State of Idaho

Ben Ysursa Secretary of State

LOBBYIST REPORT FORM

Z ANNUAL

☐ SEMI-ANNUAL

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SECRETARY OF STATE STATE OF IDAHO

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

		Type or print clease instructions a	arly in black ink)				SC/	ANNED				
Lobbyis		permanent busine				Date	prepared		Period	covered		
Ron Law 1487 E Doberman St					1/2	2/2013		[year endir	ng		
Meric	lian, ID 83	642							(Mo.	(Day)	(Yr.)	
									12	31	2012	
Item 1	Total	s of all reportal	ble expenditures made	or incurred b	y Lobb	yist or l	by Lobbyist's Empl	oyer on behalf o	of Lobb	yist's Emplo	yer.	
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 amount		ounts contributed by each employer (Identify employers, under of page.)							
		All Employers	Employer No. 1		1	Employer No. 2	Employer No. 3		Employer No. 4			
Enterta Food an	inment nd Refreshm	ent	s_ 0.00	s_ 0.00_		\$		\$				
Living.	Accommoda	tions	\$0.00	\$0.00								
Adverti	sing		\$0.00	\$0.0	00	_						
Travel			\$0.00	\$0.00		_						
Telepho	one		\$0.00	\$0.0	00	_						
Other E	Expenses or S	Services	\$0.00	\$0.00		_						
*When t	he number of	Total employers you a	s 0.00	s_O.		_	total amount for all e	\$mployers should b	e entere	\$d on Page 1.		
		of each expendi	ture of more than one hi		_						member(s)	
Item-		usenoid.				Names of Legislators, Public a						
	Date		Place		Ar	mount		and Household Me	mbers in	1 Group		
	Continued on a	attached page(s)										
INSTRUCTIONS					Item 3	Er	Employer(s) Name(s) and Address(cs)					
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code				1 .	Idaho Damage Prevention Coalition No. 1 555 S Cole Rd Boise ID 83709 USA							
Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st.			31st.	No. 2					_			
TO BE FILED WITH: Ben Ysursa				٠.	No. 3							
Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334, 2882					No. 4							

Item		ect matter of proposed legislat						
4		ouse Bill, Resolution or other	-	C-4-	Cubine	Codo	Subject	
	the L	obbyist was supporting or op	posing.		Subject	17	Subject Health service, medicine, drugs	
Subject	Code	Bill, Resolution or Other	Appropriation Bill Number	01	Agriculture, horticulture, farming, and livestock	17	and controlled substances, health	
(from t		Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals	
`	,			− 02 .	and sports	18	Higher education	
				03	Banking, finance, credit and	19	Housing, construction, codes	
				03	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	
				1	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	
				1	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)	
					ERTIFICATION: I hereby certify the			
				-				
				E	Electronically signed		1/2/2013	
Item		y any rule, ratemaking decision of bid or bid process, financia		L	obbyist signature		Date	
5		obbyist was supporting or opp	_					
				Т				
				Er	mployer No. 1 signature		Date	
				Er	mployer No. 2 signature		Date	
				Er	mployer No. 3 signature		Date	
				Er	mployer No. 4 signature		Date	