| Rev. 12/2   | 2012   |  | LOBBYI   | ST MON  | THLY I   | REPO   | RT FORN  | A   | Page   |                                 | Page(s)      |
|---|--|--|--|---|--|--|--|---|--|---------------------------------|--------------|
| ALAT  | SEAL   | State of Idaho To Be Filed By:   |  |   |  |  | 1  |   | THIS SPAC  | E FOR OFFICE U                  | SE ONLY      |
| - Children  |  | Lawerence Denney   |  | L-3 LOBBYISTS                                   |  |  |  | 15 MAY 06 AM 09:36                              |  |                                 |              |
| EL-1  |  | Secretary of State   |  | (Sec. 67-6619)                                  |  |  |  |   | SECRETARY OF STA   |                                 |              |
| I.E.  |  | 5  | L  |   |  |  | 1  |   |  | TE OF I                         |              |
|   |  |  |  |   |  |  |  |   | 517  |                                 | DANO         |
|   |  | (Type or print clean<br>See instructions at  |  |   |  |  |  |   |  |                                 |              |
| Lobbyist's name and permanent busine<br>Julie Taylor<br>3000 E. Pine Avenue |  |  |  |   |  | Date prepared  |  |   | Period covered   |                                 |              |
|   |  |  |  |   |  | 5/6/2015   |  |   | month ending   |                                 |              |
| Meridian, ID 83642  |  |  |  |   | (Mo  |  |  |   | .) (Day)   | (Yr.)                           |              |
|   |  |  |  |   |  |  |  |   | 4  | 30                              | 2015         |
| Item<br>1   | To   | tals of all reporta  | ble expenditures made  | or incurred b                                   | y Lobbyist   | or by Lo   | bbyist's Empl                                      | loyer on beha                                   | alf of Lobl  | oyist's Emplo                   | oyer.        |
| Reimbu  | Category of Expenditure<br>Reimbursed Personal Living and Travel<br>Expenses Pertaining to Lobbying Activity |  | *Total Amount for<br>All Employers   | ate amounts o<br>bottom of pa                   |  | d by each empl   | oyer (Identif                                      | y employer                                      | s, under   |                                 |              |
|   |  | o be Reported  |  | Employer No. 1                                  |  | Employer No. 2   |  | Employer No. 3                                  |  | Employer No. 4                  |              |
|   | Advertising         \$0.00         \$0.0           Travel         \$0.00         \$0.0                       |  | \$ \$171.66  | \$ \$171  | 66   | \$ \$  |  | \$  |  | \$                              |              |
|   |  |  | · · · · · · · · · · · · · · · · · · ·  | \$0.00  |  |  |  | -   | Φ  |                                 | ·            |
| -   |  |  | \$0.00   | \$0.00  |  |  |  |   |  |                                 |              |
| Travel  |  |  | \$0.00   | )   |  |  |  |   |  |                                 |              |
| Telepho   |  |  | \$0.00   | \$0.00  |  |  |  |   |  |                                 |              |
| Other Expenses or Services  |  | \$0.00   | \$0.00   | )   |  |  |  |   |  |                                 |              |
|   |  |  |  |   |  |  |  |   |  |                                 |              |
|   |  | Total  | \$ <u>\$171.66</u>   | \$_\$171  | .66  | \$   |  | \$  |  | \$                              |              |
| *When t   |  | of employers you a   | are reporting for requires n   | nultiple L-2 fo                                 | orms to be file  | d a total a  |  | employers sho                                   |  | ed on Page 1.                   |              |
|   | The tota   | of employers you a<br>ls of each expend  | are reporting for requires n<br>diture of more than one  | nultiple L-2 fo                                 | orms to be file  | d a total a  |  | employers sho                                   |  | ed on Page 1.                   | tive officia |
| Item-   | The tota<br>and mer  | of employers you a   | diture of more than one ousehold.  | nultiple L-2 fo                                 | orms to be file<br>e dollars (\$                               | ed a total a<br>105) for   | a legislator, c<br>Names o                         | employers sho<br>other holder<br>f Legislators, | of public of public of public and 1                      | ed on Page 1.<br>office, execut |              |
|   | The tota   | of employers you a<br>ls of each expend  | are reporting for requires n<br>diture of more than one  | nultiple L-2 fo                                 | orms to be file  | ed a total a<br>105) for   | a legislator, c<br>Names o                         | employers sho<br>other holder                   | of public of public of public and 1                      | ed on Page 1.<br>office, execut |              |
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| Item-<br>2  | The tota<br>and mer<br>Date  | of employers you a<br>ls of each expend  | are reporting for requires n<br>diture of more than one<br>ousehold.<br>Place  | nultiple L-2 fo                                 | orms to be file<br>e dollars (\$                               | ed a total a<br>105) for   | a legislator, c<br>Names o                         | employers sho<br>other holder<br>f Legislators, | of public of public of public and 1                      | ed on Page 1.<br>office, execut |              |
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| Item-<br>2  | The tota<br>and mer<br>Date  | of employers you a<br>ls of each expend<br>nber(s) of their he<br>on attached page(s)<br>INST<br>ile this form: At   | are reporting for requires n<br>diture of more than one<br>ousehold.<br>Place  | nultiple L-2 fo<br>hundred five                 | rms to be file<br>e dollars (\$<br>Amoun                       | ed a total a<br>105) for<br>nt<br>eem<br>3<br>Blue 0                       | a legislator, c<br>Names o                         | mployer(s) Na                                   | me(s) and A  | d on Page 1.<br>ffice, execut   |              |
| Item-2  | The tota<br>and mer<br>Date  | of employers you a<br>ls of each expend<br>nber(s) of their ho<br>on attached page(s)<br>INST<br>ile this form: At<br>67<br>he: Monthly repo   | re reporting for requires n<br>diture of more than one<br>ousehold.<br>Place   | nultiple L-2 fo<br>hundred five<br>nder Section | rms to be file<br>e dollars (\$<br>Amoun                       | ed a total a<br>105) for<br>nt<br>a<br>3<br>1<br>Blue 0<br>3000            | a legislator, c<br>Names o<br>En<br>Cross of Idaho | mployer(s) Na                                   | me(s) and A  | d on Page 1.<br>office, execut  |              |
| Item-2  | The tota<br>and mer<br>Date  | of employers you a<br>ls of each expend<br>nber(s) of their here<br>on attached page(s)<br>INST<br>ile this form: A:<br>67<br>ne: Monthly report<br>month for ac<br>O WITH:                    | TRUCTIONS  Tructions | nultiple L-2 fo<br>hundred five<br>nder Section | rms to be file<br>e dollars (\$<br>Amoun<br>Amoun<br>It<br>No. | ed a total a<br>105) for<br>nt<br>eem<br>3<br>Blue 0<br>3000               | a legislator, c<br>Names o<br>En<br>Cross of Idaho | mployer(s) Na                                   | me(s) and A  | d on Page 1.<br>office, execut  |              |
| Item-2  | The tota<br>and mer<br>Date  | of employers you a<br>ls of each expend<br>nber(s) of their he<br>on attached page(s)<br>INST<br>ile this form: A:<br>67<br>ne: Monthly report<br>month for ac<br>O WITH:<br>Lawe              | TRUCTIONS  Tructions | nultiple L-2 fo<br>hundred five<br>nder Section | rms to be file<br>e dollars (\$<br>Amour                       | ed a total a<br>105) for<br>nt<br>eem<br>3<br>Blue 0<br>3000               | a legislator, c<br>Names o<br>En<br>Cross of Idaho | mployer(s) Na                                   | me(s) and A  | d on Page 1.<br>office, execut  |              |
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| Item  | Subject matter of proposed legislation, the number of the Senate<br>or House Bill, Resolution or other legislative activity in which |   |   | LEGISLATIVE SUBJECT IDENTIFICATION  |  |  |  |  |  |  |
|---|--|---|---|---|--|--|--|--|--|--|
| 4<br>Subjec<br>(from  | the L<br>t Code  | Bill, Resolution or other<br>Bill, Resolution or Other<br>Legislative Ident. Number | 6 | <b>Code</b><br>01<br>02   | <b>Subject</b><br>Agriculture, horticulture,<br>farming, and livestock<br>Amusements, games, athletics   | Code<br>17   | <b>Subject</b><br>Health service, medicine, drugs<br>and controlled substances, health<br>insurance, hospitals   |  |  |  |
| 17  |  |   |   | 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  | and sports<br>Banking, finance, credit and<br>investments<br>Children, minors, youth,<br>senior citizens<br>Church and religion<br>Consumer affairs<br>Ecology, environment, pollution,<br>conservation, zoning, land and<br>water use<br>Education<br>Elections, campaigns, voting,<br>political parties<br>Equal rights, civil rights,<br>minority affairs<br>Government, financing,<br>taxation, revenue, budget,<br>appropriations, bids, fees, funds<br>Government, federal<br>Government, special districts<br>Government, state | <ol> <li>18</li> <li>19</li> <li>20</li> <li>21</li> <li>22</li> <li>23</li> <li>24</li> <li>25</li> <li>26</li> <li>27</li> <li>28</li> <li>29</li> <li>30</li> <li>31</li> </ol> | Higher education<br>Housing, construction, codes<br>Insurance (excluding health<br>insurance)<br>Labor, salaries and wages,<br>collective bargaining<br>Law enforcement, courts,<br>judges, crimes, prisons<br>License, permits<br>Liquor<br>Manufacturing, distribution and<br>services<br>Natural resources, forest and<br>forest products, fisheries, mining<br>and mining products<br>Public lands, parks, recreation<br>Social insurance, unemployment<br>insurance, public assistance,<br>workmen's compensation<br>Transportation, highways,<br>streets and roads<br>Utilities, communications,<br>televisions, radio, newspaper,<br>power, CATV, gas<br>Other (please specify) |  |  |  |
| Item       Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing. |  |   |   | <ul> <li>CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.</li> <li>Electronically signed 5/6/2015</li> </ul> |  |  |  |  |  |  |
|   |  |   |   |   | Lobbyist signature   |  | Date   |  |  |  |
|   |  |   |   |   |  |  |  |  |  |  |