Rev. 12/2012

6703

State of Idaho

Lawerence Denney Secretary of State

LOBBYIST REPORT FORM	$\mathbf{R}\mathbf{N}$
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To Be Filed By:

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Page	of	Page(s)
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SECRETARY OF STATE STATE OF IDAHO

L-2 LOBBYISTS (Sec. 67-6619) (Type or print clearly in black ink)

	Se	ee instructions at	t bottom of page								
Lobbyist's name and permanent business address						Date prepared Period covered					
William Howard Hall 2770 S. Vista Ave.						1/31/2017 year ending				ing	
	s. visia Av , ID 83705								(Mo.) (Day)	(Yr.)
	,								12	31	2016
Item											
1			ole expenditures made		-		-				oyer.
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity		*Total Amount for All Employers		Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)							
	Not Have to be		. III Zilipioj vio	Employ	er No.	1	Employer No. 2	Employer 1	No. 3	Employe	er No. 4
Entertai											
	d Refreshme		\$_\$0.00	\$\$0.00			\$. \$		\$	
Living 1	Accommodat	ions	\$0.00	\$0.0	0	-					
Adverti	sing		\$0.00	\$0.0	0	-					
Travel			\$0.00	\$0.0	0	.					
Telepho	ne		\$0.00	\$0.0	0	-					
Other E	xpenses or S	ervices	\$0.00	\$0.0	0	-					
		Total	\$ \$0.00	\$ \$0.0	\$ \$0.00		\$	\$		\$	
*When t			re reporting for requires m ture of more than one h	-						_	officials
Item-		r(s) of their ho		unarea rive c	ionars	(\$103)	for a legislator, other	i noider of pub	ne omce	e, executive	omerais
2	D-t-		Place		۸.	Names of Legislators, Public and Executive Officials Amount and Household Members in Group					
	Date		Flace		Al	inount		and Household IV	iembers i	п Group	
	ontinued on at	tached page(s)				Iten	1 5		<i>(</i>) 11		
		INST	FRUCTIONS			3	151	mployer(s) Name	(s) and A	ddress(es)	
Who	should file	this form: A	ny lobbyist registered u	nder Section	ļ	No. 1	Idaho Credit Union I	_eague			
67-6617 Idaho Code					2770 S Vista Ave Boise ID 83705 USA						
Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st.				1st.	No. 2						
TO	BE FILED W	лтн.									
TO BE FILED WITH: Lawerence Denney Secretary of State						No. 3					
PO Box 83720 Boise, ID 83720-0080						No. 4					
	Phone: (208) 334-2852 Fax: (208) 334-2282										

	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 op		Code	Subject	Code	Subject
		, II 6 II		01	Agriculture, horticulture,	17	Health service, medicine, drugs
Subject	Code	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
]	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,		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)
				_			
				C	ERTIFICATION: I hereby certify th	at the ah	ove is a true, complete and
				1	orrect statement in accordance with S		, 1
				_			
				<u>_</u>	Electronically signed		1/31/2017
		y any rule, ratemaking decision		L	obbyist signature		Date
		et bid or bid process, financia	2				
	bona io	obbyist was supporting or opp	oosing.				
				Er	nployer No. 1 signature		Date
					mployer No. 2 signature		Date
				EI	nployer No. 2 signature		Date
				Fr	mployer No. 3 signature		Date
							2 1110
				Er	mployer No. 4 signature		Date