| Rev. 12   | <sup>72012</sup><br>494 | 19   | LOBBYIS   |               |         | LY R  | EPOI                                | RT FORM               | 1              | Page                | ofP             | age(s)<br>SE ONLY |  |
|---|-------------------------|--|---|---------------|---------|---|-------------------------------------|-----------------------|----------------|---------------------|-----------------|-------------------|--|
|   |                         | State of Ida<br>Lawerence De<br>Secretary of S | nney  | To Be Filed I | LOF     | BBYI:   | STS<br>6619)                        | 15 FEB .              | -4 AH 9        |                     | 082             |                   |  |
|   |                         | (Type or print clear<br>See instructions at    |   |               |         |   | •                                   | 15 FEB -<br>STATE     | OF IDA         | HO                  |                 |                   |  |
| Kent<br>P.O.  |                         |  | ss address  |               |         | D   | ate prepai                          | <sup>cd</sup> 2/4/201 | 5              | Period<br>[<br>(Mo. | month en  (Day) | (Yr.)<br>2015     |  |
| Item<br>1   | To                      | als of all reportal                            | ble expenditures made o                                   | r incurred b  | y Lob   | byist o   | r by Lob                            | byist's Empl          | oyer on beha   | of Lobb             | yist's Emplo    | yer.              |  |
|   |                         |  |   |               |         | mounts contributed by each employer (Identify employers, under om of page.) |                                     |                       |                |                     |                 |                   |  |
| Enterta   | inment                  | o be Reported                                  | s   | Employ        | yer No. | 1   | Emp                                 | loyer No. 2           | Employe        | er No. 3            | Employer        | No. 4             |  |
|   | Accommo                 |  |   | 3             |         |   | 3                                   |                       | <b>"</b>       |                     | 3               |                   |  |
| Advert  | ising                   |  |   |               |         |   | ***********                         |                       |                |                     |                 |                   |  |
| Travel  |                         |  |   |               |         |   |                                     |                       |                |                     |                 |                   |  |
| Telepho   | one                     |  |   | -             |         |   |                                     |                       |                |                     |                 |                   |  |
| Other Expenses or Services  |                         |  |   |               |         |   |                                     |                       |                |                     |                 |                   |  |
|   |                         | Total  | s0.00   | sC            | 0.00    |   | <b>s</b>                            | 0.00                  | s0.            | 00                  | s0.0            | 00                |  |
| *When   |                         |  | re reporting for requires mu<br>liture of more than one h |               |         |   |                                     |                       |                |                     |                 | ve official:      |  |
| item-   |                         | ber(s) of their ho                             |   |               |         |   | <del></del>                         |                       | Legislators, P |                     |                 |                   |  |
| 2   | Date                    |  | Place   |               | A       | linount   |                                     |                       | and Household  |                     |                 | 1815              |  |
| Continued on attached page(s)   |                         |  |   |               |         |   |                                     |                       |                |                     |                 |                   |  |
|   |                         |  |   |               |         |   | m                                   | Em                    | ployer(s) Nan  | ne(s) and Ac        | idress(es)      |                   |  |
| INSTRUCTIONS  |                         |  |   |               |         |   |                                     |                       |                |                     |                 |                   |  |
| Who should file this form: Any lobbyist registered under Section 67-6617 idaho Code |                         |  |   |               |         |   | No. 1 P.O. Box 6358, Boise ID 83707 |                       |                |                     |                 |                   |  |
| Fili  | ng deadlin              |  | rts due within fifteen (15<br>ivities of the past month   |               | he      | No. 2   |                                     |                       |                |                     |                 |                   |  |
| TO BE FILED WITH:  Lawerence Denney  Secretary of State                             |                         |  |   |               |         | No. 3   |                                     |                       |                |                     |                 |                   |  |
|   | Ph                      | Boise, l                                       | Box 83720<br>ID 83720-0080<br>852 Fax: (208) 334-22       | 282           |         | No. 4   |                                     |                       |                |                     |                 |                   |  |

| Item or Ho |   | Appropriation Bill Number and Section Number | 01<br>02<br>03<br>04<br>05<br>06<br>07<br>08<br>09<br>10<br>11<br>12<br>13<br>14<br>15<br>16 | Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, special districts Government, special districts |           | Subject Health service, medicine, drugs and controlled substances, heal insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, minin and mining products Public lands, parks, recreation Social insurance, unemploymer insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, |
|------------|---|--|--|--|-----------|--|
| bid or     | y any rule, ratemaking decision bid process, financial services opposing. |  |  | CERTIFICATION: I hereby certify to correct statement in accordance with Correct signature  | hat the a |  |