

## State of Idaho

Ben Ysursa Secretary of State

## LOBBYIST REPORT FORM

✓ ANNUAL

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To Be Filed By:

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LOBBYISTS (Sec. 67-6619)

SECRETARY 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 Jeffrey C. Fereday year ending **GIVENS PURSLEY LLP** 1-6-14 P.O. Box 2720 (Mo.) (Day) (Yr.) Boise, ID 83701 12 31 2013 Item Totals of all reportable expenditures made or incurred by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure Reimbursed Personal Living and Travel \*Total Amount for Item 3, at bottom of page.) Expenses Pertaining to Lobbying Activity All Employers Do Not Have to be Reported Employer No. 1 Employer No. 4 Employer No. 2 Employer No. 3 Entertainment 0.00 Food and Refreshment \$ 0.00 Living Accommodations 0.00 Advertising 0.00 Travel 0.00 Telephone 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 Place Date Amount and Household Members in Group Continued on attached page(s) Item INSTRUCTIONS Employer(s) Name(s) and Address(es) City of Meridian Who should file this form: Any lobbyist registered under Section 33 East Broadway Avenue, Meridian ID 83642 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 PO Box 83720 Boise, ID 83720-0080 No. 4 Phone: (208) 334-2852 Fax: (208) 334-2282

Subject matter of proposed legislation, the number of the Senate			LEGISLATIVE SUBJECT IDENTIFICATION				
Item 4	or House Bill Resolution or other legislative activity in Which						
4	the L	obbyist was supporting or op	posing.	Code	Subject	Code	Subject
			53151	01	Agriculture, horticulture,	17	Health service, medicine, drugs
Subject		Bill, Resolution or Other	Appropriation Bill Number		farming, and livestock		and controlled substances, health
(from t	table)	Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals
					and sports	18	Higher education
				03	Banking, finance, credit and	19	Housing, construction, codes
					investments	20	Insurance (excluding health
				04	Children, minors, youth,		insurance)
					scnior citizens	21	Labor, salarics and wages,
				05	Church and religion		collective bargaining
				06	Consumer affairs	22	Law enforcement, courts,
				07	Ecology, environment, pollution,		judges, crimes, prisons
					conservation, zoning, land and	23	License, permits
					water use	24	Liquor
				08	Education	25	Manufacturing, distribution and
				09	Elections, campaigns, voting,		services
					political parties	26	Natural resources, forest and
				10	Equal rights, civil rights,		forest products, fisheries, mining
					minority affairs		and mining products
				11	Government, financing,	27	Public lands, parks, recreation
					taxation, revenue, budget,	28	Social insurance, unemployment
					appropriations, bids, fccs, 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
				1		31	Other (please specify)
					ERTIFICATION: I hereby certify the breet statement in accordance with S		
	ly i			-	obbujet signatura	cu	day 1/6/14
Item 5	contrac	y any rule, ratemaking decisi et bid or bid process, financia obbyist was supporting or op	l services agreement or	L	obbyist signature		O Date
				Er	nployer No. 1 signature		Date
				Er	nployer No. 2 signature		Date
				Er	nployer No. 3 signature		Date
					malayar No. 4 signatura		Data