	2012		LOBRAI	ST MON	THLY R	EPOR	RT FORM	VL	Pa			Page(s)
FAT	SEAL	State of Ida	To Do Eiled Dy:					TH	IS SPACE I	FOR OFFICE U	SE ONLY	
		Lawerence D		L-3 LOBBYISTS (Sec. 67-6619)				15 JUN 01 PM 02:20 SECRETARY OF STA				
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		(Type or print clean See instructions at	bottom of page									
	t's name and	d permanent busine r	ess address		Date prepared 6/1/2015			Period covered				
877 W. Main Street						0, 1/2010						
Boise, ID 8370		JZ								(Mo.)	1	(Yr.)
Item										5	31	2015
1		-	ble expenditures made	-	-	-		-		-	-	oyer.
Category of Expenditu Reimbursed Personal Living and		al Living and Travel	*Total Amount for	Proportionate amounts contributed by each employer (Ide Item 3, at bottom of page.)				loyer (Ide	entify employers, under			
		to Lobbying Activity to be Reported	All Employers	Employer No. 1		Employer No. 2		Employer No. 3		o. 3	Employer No. 4	
	Entertainment Food and Refreshment\$ \$0.00Living Accommodations\$0.00Advertising\$0.00Travel\$0.00Telephone\$0.00Other Expenses or Services\$0.00Total		¢ \$0.00	¢ ¢0.00		\$\$		¢	¢		\$	
				\$ <u>\$0.00</u> \$0.00				-			φ	
-				\$0.00				-				
Travel			\$0.00)								
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Other E			\$0.00	\$0.00)							
						\$						
		Total	\$_\$0.00	\$_\$0.00)	\$		\$			\$	
*When t	the number						nount for all (-	should b	e entered		
*When t	The tota	of employers you a	are reporting for requires r diture of more than one	nultiple L-2 for	rms to be filed	a total ar		employers :			d on Page 1.	tive official
Item-	The tota	of employers you a	are reporting for requires r diture of more than one	nultiple L-2 for	rms to be filed	a total ar	legislator, o	employers s	er of pu	ıblic ofi	d on Page 1.	
	The tota	of employers you a	are reporting for requires r diture of more than one	nultiple L-2 for	rms to be filed	a total ar 05) for a	legislator, o Names o	employers s	er of pu rs, Publi	iblic off	d on Page 1. fice, execut	
Item-	The tota and mer	of employers you a	diture of more than one ousehold.	nultiple L-2 for	rms to be filed e dollars (\$10	a total ar 05) for a	legislator, o Names o	employers sother hold	er of pu rs, Publi	iblic off	d on Page 1. fice, execut	
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	Cubi			LEGISLATIVE SUBJECT IDENTIFICATION						
Item		ubject matter of proposed legislation, the number of the Senate House Bill, Resolution or other legislative activity in which			LEGISLATIVE SUBJECT IDENTIFICATION					
4	1	obbyist was supporting or opp	6	Code	Subject	Code	Subject			
		obbyist was supporting of opp	bosnig.	01	Agriculture, horticulture,	17	Health service, medicine, drugs			
Subject	t Code	Bill, Resolution or Other	Appropriation Bill Number		farming, and livestock	17	and controlled substances, health			
(from		Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals			
11	/			02	and sports	18	Higher education			
11				03	Banking, finance, credit and	19	Housing, construction, codes			
					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			
					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			
				10	appropriations, bids, fees, funds		insurance, public assistance,			
				12	Government, county	20	workmen's compensation			
				13	Government, federal	29	Transportation, highways,			
				14 15	Government, municipal	20	streets and roads			
				-	Government, special districts	30	Utilities, communications,			
				16	Government, state		televisions, radio, newspaper, power, CATV, gas			
						31	Other (please specify)			
						51	Other (prease specify)			
					CERTIFICATION: I hereby certify t	hat the a	bove is a true, complete and			
	.				correct statement in accordance with		, 1			
Item	1	fy any rule, ratemaking decisi								
5		1	s or bond lobbyist was support-							
-	ing or	opposing.		1	Electronically signed		6/1/2015			
None				:	Lobbyist signature					
				Loboyist signature		Date				
				ļ						