Rev. 11/2011

State of Idaho

Ben Ysursa Secretary of State

LOBBYIST REPORT FORM

(Sec. 67-6619)

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SECRETARY OF STATE STATE OF IDAHO

To Be Filed I	Зу:
L-2	LOBBYISTS

(Type or print clearly in black ink)

		bottom of page								
Art Greenwood 900 Salem St					Date prepared 1/4/2013			Period covered year ending		
Smithfield, RI 02917								(Mo.)	(Day) 31	(Yr.) 2012
Totals of all r	eportab	le expenditures made o	or incurred b	oy Lobb	yist or	by Lobbyist's Emp	loyer on beha	lf of Lobb	yist'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	Proportionate amounts contributed by each employe Item 3, at bottom of page.) Employer No. 1 Employer No. 2				Employer No. 3 Employer No. 4		
Entertainment Food and Refreshment		\$ \$0.00		-		\$	\$	1110.3	\$	
Living Accommodations		\$0.00	\$_\$0.00			Φ	_		Φ	
Advertising		\$0.00	\$0.00 \$0.00				-			
Travel		\$0.00	\$0.0				-			
Telephone		\$0.00	\$0.0							
Other Expenses or Services		\$0.00	\$0.0							
T	otal	\$_\$0.00	\$_\$0.0	00		\$	\$		\$	
*When the number of employer The totals of each e		e reporting for requires m	_						_	member(s)
Item- of their household.				1						
2 Date		Place		Aı	Amount Names of Legislators, Public and Executive Officials and Household Members in Group					iais
Continued on attached p	age(s)									
INSTRUCTIONS					Iter 3	n E	Employer(s) Name(s) and Address(es)			
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code				n	No. 1					
Filing deadline: Annual report is due on January 31st.					900 Salem St Smithfield RI 02917 USA					
Executive Lobbyist semi-annual report due July 31st.				31st.	No. 2					
TO BE FILED WITH: Ben Ysursa Secretary of State					No. 3					
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282					No. 4					

Ţ.	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
				01	Agriculture, horticulture,	17	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
					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)
					ERTIFICATION: I hereby certify the	nat the ab	ove is a true, complete and
				-	orrect statement in accordance with S	Section 6'	7-6624 Idaho Code.
				E	Electronically signed		1/4/2013
		y any rule, ratemaking decision		L	obbyist signature		Date
		et bid or bid process, financia					
	bond lo	obbyist was supporting or opp	bosing.				
				Er	nployer No. 1 signature		Date
					mployer No. 2 signature		Date
							Duit
				Er	mployer No. 3 signature		Date
				Er Er	mployer No. 4 signature		Date