Rev. 12/2012

SELL OF

State of Idaho

Lawerence Denney Secretary of State

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To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619)

16 JAN 12 AM 08:24

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 Scott Turlington 1/12/2016 year ending 719 N Principle Place Meridian, ID 83642 (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 \$_\$0.00 Living Accommodations \$0.00 \$0.00 \$0.00 \$0.00 _\$0.00 \$0.00 Advertising \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Travel \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Telephone \$0.00 \$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 \$_\$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) Idaho Retailers Association Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code 816 W. Bannock Street Boise ID 83702 USA Filing deadline: Annual report is due on January 31st. **IEP** Executive Lobbyist semi-annual report due July 31st. No. 2 1020 W. Main Street Boise ID 83702 USA TO BE FILED WITH: No.3 MDC Lawerence Denney Secretary of State 33 E Broadway St Ste 130 Meridian ID 83642 USA PO Box 83720 No. 4 West Clinic Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282

1188 Call Place Pocatello ID 83201 USA

Item			tion, the number of the Senate		LEGISLATIVE SUB	JECT	IDENTIFICATION
4			r legislative activity in which		~	~ •	~
	the L	obbyist was supporting or op	posing.	1	Subject		Subject
Subject	t Code	Bill, Resolution or Other	Appropriation Bill Number	01	Agriculture, horticulture, farming, and livestock	17	Health service, medicine, drugs and controlled substances, health
(from		Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals
		-8		1 02	and sports	18	Higher education
11, 1	2			03	Banking, finance, credit and	19	Housing, construction, codes
17				03	investments	20	Insurance (excluding health
				04	Children, minors, youth,	20	insurance)
				04	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
					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
					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,
						2.1	power, CATV, gas
						31	Other (please specify)
					ERTIFICATION: I hereby certify the prect statement in accordance with S		
	Identif	y any rule, ratemaking decisi	on procurement		Electronically signed obbyist signature		1/12/2016
Item 5	contrac	et bid or bid process, financia obbyist was supporting or opp	l services agreement or		obbyist signature		Date
				Er	nployer No. 1 signature		Date
				Er	mployer No. 2 signature		Date
				Er	mployer No. 3 signature		Date
] Er	mployer No. 4 signature		Date