Rev. 12/2012

## THE COLUMN TO TH

## State of Idaho

Lawerence Denney Secretary of State

(Type or print clearly in black ink)

LOBBYIST	REPORT	<b>FORM</b>
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To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619)

17 FEB 13 AM 10:45 SECRETARY OF STATE

STATE OF IDAHO

See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered Michelle Scharf 2/13/2017 year ending 4541 S 700 E Salt Lake City, UT 84107 (Mo.) (Day) (Yr.) 12 31 2016 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure \*Total Amount for Item 3, at bottom of page.) Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity All Employers Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Employer No. 4 Entertainment Food and Refreshment \$ \$0.00 \$\_\$0.00 Living Accommodations \$0.00 \$0.00 Advertising \$0.00 \$0.00 Travel \$0.00 \$0.00 Telephone \$0.00 \$0.00 Other Expenses or Services \$0.00 \$0.00 **Total** \$ \$0.00 \$\_\$0.00 \*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1. The totals of each expenditure of more than one hundred five dollars (\$105) for a legislator, other holder of public office, executive officials and member(s) of their household Item-Names of Legislators, Public and Executive Officials 2 Date Place Amount and Household Members in Group

Continued on attached page(s) Item INSTRUCTIONS Employer(s) Name(s) and Address(es) Unspam Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code 4541 S 700 E Suite 150 Salt Lake City UT 84107 USA Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. No. 2 TO BE FILED WITH: Lawerence Denney No. 3 Secretary of State PO Box 83720 Boise, ID 83720-0080 No. 4 Phone: (208) 334-2852 Fax: (208) 334-2282

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						<i>~</i> .	
	the L	obbyist was supporting or op	posing.		Subject		Subject
Subject	t Code	Bill, Resolution or Other	Appropriation Bill Number	01	Agriculture, horticulture,	17	Health service, medicine, drugs
(from		Legislative Ident. Number	and Section Number	02	farming, and livestock Amusements, games, athletics		and controlled substances, health
		Degisian ve raemi. I vameer		1 02	and sports	10	insurance, hospitals
4, 8				02	Banking, finance, credit and	18	Higher education
12				03	investments	19	Housing, construction, codes
				0.4		20	Insurance (excluding health insurance)
				04	Children, minors, youth, senior citizens	21	Labor, salaries and wages,
				0.5	Church and religion	21	collective bargaining
				05	Consumer affairs	22	Law enforcement, courts,
				06 07	Ecology, environment, pollution,	22	judges, crimes, prisons
				07	conservation, zoning, land and	23	License, permits
					water use	24	Liquor
				08	Education	25	Manufacturing, distribution and
				09	Elections, campaigns, voting,	23	services
				09	political parties	26	Natural resources, forest and
				10	Equal rights, civil rights,	20	forest products, fisheries, mining
				10	minority affairs		and mining products
				11	Government, financing,	27	Public lands, parks, recreation
				''	taxation, revenue, budget,	28	Social insurance, unemployment
					appropriations, bids, fees, funds	20	insurance, public assistance,
				12	Government, county		workmen's compensation
				13	Government, federal	29	Transportation, highways,
				14	Government, municipal		streets and roads
				15	Government, special districts	30	Utilities, communications,
				16	Government, state	50	televisions, radio, newspaper,
				10	Soverminent, state		power, CATV, gas
						31	Other (please specify)
							· · · · · · · · · · · · · · · · · · ·
					ERTIFICATION: I hereby certify the orrect statement in accordance with S		
	Identif	ry any rule, ratemaking decisi	on procurement		Electronically signed		2/13/2017
Item 5	contra	ct bid or bid process, financia obbyist was supporting or opp	l services agreement or		obbyist signature		Date
				Er	nployer No. 1 signature		Date
				Er	mployer No. 2 signature		Date
				Er	mployer No. 3 signature		Date
				Er Er	mployer No. 4 signature		Date