## State of Idaho

Ben Ysursa Secretary of State

> PO Box 83720 Boise, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

## LOBBYIST REPORT FORM

**ANNUAL** 

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To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619)

14 JAN -9 PM 3:06 SEUNCHARY OF STATE STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered John Carver year ending 1-8-14 730 W. Claire Meridian, ID 83642 (Day) (Yr.) (Mo.) 12 31 13 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Category of Expenditure Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.) Reimbursed Personal Living and Travel \*Total Amount for Expenses Pertaining to Lobbying Activity All Employers Employer No. 4 Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Entertainment 0.00 0.00 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 0.00 0.00 0.00 Total \$ \*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 and Household Members in Group Place Amount Date Continued on attached page(s) Item INSTRUCTIONS Employer(s) Name(s) and Address(es) Idaho Conservation Officers Association Who should file this form: Any lobbyist registered under Section 1781 E. Highgate Ct. Eagle, ID 8616 67-6617 Idaho Code Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. No. 2 TO BE FILED WITH: No. 3 Ben Ysursa Secretary of State

No. 4

Item			ion, the number of the Senate				IDENTIFICATION	
4		or House Bill, Resolution or other legislative activity in which		Code	Subject		Code Subject	
	the L	obbyist was supporting or op	posing.	1	Subject	Code 17	_	
Subject	Code	Bill, Resolution or Other	Appropriation Bill Number	01	Agriculture, horticulture, farming, and livestock	17	Health service, medicine, drugs and controlled substances, health	
(from t		Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals	
	,			02	and sports	18	Higher education	
				03	Banking, finance, credit and	19	Housing, construction, codes	
				"	investments	20	Insurance (excluding health	
				04	Children, minors, youth,	20	insurance)	
				•	senior citizens	21	Labor, salaries and wages,	
				05	Church and religion		collective bargaining	
				06	Consumer affairs	22	Law enforcement, courts,	
				07	Ecology, environment, pollution,		judges, crimes, prisons	
				l	conservation, zoning, land and	23	License, permits	
				l	water use	24	Liquor	
			ļ	08	Education	25	Manufacturing, distribution and	
			į	09	Elections, campaigns, voting,		services	
					political parties	26	Natural resources, forest and	
				10	Equal rights, civil rights,		forest products, fisheries, mining	
				l	minority affairs		and mining products	
				11	Government, financing,	27	Public lands, parks, recreation	
				ļ	taxation, revenue, budget,	28	Social insurance, unemployment	
				l	appropriations, bids, fees, funds		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		televisions, radio, newspaper,	
							power, CATV, gas	
						31	Other (please specify)	
					ERTIFICATION: I hereby certify the orrect statement in accordance with S			
				(	Meur		1-9-14	
Item 5	contra	y any rule, ratemaking decisi et bid or bid process, financia obbyist was supporting or op	l services agreement or	<b>y</b>	gobyist signature		Date	
				E	mployer No. 1 signature		Date	
				E	mployer No. 2 signature		Date	
				Ē	mployer No. 3 signature		Date	
				E	mployer No. 4 signature		Date	