                                                                                  | contra                                                                                                                                 | fy any rule, ratemaking decisi<br>ct bid or bid process, financia<br>obbyist was supporting or op | l services agreement or                              | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | obbyist signature                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date |  |  |
|                                                                                                                                                            |                                                                                                                                        |                                                                                                   |                                                      | Er                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nployer No. 1 signature                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date |  |  |
|                                                                                                                                                            |                                                                                                                                        |                                                                                                   |                                                      | Er                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nployer No. 2 signature                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date |  |  |
|                                                                                                                                                            |                                                                                                                                        |                                                                                                   |                                                      | Er                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nployer No. 3 signature                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date |  |  |
|                                                                                                                                                            |                                                                                                                                        |                                                                                                   |                                                      | Er Er                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | mployer No. 4 signature                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date |  |  |