Rev. 12/2012

**✓** ANNUAL

| ! | SEMI | -AN | INI | ΔT |
|---|------|-----|-----|----|

| Page      | of         | Page(s)     |
|-----------|------------|-------------|
| THIS SPAC | E FOR OFFI | CE USE ONLY |

2697

State of Idaho

Ben Ysursa Secretary of State

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

LOBBYIST REPORT FORM

14 JAN 30 PM 01:23

**SECRETARY OF STATE** STATE OF IDAHO

|   | ,                     | ee instructions at                 | ,   |            |   |                               |                |  |                |            |          |
|---|-----------------------|------------------------------------|---|------------|---|-------------------------------|----------------|--|----------------|------------|----------|
|   | -                     | ermanent busines                   | ss address  |            |   | - 1                           | te prepared    |  | Period o       | covered    |          |
| Casey Kelley<br>1005 Congress Ave   |                       |                                    |   |            |   | 1/                            | 30/2014        |  |                | year endii | ng       |
| Austir  | n, TX 7870            | )1                                 |   |            |   |                               |                |  | (Mo.)          | 1          | (Yr.)    |
|   |                       |                                    |   |            |   |                               |                |  | 12             | 31         | 2013     |
| Item<br>1   | Total                 | s of all reportat                  | ole expenditures made of                                |            |   |                               |                |  |                |            | yer.     |
| Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported |                       | *Total Amount for<br>All Employers | Proportionate amounts  Item 3, at bottom of p           |            | ounts contributed by each employer (Identify employers, under of page.) |                               |                |  |                |            |          |
|   |                       | Tim Employers                      | Employer No. 1  |            | 1   | Employer No. 2                | Employer No. 3 |  | Employer No. 4 |            |          |
| Entertai<br>Food ar   | nment<br>id Refreshme | ent                                | \$_\$0.00   | \$_\$0.0   | 00  |                               | \$             | _ \$                                   |                | \$         |          |
| Living 1  | Accommoda             | tions                              | \$0.00  | \$0.0      | 00  |                               |                | _                                      |                |            |          |
| Adverti   | sing                  |                                    | \$0.00  | \$0.0      | 00  |                               |                | _                                      |                |            |          |
| Travel  |                       |                                    | \$0.00  | \$0.0      | 00  |                               |                | _                                      |                |            |          |
| Telepho   | ne                    |                                    | \$0.00  | \$0.0      | 00  |                               |                | _                                      |                |            |          |
| Other E   | xpenses or S          | Services                           | \$0.00  | \$0.00     |   |                               |                | _                                      |                |            |          |
|   |                       | Total                              | \$ \$0.00   | \$_\$0.0   | 00  |                               | \$             | _ \$                                   |                | \$         |          |
|   |                       |                                    |   |            |   |                               |                |  |                |            |          |
| *When t   |                       |                                    | re reporting for requires me<br>ture of more than one h | _          |   |                               |                |  |                | _          | fficials |
| Item-   |                       | er(s) of their ho                  |   | unarea nve | donars  | (Φ103)                        |                |  |                | -          |          |
| 2   | Date                  |                                    | Place   |            | A   | mount                         | Names o        | of Legislators, Pub<br>and Household M |                |            | ials     |
|   |                       |                                    |   |            |   |                               |                |  |                |            |          |
|   |                       |                                    |   |            |   |                               |                |  |                |            |          |
|   |                       |                                    |   |            |   |                               |                |  |                |            |          |
|   |                       |                                    |   |            |   |                               |                |  |                |            |          |
|   |                       |                                    |   |            |   |                               |                |  |                |            |          |
|   |                       |                                    |   |            |   |                               |                |  |                |            |          |
|   | Continued on a        | ttached page(s)                    |   |            |   |                               |                |  |                |            |          |
| INSTRUCTIONS  |                       |                                    |   |            |   | Iter<br>3                     |                | Employer(s) Name(s) and Address(es)    |                |            |          |
| Who should file this form: Any lobbyist registered under Section  |                       |                                    |   |            | n   | Exelon Generation Company LLC |                |  |                |            |          |
| 67-6617 Idaho Code  |                       |                                    |   |            | No. 1<br>300 Exelon Way Kennett Square PA 19348 USA                     |                               |                |  |                |            |          |
| <b>Filing deadline:</b> Annual report is due on January 31st.  Executive Lobbyist semi-annual report due July 31st.               |                       |                                    |   | 31st.      | No. 2   |                               |                |  |                |            |          |
| TO BE FILED WITH:   |                       |                                    |   |            |   |                               |                |  |                |            |          |
|   |                       |                                    | en Ysursa<br>etary of State                             |            |   | No. 3                         |                |  |                |            |          |
| PO Box 83720  |                       |                                    |   |            |   | $\vdash$                      |                |  |                |            |          |
| Boise, ID 83720-0080<br>Phone: (208) 334-2852 Fax: (208) 334-2282   |                       |                                    |   |            |   | No. 4                         |                |  |                |            |          |

| <b>-</b> . | 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               |
|            |         |                                 |                               | 1                                  | and sports                            | 18        | Higher education                   |
|            |         |                                 |                               | 03                                 | Banking, finance, credit and          | 19        | Housing, construction, codes       |
|            |         |                                 |                               | 05                                 | 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 th     | ot the ob | vova is a true complete and        |
|            |         |                                 |                               | 1                                  | priect statement in accordance with S |           | , 1                                |
|            |         |                                 |                               |                                    |                                       | - Comon o |                                    |
|            |         |                                 |                               |                                    |                                       |           |                                    |
|            |         |                                 |                               | E                                  | Electronically signed                 |           | 1/30/2014                          |
|            |         | y any rule, ratemaking decision |                               | L                                  | obbyist signature                     |           | Date                               |
|            | 1       | et bid or bid process, financia | C                             |                                    |                                       |           |                                    |
|            | bond lo | obbyist was supporting or opp   | oosing.                       |                                    |                                       |           |                                    |
|            |         |                                 |                               | Er                                 | nployer No. 1 signature               |           | Date                               |
|            |         |                                 |                               |                                    |                                       |           |                                    |
|            |         | Er                              | mployer No. 2 signature       |                                    | Date                                  |           |                                    |
|            |         |                                 | iployer 140. 2 signature      |                                    | Dute                                  |           |                                    |
|            |         | Er                              | mployer No. 3 signature       |                                    | Date                                  |           |                                    |
|            |         |                                 |                               |                                    |                                       |           |                                    |
|            |         |                                 |                               | Er Er                              | nployer No. 4 signature               |           | Date                               |