Rev. 12/2012

LOBBYIST MONTHLY REPORT FORM



6530

State of IdahoLawerence Denney
Secretary of State

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

 $\begin{array}{cccc} Page \underline{\hspace{0.5cm}} of \underline{\hspace{0.5cm}} Page(s) \\ \text{THIS SPACE FOR OFFICE USE ONLY} \end{array}$

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SECRETARY OF STATE STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page

	See	e instructions at	bottom of page									
Lobbyist's name and permanent business address							Date prepared			Period covered		
Christian John Rataj 6707 Flagler Rd						2/10/2016			month ending			
Fort Collins, CO 80525									(Mo.	(Day)	(Yr.)	
									1	31	2016	
¥. 1										31	2016	
Item 1	Totals	of all reportab	ole expenditures made o	r incurred b	y Lobb	yist or 1	oy Lobbyist's Empl	loyer on behalf	of Lobb	yist's Empl	oyer.	
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			*Total Amount for All Employers		Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)							
			r .y	Employer No. 1		ı	Employer No. 2	Employer No. 3		Employer No. 4		
Entertai Food an	nment d Refreshme	nt	\$_\$0.00	\$ <u>\$0.00</u>		\$		\$		\\$		
Living A	Accommodat	ions	\$0.00	\$0.00		_						
Adverti	sing		\$0.00	\$0.00								
Travel			\$0.00	\$0.00								
Telepho	ne		\$0.00	\$0.00								
Other E	xpenses or S	ervices	\$0.00	\$0.00		-						
Total \$			\$_\$0.00	\$_\$0.00		\$		\$	\$			
*When t	he number of	emplovers you a	re reporting for requires m	ultiple L-2 fo	orms to b	e filed a	total amount for all e	employers should	be enter	d on Page 1.		
	The totals of	of each expend	liture of more than one									
Item-	and member(s) of their household.					Names of Legislators, Public and Executive Officials						
2	Date	Place			Amou				old Members in Group			
	Continued on a	ttached page(s)										
INSTRUCTIONS Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code						Item 3						
							National Associatio	n of Mutual Incu	Incurance Companies			
						No. 1 No. 1 No. 1 No. 1 No. 1						
Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.						No. 2						
TO BE FILED WITH: Lawerence Denney Secretary of State						No. 3						
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282						No. 4						

Itom	Item Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which			LEGISLATIVE SUBJECT IDENTIFICATION						
4						<i>a</i> 1	0.11			
7	the L	obbyist was supporting or opp	posing.	1	Subject		Subject			
Subjec	t Codo	Bill, Resolution or Other	Appropriation Bill Number	- 01	Agriculture, horticulture,	17	Health service, medicine, drugs			
(from		Legislative Ident. Number	and Section Number	0.2	farming, and livestock		and controlled substances, health			
_	table)	Legislative Ident. Number	and Section Number	- 02	Amusements, games, athletics	10	insurance, hospitals			
20				0.2	and sports	18	Higher education			
				03	Banking, finance, credit and	19	Housing, construction, codes			
				04	investments Children, minors, youth,	20	Insurance (excluding health insurance)			
				04	senior citizens	21	Labor, salaries and wages,			
				05	Church and religion	21	collective bargaining			
				06	Consumer affairs	22	Law enforcement, courts,			
				07	Ecology, environment, pollution,	22	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,	23	services			
				07	political parties	26	Natural resources, forest and			
				10	Equal rights, civil rights,	20	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)			
					CERTIFICATION II I CC	1				
					CERTIFICATION: I hereby certify t					
Item	Identif	fy any rule, ratemaking decision	on, procurement, contract,	'	correct statement in accordance with	Section	6/-6624 Idano Code.			
5	bid or	bid process, financial services	s or bond lobbyist was support-	.						
3	ing or	opposing.					0/40/0040			
				1 .	Electronically signed		2/10/2016			
					Lobbyist signature		Date			