Rev. 12/2012

THE OTHER PROPERTY.

State of Idaho

Lawerence Denney Secretary of State

Phone: (208) 334-2852 Fax: (208) 334-2282

LOBBYIST I	REPORT	FORM
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To Be Filed By:

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LOBBYISTS (Sec. 67-6619)

15 OCT 06 AM 10:04 SECRETARY OF STATE STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered Steven Palmer 10/6/2015 year ending 100 M Street SE Washington, DC 20003 (Mo.) (Day) (Yr.) 12 31 2015 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure *Total Amount for Item 3, at bottom of page.) Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity All Employers Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Employer No. 4 Entertainment Food and Refreshment \$ \$0.00 \$ \$0.00 \$_\$0.00 \$_\$0.00 Living Accommodations \$0.00 \$0.00 \$0.00 _\$0.00 Advertising \$0.00 \$0.00 \$0.00 \$0.00 Travel \$0.00 \$0.00 \$0.00 \$0.00 Telephone \$0.00 \$0.00 \$0.00 \$0.00 Other Expenses or Services \$0.00 \$0.00 \$0.00 \$0.00 Total \$ \$0.00 \$_\$0.00 \$ \$0.00 \$_\$0.00 *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 Item-Names of Legislators, Public and Executive Officials 2 Date Place Amount and Household Members in Group Continued on attached page(s) Item INSTRUCTIONS Employer(s) Name(s) and Address(es) Allergan Inc Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code 2525 Dupont Drive Irvine CA 92612 USA Filing deadline: Annual report is due on January 31st. Amplify Education Executive Lobbyist semi-annual report due July 31st. No. 2 500 New Jersey Ave NW 6th Floor Washington DC 20001 USA TO BE FILED WITH: No. 3 Uber Technologies Lawerence Denney Secretary of State 1455 Market Street Suite 400 San Francisco CA 94103 USA PO Box 83720 Boise, ID 83720-0080 No. 4

Item		ect matter of proposed legislat		LEGISLATIVE SUBJECT IDENTIFICATION			
4	or Ho	ouse Bill, Resolution or other obbyist was supporting or opposition of the contract of the con	legislative activity in which	Cod	e 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		Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals
8, 29		H.B. 262, H.B. 201			and sports	18	Higher education
31				03	Banking, finance, credit and	19	Housing, construction, codes
				0.4	investments	20	Insurance (excluding health
				04	Children, minors, youth, senior citizens	21	insurance) Labor, salaries and wages,
				05	Church and religion	21	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
				1,	minority affairs	27	and mining products
				11	Government, financing,	27	Public lands, parks, recreation Social insurance, unemployment
					taxation, revenue, budget, appropriations, bids, fees, funds	28	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 Healthcare
						31	Other (please specify) Healthcare i enistation
					CERTIFICATION: I hereby certify the correct statement in accordance with S		
	1			т -	Electronically signed		10/6/2015
Item 5	contra	y any rule, ratemaking decision of bid or bid process, financial obbyist was supporting or opp	services agreement or		Lobbyist signature		Date
				Ī	Employer No. 1 signature		Date
				Ī	Employer No. 2 signature		Date
				Ī	Employer No. 3 signature		Date
] _Ī	Employer No. 4 signature		Date