

LOBBYIST REPORT FORM



State of Idaho
Lawrence Denney
Secretary of State

ANNUAL **SEMI-ANNUAL**

16 JAN 06 AM 09:56
SECRETARY OF STATE
STATE OF IDAHO

To Be Filed By:
L-2 LOBBYISTS
(Sec. 67-6619)

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

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| | | |
|--|----------------------------------|---|
| Lobbyist's name and permanent business address Kathy Griesmyer PO Box 1897 Boise, ID 83701 | Date prepared 1/6/2016 | Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) 12 31 2015 |
|--|----------------------------------|---|

| Item 1 Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported | *Total Amount for All Employers | Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.) | | | |
|--|---------------------------------|---|-----------------|-----------------|----------------|
| | | Employer No. 1 | Employer No. 2 | Employer No. 3 | Employer No. 4 |
| | | Entertainment | \$ 62.47 | \$ 62.47 | \$ _____ |
| Food and Refreshment | \$ 0.00 | \$ 0.00 | _____ | _____ | _____ |
| Living Accommodations | \$ 0.00 | \$ 0.00 | _____ | _____ | _____ |
| Advertising | \$ 0.00 | \$ 0.00 | _____ | _____ | _____ |
| Travel | \$ 44.22 | \$ 44.22 | _____ | _____ | _____ |
| Telephone | \$ 120.00 | \$ 120.00 | _____ | _____ | _____ |
| Other Expenses or Services | \$ 0.00 | \$ 0.00 | _____ | _____ | _____ |
| Total | \$ 226.69 | \$ 226.69 | \$ _____ | \$ _____ | \$ _____ |

*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.

| Item-2 | 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. | | | |
|--------|---|-------|--------|---|
| | Date | Place | Amount | Names of Legislators, Public and Executive Officials and Household Members in Group |
| | | | | |

Continued on attached page(s)

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|--|--|
| <p align="center">INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code</p> <p>Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st.</p> <p>TO BE FILED WITH:</p> <p align="center">Lawrence Denney Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p> | Item 3 Employer(s) Name(s) and Address(es) |
| | No. 1 ACLU of Idaho PO Box 1897 Boise ID 83701 USA |
| | No. 2 |
| | No. 3 |
| | No. 4 |

| | | |
|--|--|--|
| Item 4 | Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing. | |
| Subject Code (from table) | Bill, Resolution or Other Legislative Ident. Number | Appropriation Bill Number and Section Number |
| 1, 5 8, 9 10, 11 16, 17 21, 22 28 | S.B. 1005, S.B. 1095 S.B. 1105, S.B. 1094 S.B. 1146, H.B. 2 H.B. 191, H.B. 164 H.B. 105, H.B. 104 H.B. 103, H.B. 102 H.B. 101, H.B. 154 H.B. 88, H.B. 82 H.B. 67, H.B. 246 | |

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|---------------|---|
| Item 5 | Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing. |
| | |

LEGISLATIVE SUBJECT IDENTIFICATION

| Code | Subject | Code | Subject |
|-------------|---|-------------|--|
| 01 | Agriculture, horticulture, farming, and livestock | 17 | Health service, medicine, drugs and controlled substances, health insurance, hospitals |
| 02 | Amusements, games, athletics and sports | 18 | Higher education |
| 03 | Banking, finance, credit and investments | 19 | Housing, construction, codes |
| 04 | Children, minors, youth, senior citizens | 20 | Insurance (excluding health insurance) |
| 05 | Church and religion | 21 | Labor, salaries and wages, collective bargaining |
| 06 | Consumer affairs | 22 | Law enforcement, courts, judges, crimes, prisons |
| 07 | Ecology, environment, pollution, conservation, zoning, land and water use | 23 | License, permits |
| 08 | Education | 24 | Liquor |
| 09 | Elections, campaigns, voting, political parties | 25 | Manufacturing, distribution and services |
| 10 | Equal rights, civil rights, minority affairs | 26 | Natural resources, forest and forest products, fisheries, mining and mining products |
| 11 | Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds | 27 | Public lands, parks, recreation |
| 12 | Government, county | 28 | Social insurance, unemployment insurance, public assistance, workmen's compensation |
| 13 | Government, federal | 29 | Transportation, highways, streets and roads |
| 14 | Government, municipal | 30 | Utilities, communications, televisions, radio, newspaper, power, CATV, gas |
| 15 | Government, special districts | 31 | Other (please specify)_____ |
| 16 | Government, state | | |

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 **Idaho Code**.

Electronically signed **1/6/2016**

Lobbyist signature Date

Employer No. 1 signature Date

Employer No. 2 signature Date

Employer No. 3 signature Date

Employer No. 4 signature Date

LOBBYIST REPORT FORM



State of Idaho
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| Lobbyist's name and permanent business address Kathy Griesmyer PO Box 1897 Boise, ID 83701 | | Date prepared 1/6/2016 | Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) 12 31 2015 |
|--|--|----------------------------------|---|

| Item 1 | Totals of all reportable expenditures made or incurred by Lobbyist 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 | Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.) | | | |
| | | | Employer No. 1 | Employer No. 2 | Employer No. 3 | Employer No. 4 |
| | Entertainment | | | | | |
| | Food and Refreshment | \$ \$62.47 | \$ \$62.47 | \$ _____ | \$ _____ | \$ _____ |
| | Living Accommodations | \$ \$0.00 | \$ \$0.00 | _____ | _____ | _____ |
| | Advertising | \$ \$0.00 | \$ \$0.00 | _____ | _____ | _____ |
| | Travel | \$ \$44.22 | \$ \$44.22 | _____ | _____ | _____ |
| | Telephone | \$ \$120.00 | \$ \$120.00 | _____ | _____ | _____ |
| | Other Expenses or Services | \$ \$0.00 | \$ \$0.00 | _____ | _____ | _____ |
| | Total | \$ \$226.69 | \$ \$226.69 | \$ _____ | \$ _____ | \$ _____ |

*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.

| Item- 2 | 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. | | | |
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| 02 | Amusements, games, athletics and sports | 18 | Higher education |
| 03 | Banking, finance, credit and investments | 19 | Housing, construction, codes |
| 04 | Children, minors, youth, senior citizens | 20 | Insurance (excluding health insurance) |
| 05 | Church and religion | 21 | Labor, salaries and wages, collective bargaining |
| 06 | Consumer affairs | 22 | Law enforcement, courts, judges, crimes, prisons |
| 07 | Ecology, environment, pollution, conservation, zoning, land and water use | 23 | License, permits |
| 08 | Education | 24 | Liquor |
| 09 | Elections, campaigns, voting, political parties | 25 | Manufacturing, distribution and services |
| 10 | Equal rights, civil rights, minority affairs | 26 | Natural resources, forest and forest products, fisheries, mining and mining products |
| 11 | Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds | 27 | Public lands, parks, recreation |
| 12 | Government, county | 28 | Social insurance, unemployment insurance, public assistance, workmen's compensation |
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CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 **Idaho Code**.

Electronically signed **1/6/2016**

Lobbyist signature Date

LM **2/15/2016**

Employer No. 1 signature Date

Employer No. 2 signature Date

Employer No. 3 signature Date

Employer No. 4 signature Date