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Total

\$ \$0.00

LOBBYIST REPORT FORM

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To Be Filed By:

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SECRETARY OF STATE STATE OF IDAHO

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LOBBYISTS L-2 3836 (Sec. 67-6619) (Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered Margaret Henbest 2/5/2015 year ending 615 N 7th St Boise, ID 83702 (Mo.) (Day) 12 31 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure *Total Amount for Item 3, at bottom of page.) Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity All Employers Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Employer No. 4 Entertainment Food and Refreshment \$ \$0.00 \$_\$0.00 Living Accommodations \$0.00 \$0.00 Advertising \$0.00 \$0.00 Travel \$0.00 \$0.00 Telephone \$0.00 \$0.00 Other Expenses or Services \$0.00 \$0.00

*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.

\$_\$0.00

The totals of each expenditure of more than one hundred five dollars (\$105) for a legislator, other holder of public office, executive officials and member(s) of their household. Item-Names of Legislators, Public and Executive Officials 2 Date Place Amount and Household Members in Group Continued on attached page(s)

Item INSTRUCTIONS Employer(s) Name(s) and Address(es) Nurse Leaders of Idaho Inc Who should file this form: Any lobbyist registered under Section No. 1 67-6617 Idaho Code 615 N 7th St Boise ID 83702 USA Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. No. 2 TO BE FILED WITH: Lawerence Denney No. 3 Secretary of State PO Box 83720 Boise, ID 83720-0080 No. 4 Phone: (208) 334-2852 Fax: (208) 334-2282

- .	Subje	ect matter of proposed legislat	ion, the number of the Senate	LEGISLATIVE SUBJECT IDENTIFICATION			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
]	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)
				1	ERTIFICATION: I hereby certify the orrect statement in accordance with S		, 1
				_ 	Electronically signed		2/5/2015
T4	Identif	y any rule, ratemaking decision	on procurement	_	obbvist signature		
5	contrac	et bid or bid process, financial obbyist was supporting or opp	services agreement or	L	obbyist signature		Date
				Er	nployer No. 1 signature		Date
				Er	nployer No. 2 signature		Date
				Er	nployer No. 3 signature		Date
				Er	nployer No. 4 signature		Date