Rev. 12/2012		LOBBYIST REPORT FORM						PageofPage(s)				
BEAT	SEALO	State of Ida	aho 🖌	ANNUAL		SEMI-A	NNUAL		THI	S SPACE FO	OR OFFICE US	SE ONLY
H		Lawerence De	-	To Be Filed By:			1		16 N	OV 30	PM 03:	47
STATI	TOF 19	Secretary of	State			1070						F STAT
					LOBBY (Sec. 67-						E OF I	
		(Type or print clear See instructions a	t bottom of page				1					
5	Lobbyist's name and permanent business address Clesson Kaliko Oligo c/o 2350 Kerner Blvd. San Rafael, CA 94901				Date prepared 11/30/2016]	Period co	-	
c/o 2										V	year endi	ng
San										(Mo.)	(Day)	(Yr.)
Item	То	tals of all reporta	ble expenditures made of	or incurred by I	obbyist (or by Lobi	wist's Empl	lover on he	half of	12	31	2016
1 C		Expenditure		Proportionate	amounts c	ontributed l		-		-	-	
Expens	ses Pertaining	al Living and Travel to Lobbying Activity	*Total Amount for All Employers	Item 3, at bottom of page.)								
	o Not Have (to be Reported		Employer	No. 1	Emplo	oyer No. 2	Emplo	oyer No	. 3	Employe	r No. 4
	anment and Refresh	nment	\$\$0.00	_ \$\$0.00_		\$ \$		\$	\$		\$	
Living	Accommo	odations	\$0.00	\$0.00_								
Advert	tising		\$0.00	\$0.00_						-		
Travel			\$0.00	\$0.00						-		
Teleph			\$0.00	\$0.00_		-		-		-		
	Expenses o	of Services	\$0.00	\$0.00_				-				
		Total	\$\$0.00	\$_\$0.00		\$		\$!	\$	
*When	the number				s to be filed		ount for all e		ould be			
*When	The tota	of employers you a ls of each expendi	re reporting for requires m iture of more than one h	ultiple L-2 forms		d a total am		employers sh		entered of	on Page 1.	officials
Item-	The tota	of employers you a	re reporting for requires m iture of more than one household.	ultiple L-2 forms		d a total am	islator, othe Names of	employers sh er holder of f Legislators,	public , Public	entered office, each and Exec	on Page 1. executive offic	
	The tota	of employers you a ls of each expendi	re reporting for requires m iture of more than one h	ultiple L-2 forms		d a total am 5) for a leg	islator, othe Names of	employers sh	public , Public	entered office, each and Exec	on Page 1. executive offic	
Item-	The total and men	of employers you a ls of each expendi	re reporting for requires m iture of more than one household.	ultiple L-2 forms	lars (\$105	d a total am 5) for a leg	islator, othe Names of	employers sh er holder of f Legislators,	public , Public	entered office, each and Exec	on Page 1. executive offic	
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Item			ion, the number of the Senate	LEGISLATIVE SUBJECT IDENTIFICATION					
Item 4 Subject (from t	or Ho the L		legislative activity in which	ion Bill Number 01 tion Number 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, federal 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)		
		fy any rule, ratemaking decision, procurement, to bid or bid process, financial services agreement or			Dectronically signed		11/30/2016 Date		
	bond lo	obbyist was supporting or opp	posing.	- En	nployer No. 1 signature		Date		
				En	nployer No. 2 signature		Date		
				En	nployer No. 3 signature		Date		
					nployer No. 4 signature		Date		