| | Rev. 12/2012 | | LOBBYIST REPORT FORM | | | | | | PageofPage(s) THIS SPACE FOR OFFICE USE ONLY | | | | |
|-----|---|--|---|--|---|--------------------------------|--|---------------------------|--|---|--|-----------|--|
| p | OPENT SI | | State of Ida | ho 🖌 | ANNUA | L 🗌 | SEMI-A | NNUAL | _ | THIS SPACI | E FOR OFFICE U | SE ONLY | |
| THE | | | Ben Ysursa Secretary of State | | To Be Filed | By: LOBB | VISTS |] | | | 04 PM 04 TARY C | | |
|) | | | | | | | ec. 67-6619) | | | STA | STATE OF IDAHO | | |
| | (Type or print clearly in black ink) | | | | | | | | | | | | |
| Lo | See instructions at bottom of page Lobbyist's name and permanent business address | | | | | | Date prepared | d | | Period | covered | | |
| | Misty LaChapelle 3405 E Overland Road Meridian, ID 83642 | | | | 8/4/2014 | | | | | year end | ing | | |
| | | | | | | | | | | (Mo | .) (Day) | (Yr.) | |
| | | | | | | | | | | 12 | 31 | 2014 | |
| | Item 1 Totals of all reportable expenditures made | | | | or incurred b | y Lobbyis | t or by Lobb | oyist's Empl | loyer on beh | alf of Lobb | yist's Emplo | oyer. | |
| | Reimburs | sed Persona | Expenditure al Living and Travel to Lobbying Activity | *Total Amount for All Employers | Proportionate amounts contributed by each employer (Io Item 3, at bottom of page.) | | | | oyer (Identif | lentify employers, under | | | |
| | | | o be Reported | | Employ | yer No. 1 | Emplo | oyer No. 2 | Employ | er No. 3 | Employe | er No. 4 | |
| | ntertain ood and | ment l Refresh | ment | \$\$0.00 | \$ | | \$ | | \$ | | \$ | | |
| Liv | ving A | ccommo | dations | \$0.00 | | | - | | - | | | | |
| | Advertising | | | \$0.00 | | | | | | | | | |
| | avel | | | \$0.00 | | | - | | | | | | |
| | elephon | | G : | \$0.00 | | | - | | - | | | | |
| | ther Exj | penses o | r Services | \$0.00 | | | | | - | | | | |
| | | | | | | | | | | | | | |
| | | | Total | \$_\$0.00 | \$ | | \$ | | \$ | | \$ | | |
| *11 | When the | numbor | | | | rms to be fil | | ount for all a | | uld be enter | | | |
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| | 1 | The total | of employers you a s of each expend | are reporting for requires n | nultiple L-2 for | | ed a total amo | islator, othe | employers shower holder of p | ublic office | ed on Page 1. | | |
| It | | The total | of employers you a s of each expend | are reporting for requires n iture of more than one h | nultiple L-2 for | | ed a total amo 05) for a leg | islator, othe Names of | employers sho | Public office | ed on Page 1. e, executive of fice | | |
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| Item | | | ion, the number of the Senate | LEGISLATIVE SUBJECT IDENTIFICATION | | | | |
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| | 11 | | | | electronically signed | | 8/4/2014 | |
| | contrac | entify any rule, ratemaking decision, procurement, ntract bid or bid process, financial services agreement or nd lobbyist was supporting or opposing. | | | obbyist signature | | Date | |
| | | | | En | nployer No. 1 signature | | Date | |
| | | | | En | nployer No. 2 signature | | Date | |
| | | | | En | nployer No. 3 signature | | Date | |
| | | | | $\frac{1}{En}$ | nployer No. 4 signature | | Date | |