Rev. 11/2014 39.15

State of Idaho

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SCANNED

LOBBYISTS

(Sec. 67-6619)

LOBBYIST REPORT FORM

To Be Filed By:

Page of Page(s)
THIS SPACE FOR OFFICE USE ONLY

2015 JAN -8 AM 8: 58

SECRETARY OF STATE
STATE OF IDAHO



Lawerence Denney Secretary of State

			arly in black ink) t bottom of page						L			تطال
Lobbyist's name and permanent business address Jim Manion AAA Oregon/Idaho 7155 W. Denton St. Boise, ID 83704						Date prepared January 6, 2015				Period covered year ending (Mo.) (Day) (Yr.) Dec 31 2014		
Item 1			ble expenditures made of	obyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.								
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			*Total Amount for All Employers	Item 3, at bottom of Employer No. 1		of page.						No. 4
Entertainment Food and Refreshment			\$ 0.00	\$ 0.00		 		s			\$	
	Accommoda		0.00	0.00		*		- "		`	'	
_		uions	0.00	0.00		-		-		-		
Advertising Travel			0.00	0.00		-						
			0.00	0.00		-				-		
Telephone Other Expenses or Services			0.00	0.00		-						
Total			s0.00	s0.00			0.00	s	0.00	0 8 0.00		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.												
2	Date Place			Amou		Names of Legislators, Public and Executive Officials and Household Members in Group					ials	
	Continued on a	attached page(s)										
INSTRUCTIONS						Item 3	E	Employer(s) Name(s) and Address(es)				
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st.					No. 1 AAA Oregon/Idaho 7155 W. Denton St., Boise, ID 83704							
TO BE FILED WITH: Lawerence Denney Secretary of State						No. 3						
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852						No. 4						

LEGISLATIVE SUBJECT IDENTIFICATION Subject matter of proposed legislation, the number of the Senate Item or House Bill, Resolution or other legislative activity in which Code Subject the Lobbyist was supporting or opposing. Code Subject Agriculture, horticulture, 17 Health service, medicine, drugs Bill, Resolution or Other Appropriation Bill Number Subject Code and controlled substances, health farming, and livestock (from table) Legislative Ident. Number and Section Number Amusements, games, athletics insurance, hospitals 18 Higher education and sports Banking, finance, credit and 19 Housing, construction, codes Insurance (excluding health investments 20 Children, minors, youth, insurance) Labor, salaries and wages, senior citizens Church and religion collective bargaining Consumer affairs Law enforcement, courts, 06 Ecology, environment, pollution, judges, crimes, prisons 23 conservation, zoning, land and License, permits water use 24 Liquor 25 Manufacturing, distribution and 08 Education Elections, campaigns, voting, services 26 political parties Natural resources, forest and Equal rights, civil rights, forest products, fisheries, mining minority affairs and mining products Public lands, parks, recreation 11 Government, financing, Social insurance, unemployment taxation, revenue, budget, appropriations, bids, fees, funds insurance, public assistance, 12 Government, county workmen's compensation Transportation, highways, 13 Government, federal Government, municipal streets and roads 30 15 Government, special districts Utilities, communications, Government, state televisions, radio, newspaper, power, CATV, gas Other (please specify) CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code. 1/6/2015 Identify any rule, ratemaking decision, procurement, Date Item contract bid or bid process, financial services agreement or 1/6/2015 bond lobbyist was supporting or opposing. Date Employer No. 2 signature Date Employer No. 3 signature Date Employer No. 4 signature Date