	012		LO	BBYIST	REPC	ORT FOR	RM		Page	of	Page(s)
CHEAT SEAT		State of Idaho ANNUAL SEMI-ANNUAL							THIS SPACE	E FOR OFFICE U	JSE ONLY
		Lawerence De	enney								
		Secretary of	To Be Filed E	By:]	1	7 JAN 0	9 AM 11	:09	
EX	OF	j - ·		L-2	I_7 LOBBYISTS			5	SECRETARY OF STAT		
					(Sec. 6	7-6619)			STA	TE OF	IDAHO
		(Type or print clear See instructions a	t bottom of page								
2		d permanent busine	ss address			Date prepared	1		Period	covered	
Mark Z 225 N ⁻		t				1/9/2017				year end	ling
Boise,									(Mo	.) (Day)	(Yr.)
									12	31	2016
Item	То	tals of all reportal	ble expenditures made of	or incurred by	y Lobbyis	t or by Lobb	yist's Emp	loyer on beha	lf of Lobb	yist's Empl	oyer.
Cate Reimburs	sed Person	Expenditure al Living and Travel	*Total Amount for	Proportionat Item 3, at b			y each empl	oyer (Identify	employer	s, under	
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			All Employers	Employer No. 1		1 Employer No. 2		Employer No. 3		Employer No. 4	
Entertainment Food and Refreshment			\$ <u>\$0.00</u>	\$\$0.00	0	\$		\$		\$	
iving A	ccommo	odations	\$0.00								
dvertisi	ing		\$0.00	\$0.00		_					
ravel			\$0.00	\$0.00							
work work `elephone \$0.00			\$0.00		_						
ther Expenses or Services			\$0.00	\$0.00		_					
		Total	\$_\$0.00	\$_\$0.00	0	\$		\$		\$	
When the	e number					_ '	ount for all e		ld be entere		
1	The tota	of employers you a ls of each expendi	re reporting for requires m ture of more than one h	ultiple L-2 for	ms to be fil	led a total amo		mployers shou		ed on Page 1.	
	The tota	of employers you a	re reporting for requires m ture of more than one h	ultiple L-2 for	ms to be fil	led a total amo	slator, othe	mployers shou er holder of pu	iblic office	ed on Page 1.	officials
	The tota	of employers you a ls of each expendi	re reporting for requires m ture of more than one h	ultiple L-2 for	ms to be fil	led a total amo 05) for a leg	islator, othe Names of	mployers shou	iblic office ublic and E	ed on Page 1. e, executive xecutive Offi	officials
Item-	The tota	of employers you a ls of each expendi	re reporting for requires m iture of more than one household.	ultiple L-2 for	ms to be fil ollars (\$1	led a total amo 05) for a leg	islator, othe Names of	mployers shou er holder of pu	iblic office ublic and E	ed on Page 1. e, executive xecutive Offi	officials
Item-	The tota	of employers you a ls of each expendi	re reporting for requires m iture of more than one household.	ultiple L-2 for	ms to be fil ollars (\$1	led a total amo 05) for a leg	islator, othe Names of	mployers shou er holder of pu	iblic office ublic and E	ed on Page 1. e, executive xecutive Offi	officials
Item-	The tota	of employers you a ls of each expendi	re reporting for requires m iture of more than one household.	ultiple L-2 for	ms to be fil ollars (\$1	led a total amo 05) for a leg	islator, othe Names of	mployers shou er holder of pu	iblic office ublic and E	ed on Page 1. e, executive xecutive Offi	officials
Item-	The tota	of employers you a ls of each expendi	re reporting for requires m iture of more than one household.	ultiple L-2 for	ms to be fil ollars (\$1	led a total amo 05) for a leg	islator, othe Names of	mployers shou er holder of pu	iblic office ublic and E	ed on Page 1. e, executive xecutive Offi	officials
Item-	The tota	of employers you a ls of each expendi	re reporting for requires m iture of more than one household.	ultiple L-2 for	ms to be fil ollars (\$1	led a total amo 05) for a leg	islator, othe Names of	mployers shou er holder of pu	iblic office ublic and E	ed on Page 1. e, executive xecutive Offi	officials
Item- 2	The tota and men Date	of employers you a ls of each expendi	re reporting for requires m iture of more than one household.	ultiple L-2 for	ms to be fil ollars (\$1	led a total amo 05) for a leg	islator, othe Names of	mployers shou er holder of pu	iblic office ublic and E	ed on Page 1. e, executive xecutive Offi	officials
Item- 2	The tota and men Date	of employers you a ls of each expendi nber(s) of their ho	re reporting for requires m iture of more than one household.	ultiple L-2 for	ms to be fil ollars (\$1 Amou	led a total amo 05) for a leg	Names of	mployers shou er holder of pu	iblic office ublic and E Members i	ed on Page 1.	officials
2	The tota and men Date	of employers you a ls of each expendin nber(s) of their ho	re reporting for requires m iture of more than one household. Place	ultiple L-2 for	ms to be fil ollars (\$1 Amou	led a total amo 05) for a legi nt	islator, othe Names of	mployers shou er holder of pu f Legislators, P and Household	ublic office Members i ne(s) and A	d on Page 1. e, executive xecutive Offin n Group	officials
2	The tota and men Date	of employers you a ls of each expendin nber(s) of their ho on attached page(s) INST file this form: A	re reporting for requires m iture of more than one household. Place	ultiple L-2 for	ms to be fil ollars (\$1 Amou	Item 3 Internatio	Names of Names of En Donal Brothe	mployers shou er holder of pu f Legislators, P and Household mployer(s) Nar	ublic office ublic and E Members i ne(s) and A trical Work	d on Page 1. e, executive xecutive Offin n Group ddress(es) eers Local 2	officials
Item- 2 Cor Who	The tota and men Date ntinued o should f	of employers you a ls of each expendin nber(s) of their ho on attached page(s) INST file this form: An 67 ne: Annual report	re reporting for requires m iture of more than one household. Place	nder Section	ms to be fil ollars (\$1 Amou	Item 3 Internatio	Names of Names of En Donal Brothe	mployers shou er holder of pu f Legislators, P and Household mployer(s) Nar rhood of Elec	ublic office ublic and E Members i ne(s) and A trical Work	d on Page 1. e, executive xecutive Offin n Group ddress(es) eers Local 2	officials
Item- 2 Cor Who s Filing	The tota and men Date ntinued o should f	of employers you a ls of each expendi nber(s) of their ho on attached page(s) INST file this form: An 67 ne: Annual report Executive Lol	re reporting for requires m iture of more than one household. Place Place	nder Section	ms to be fil ollars (\$1 Amou	Item 3 Internatio	Names of Names of En Donal Brothe	mployers shou er holder of pu f Legislators, P and Household mployer(s) Nar rhood of Elec	ublic office ublic and E Members i ne(s) and A trical Work	d on Page 1. e, executive xecutive Offin n Group ddress(es) eers Local 2	officials
Item- 2 Cor Who s Filing	The tota and men Date ntinued o should f	of employers you a ls of each expendiner(s) of their hores of the theory of theory of the theory of the theory of the theory of the th	re reporting for requires m iture of more than one household. Place Place	nder Section	ms to be fil ollars (\$1 Amou Amou	Item 3 Internatio	Names of Names of En Donal Brothe	mployers shou er holder of pu f Legislators, P and Household mployer(s) Nar rhood of Elec	ublic office ublic and E Members i ne(s) and A trical Work	d on Page 1. e, executive xecutive Offin n Group ddress(es) eers Local 2	officials
Item- 2 Cor Who s Filing	The tota and men Date ntinued o should f	of employers you a ls of each expendin nber(s) of their hore on attached page(s) INST file this form: An 67 ne: Annual report Executive Lol D WITH: Lawe Secret	re reporting for requires m iture of more than one household. Place Place TRUCTIONS ny lobbyist registered un-6617 Idaho Code is due on January 31st. obyist semi-annual repo	nder Section	ms to be fil ollars (\$1 Amou Amou	Item 3 Internation of the second seco	Names of Names of En Donal Brothe	mployers shou er holder of pu f Legislators, P and Household mployer(s) Nar rhood of Elec	ublic office ublic and E Members i ne(s) and A trical Work	d on Page 1. e, executive xecutive Offin n Group ddress(es) eers Local 2	officials
Item- 2 Cor Who s Filing	The tota and men Date ntinued o should f	of employers you a ls of each expendin on their hores of the second	re reporting for requires m iture of more than one household. Place Place	nder Section	ms to be fil ollars (\$1 Amou Amou	Item 3 Internation of the second seco	Names of Names of En Donal Brothe	mployers shou er holder of pu f Legislators, P and Household mployer(s) Nar rhood of Elec	ublic office ublic and E Members i ne(s) and A trical Work	d on Page 1. e, executive xecutive Offin n Group ddress(es) eers Local 2	officials

638

Item			ion, the number of the Senate	LEGISLATIVE SUBJECT IDENTIFICATION					
4	or Ho the L		r legislative activity in which	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, special districts Government, special districts Government, state	Code 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 at the ab	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)		
	Idontif		an maauramant		Electronically signed		1/9/2017		
5	contrac	dentify any rule, ratemaking decision, procurement, ontract bid or bid process, financial services agreement or ond lobbyist was supporting or opposing.			obbyist signature		Date		
				En	nployer No. 1 signature		Date		
				En	nployer No. 2 signature		Date		
				En	nployer No. 3 signature		Date		
				$\int \frac{1}{En}$	nployer No. 4 signature		Date		