Rev. 12/2012

OF THE OF THE

State of Idaho

Ben Ysursa Secretary of State

(Type or print clearly in black ink) See instructions at bottom of page

| LOBBYIST | REPORT | FORM |
|-----------------|---------|------|
| LODDIISI | KEI UKI | TUNN |

| 1 SI | EMI | -AN | INI | TAT |
|------|-----|-----|-----|-----|

| Page | of | Page(s) |
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14 JAN 17 PM 04:01

SECRETARY OF STATE STATE OF IDAHO

To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619)

| Lobbyist's name and permanent business address | | | | | | Date prepared Period covered | | | | | |
|---|-----------------------|-------------------------------------|---------------------------------|------------------------|--|------------------------------|---|-------------------------------------|------------|--------------|----------|
| Nicho | las Fluehr | | | | | 1/1 | 7/2014 | | | year endi | ng |
| | Park Ave 6 | | | | | | | | | J° | C |
| New | York, NY 1 | 10152-0002 | | | | | | | (Mo.) | (Day) | (Yr.) |
| | | | | | | | | | 12 | 31 | 2013 |
| Item 1 | Totals | s of all reportat | ole expenditures made o | or incurred by | Lobby | yist or b | y Lobbyist's Empl | loyer on behalf o | of Lobbyi | ist's Emplo | yer. |
| | itegory of Ex | | *Total Amount for | | | | ributed by each empl | oyer (Identify en | nployers, | under | |
| Expense | s Pertaining to I | Living and Travel Lobbying Activity | All Employers | Item 3, at bottom of p | | 1 0 / | | | | | |
| | Not Have to b | e Reported | | Employe | r No. 1 | | Employer No. 2 | Employer N | lo. 3 | Employer | No. 4 |
| Enterta Food ar | nment nd Refreshme | ent | \$_\$0.00 | \$_\$0.00 |) | \\$ | | \$ | | \$ | |
| Living. | Accommoda | tions | \$0.00 | \$0.00 | | _ | | | | | |
| Adverti | sing | | \$0.00 | \$0.00 |) | _ | | | | | |
| Travel | | | \$0.00 | \$0.00 |) | _ | | | | | |
| Telepho | one | | \$0.00 | \$0.00 |) | _ | | | | | |
| Other E | xpenses or S | Services | \$0.00 | \$0.00 |) | _ | | | | | |
| | | Total | \$_\$0.00 | \$_\$0.00 |) | \$ | | \$ | | \$ | |
| *When t | he number of | employers you a | re reporting for requires m | ultiple L-2 forn | ns to be | e filed a | total amount for all e | mployers should b | e entered | on Page 1. | |
| | The totals of | of each expendi | ture of more than one hu | - | | | | | | _ | fficials |
| Item- | and member | and member(s) of their household. | | | | | Namas of | EL agialatara Dubl | io and Eva | autiva Offia | iala |
| 2 | Date | | Place | | An | nount | Names of Legislators, Public and Executive Officials ount and Household Members in Group | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | Continued on a | ttached page(s) | | | | | | | | | |
| INSTRUCTIONS | | | | | | Item 3 | Eı | Employer(s) Name(s) and Address(es) | | | |
| Wh | o should file | this form. Ar | ny lohhvist registered m | nder Section | | | Vells Fargo Bank N | A | | | |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code | | | | | No. 1 1300 SW 5th Ave Portland OR 97201 USA | | | | | | |
| Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. | | | | st. | No. 2 | | | | | | |
| TO BE FILED WITH: Ben Ysursa Secretary of State | | | | No. 3 | | | | | | | |
| PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282 | | | | ľ | No. 4 | | | | | | |

| - . | Subje | ect matter of proposed legislat | ion, the number of the Senate | e LEGISLATIVE SUBJECT IDENTIFICATION | | | |
|------------|---------|--|-------------------------------|--------------------------------------|--|------|------------------------------------|
| Item | | ouse Bill, Resolution or other | | | | | |
| 4 | | obbyist was supporting or op | | Code | Subject | Code | Subject |
| | | | | 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 | able) | Legislative Ident. Number | and Section Number | 02 | Amusements, games, athletics | | insurance, hospitals |
| | | | | 1 | and sports | 18 | Higher education |
| | | | | 03 | Banking, finance, credit and | 19 | Housing, construction, codes |
| | | | | | investments | 20 | Insurance (excluding health |
| | | | | 04 | Children, minors, youth, | | 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 |
| | | | | | 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, 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) |
| | | | | | | | |
| | | | | 1 | ERTIFICATION: I hereby certify the prrect statement in accordance with S | | , 1 |
| | | | | _ | | | |
| | | | | | Electronically signed | | 1/17/2014 |
| 5 | contrac | y any rule, ratemaking decision of bid or bid process, financial obbyist was supporting or opp | l services agreement or | L | obbyist signature | | Date |
| | | | | Er | mployer No. 1 signature | | Date |
| | | | | Er | mployer No. 2 signature | | Date |
| | | | | Er | mployer No. 3 signature | | Date |
| | | | | Er | nployer No. 4 signature | | Date |