

**LOBBYIST MONTHLY REPORT FORM**



**State of Idaho**  
Lawrence Denney  
Secretary of State

To Be Filed By:  
**L-3** LOBBYISTS  
(Sec. 67-6619)

18 APR 16 PM 02:47  
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 <b>Jeremy Chou</b> PO Box 2720 Boise, ID 83701	Date prepared 4/16/2018	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) <b>3</b>   <b>31</b>   <b>2018</b>
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Item 1	Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.				
Category of Expenditure <small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small>	*Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment	\$ 181.85	\$ 119.69	\$ 62.16	\$ 0.00	\$ 0.00
Food and Refreshment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Living Accommodations	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Advertising	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Travel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Telephone	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Other Expenses or Services	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>Total</b>	<b>\$ 181.85</b>	<b>\$ 119.69</b>	<b>\$ 62.16</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

\*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.

Item-2	The totals of each expenditure of more than one hundred ten dollars (\$110) for a legislator, other holder of public office, executive officials and member(s) of their household.			
	Date	Place	Amount	Names of Legislators, Public and Executive Officials and Household Members in Group
<input checked="" type="checkbox"/> Continued on attached page(s)				

<p align="center"><b>INSTRUCTIONS</b></p> <p><b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code</p> <p><b>Filing deadline:</b> Monthly reports due within fifteen (15) days of the month for activities of the past month.</p> <p>TO BE FILED WITH:</p> <p align="center">Lawrence Denney Secretary of State PO Box 83720 Boise, ID 83720-0080 elections@sos.idaho.gov Phone: (208) 334-2852 Fax: (208) 334-2282</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Item 3</th> <th>Employer(s) Name(s) and Address(es)</th> </tr> </thead> <tbody> <tr> <td>No. 1</td> <td>Ada County 200 W Front St Boise ID 83702 USA</td> </tr> <tr> <td>No. 2</td> <td>American Council of Engineering Companies of Idaho PO Box 8224 Boise ID 83707 USA</td> </tr> <tr> <td>No. 3</td> <td>Greater Boise Auditorium District 850 W Front St Boise ID 83702 USA</td> </tr> <tr> <td>No. 4</td> <td>Independent Doctors of Idaho, Inc. 8854 West Emerald Street, Suite 140 Boise ID 83704 USA</td> </tr> </tbody> </table>	Item 3	Employer(s) Name(s) and Address(es)	No. 1	Ada County 200 W Front St Boise ID 83702 USA	No. 2	American Council of Engineering Companies of Idaho PO Box 8224 Boise ID 83707 USA	No. 3	Greater Boise Auditorium District 850 W Front St Boise ID 83702 USA	No. 4	Independent Doctors of Idaho, Inc. 8854 West Emerald Street, Suite 140 Boise ID 83704 USA
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Item 4	Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.		LEGISLATIVE SUBJECT IDENTIFICATION																																																																					
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	4, 11 14, 16 17, 19 24, 29	H.C.R. 36, H.B. 643 H.B. 611, H.B. 600 H.B. 595, H.B. 496 H.B. 463, H.B. 462 H.B. 458, H.B. 453 H.B. 442, H.B. 366 H.B. 365, H.B. 363 H.B. 362																																																																						
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Item 5	Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.			<p>CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 <b>Idaho Code</b>.</p> <p><u>Electronically signed</u> <span style="float: right;"><u>4/16/2018</u></span></p> <p>Lobbyist signature <span style="float: right;">Date</span></p>																																																																				



Employer No.	Employer Name(s)	Employer Address(es)
No.5	McFarland Cascade Holdings, Inc.	1640 East Marc Street Tacoma WA 98421 USA
No.6	Solera Health, Inc.	1018 W. Roosevelt St. Phoenix AZ 85007 USA
No.7	Syringa Networks, LLC	12301 West Explorer Drive Boise ID 83713 USA