

State of Idaho

Ben Ysursa Secretary of State

> PO Box 83720 Boise, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

LOBBYIST REPORT FORM

☐ ANNUAL

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HIS SP	ACE FOR OFFI	CE USE ONLY

To Be Filed By:

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LOBBYISTS

15 JAN 30 AM 11: 34

SECKE ARY OF STATE STATE OF IDAHO (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 ZACHARY WATERMAN year ending 1/30/2015 503 W FRANKLIN ST (Mo.) (Day) (Yr.) BoisE, ID 83702 31 2014 12 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Category of Expenditure Proportionate amounts contributed by each employer (Identify employers, under Reimbursed Personal Living and Travel *Total Amount for Item 3, at bottom of page.) Expenses Pertaining to Lobbying Activity All Employers Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 4 Employer No. 3 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services Total *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. 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 Place Amount and Household Members in Group Continued on attached page(s) Item INSTRUCTIONS Employer(s) Name(s) and Address(es) Sierra Club Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code 503 W Frankly St Boise, 10 Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. TO BE FILED WITH: Ben Ysursa No. 3 Secretary of State

No. 4

Item		ect matter of proposed legislat		LEGISLATIVE SUBJECT IDENTIFICATION			
4		ouse Bill, Resolution or other		١.,			
	the L	obbyist was supporting or op	posing.		Subject		Subject
Subject	Code	Bill, Resolution or Other	Appropriation Bill Number	01	Agriculture, horticulture,	17	Health service, medicine, drugs
(from t		Legislative Ident. Number	and Section Number	02	farming, and livestock		and controlled substances, health
				┧ ⁰²	Amusements, games, athletics and sports	18	insurance, hospitals
				03	•	19	Higher education
				1 03	Banking, finance, credit and investments	20	Housing, construction, codes
				04	Children, minors, youth,	20	Insurance (excluding health
				04	senior citizens	21	insurance)
				05	Church and religion	21	Labor, salaries and wages,
			·	06	Consumer affairs	22	collective bargaining Law enforcement, courts,
		į		07	Ecology, environment, pollution,	22	judges, crimes, prisons
				"	conservation, zoning, land and	23	License, permits
					water use	24	Liquor
				08	Education	25	Manufacturing, distribution and
				09	Elections, campaigns, voting,	23	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
				i i	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		, •
				-			
					Moul Water		1/31/16
Item 5	contra	fy any rule, ratemaking decisi ct bid or bid process, financia obbyist was supporting or op	l services agreement or	L	bbyist signature .		Date
	l			Er	mployer No. 1 signature		Date
				Er	mployer No. 2 signature		Date
				Er	mployer No. 3 signature		Date
				Ei	mployer No. 4 signature		Date