Rev. 12/2012

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LOBBYIST	REPORT	'FORM
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15 JUL 23 PM 02:18

SECRETARY OF STATE STATE OF IDAHO

REAT SEAVO	State of Idaho	
2	Lawerence Denney	
ATE TO S	Secretary of State	То

To Be Filed By: LOBBYISTS L-2 (Sec. 67-6619) (Type or print clearly in black ink)

	s at bottom of page								
Lobbyist's name and permanent business address Gregory Williams 745 Seventh Avenue New York, NY 10019				7/23/2	•		Period o	year endi	
110W 10IN, 111 10010							6 (Mo.)	(Day)	(Yr.) 2015
Totals of all repor	table expenditures made	or incurred by	y Lobbyis	t or by	Lobbyist's Empl	oyer on behal	f of Lobby	vist'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		Item 3, at b	Proportionate amounts contributed by each employer (Identify Item 3, at bottom of page.) Employer No. 1 Employer No. 2 Employer		oyer (Identify Employer			No 4	
Entertainment		Employe	01 110. 1		improyer ivo. 2	Employer	110.5	2projei	
Food and Refreshment	\$\$0.00	\$_\$0.00)	_ \$		\$		\$	
Living Accommodations	\$0.00	\$0.00)	_					
Advertising	\$0.00	\$0.00)	_					
Travel	\$0.00	\$0.00)	-					
Telephone	\$0.00	\$0.00)	-					
Other Expenses or Services	\$0.00	\$0.00)	_					
Total	\$ \$0.00	\$_\$0.00)	\$		\$		\$	
*When the number of employers you	are reporting for requires m	 nultiple L-2 for	ms to be fil	led a tota	al amount for all e	 mployers shoul	d be entered	l on Page 1.	
	nditure of more than one h	undred five do	ollars (\$1	05) for	a legislator, othe	r holder of pu	blic office	executive o	fficials
Item- and member(s) of their	nousehold.				Names of	Legislators, Pu	ıblic and Ex	ecutive Offici	als
2 Date	Place		Amou	ınt	8	and Household	Members ir	Group	
Continued on attached page(s	s)								
INS	STRUCTIONS	·		Item 3	Employer(s) Name(s) and Address(es)				
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code				Barclays Capital Inc.					
				No. 1 701 5th Avenue Suite 7101 Seattle WA 98104 USA					
Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st.				No. 2					
TO BE FILED WITH: Lawerence Denney Secretary of State				o. 3					
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282				o. 4					

T.	Subje	ect matter of proposed legislat	ion, the number of the Senate	LEGISLATIVE SUBJECT IDENTIFICATION			
Item		ouse Bill, Resolution or other					
4		obbyist was supporting or opp		Code	Subject	Code	Subject
				01	Agriculture, horticulture,		Health service, medicine, drugs
Subject		Bill, Resolution or Other	Appropriation Bill Number		farming, and livestock		and controlled substances, health
(from t	able)	Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals
				1	and sports	18	Higher education
				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,	20	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,
							power, CATV, gas
						31	Other (please specify)
				1	ERTIFICATION: I hereby certify the orrect statement in accordance with S		, 1
	Identif	y any rule, ratemaking decision	on procurement		Electronically signed		7/23/2015
5	contrac	obbyist was supporting or opp	l services agreement or		obbyist signature		Date
Offer	finan	cial services.		Er	nployer No. 1 signature		Date
				Er	nployer No. 2 signature		Date
				Er	nployer No. 3 signature		Date
] Er	nployer No. 4 signature		Date