Rev. 12/2012

6741

State of Idaho

Lawerence Denney Secretary of State

LOBBYIST 1	REPORT	FORM
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1	ANNUAL

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To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619) 17 FEB 09 AM 08:14

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 Ryan M Fitzgerald 2/9/2017 year ending 7051 N. Sunset Maple Way Meridian, ID 83646 (Mo.) (Day) (Yr.) 12 31 2016 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 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 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 Association of Chiropractic Physicians Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code 13601 W McMillan Rd Ste 102-331 Boise ID 83713 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 No. 3 Secretary of State PO Box 83720 Boise, ID 83720-0080

No. 4

Phone: (208) 334-2852 Fax: (208) 334-2282

Item			ion, the number of the Senate		LEGISLATIVE SUBJECT IDENTIFICATION		
4	the L	ouse Bill, Resolution or other obbyist was supporting or op	posing.	Code 01	Subject Agriculture, horticulture,	Code 17	Subject Health service, medicine, drugs
Subject (from		Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number	02	farming, and livestock Amusements, games, athletics		and controlled substances, health insurance, hospitals
11, 1	6	S.B. 1264, S.B. 1294			and sports	18	Higher education
17, 2	•	S.B. 1231, H.B. 584		03	Banking, finance, credit and	19	Housing, construction, codes
17, 2	O	H.B. 593			investments	20	Insurance (excluding health
				04	Children, minors, youth,		insurance)
				0.5	senior citizens	21	Labor, salaries and wages,
				05	Church and religion	22	collective bargaining
				06	Consumer affairs Ecology, environment, pollution,	22	Law enforcement, courts, judges, crimes, prisons
				07	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
				1.2	appropriations, bids, fees, funds		insurance, public assistance,
				12	Government, county Government, federal	29	workmen's compensation Transportation, highways,
				14	Government, municipal	29	streets and roads
				15	Government, special districts	30	Utilities, communications,
				16	Government, state	30	televisions, radio, newspaper,
					,		power, CATV, gas
						31	Other (please specify)
					ERTIFICATION: I hereby certify the orrect statement in accordance with S		
				<u> </u>	Electronically signed		2/9/2017
Item 5			L	obbyist signature		Date	
				Eı	nployer No. 1 signature		Date
				Eı	nployer No. 2 signature		Date
				Eı	nployer No. 3 signature		Date
				Eı	mployer No. 4 signature		Date