

4020

LOBBYIST REPORT **SCANNED**



State of Idaho

Lawrence Denney  
Secretary of State

ANNUAL  SEMI-ANNUAL

To Be Filed By:

**L-2** LOBBYISTS  
(Sec. 67-6619)

15 JAN 30 PM 5:52

SECRETARY OF STATE  
STATE OF IDAHO

(Type or print clearly in black ink)  
See instructions at bottom of page

|  |                                 |  |
|--|---------------------------------|--|
| Lobbyist's name and permanent business address<br><b>Amber Pence<br/>150 N. Capitol Blvd<br/>Boise, Id 83702</b> | Date prepared<br><b>1-30-15</b> | Period covered<br><input type="checkbox"/> year ending<br>(Mo.) (Day) (Yr.)<br><b>01   31   15</b> |
|--|---------------------------------|--|

| <b>Item 1</b>   | Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. |   |                |                |                |
|---|--|---|----------------|----------------|----------------|
| Category of Expenditure<br><small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small> | *Total Amount for All Employers  | Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.) |                |                |                |
|   |  | Employer No. 1  | Employer No. 2 | Employer No. 3 | Employer No. 4 |
| Entertainment   |  | 160.00  |                |                |                |
| Food and Refreshment  | \$   | \$ <del>50.00</del>   | \$             | \$             | \$             |
| Living Accommodations   |  |   |                |                |                |
| Advertising   |  |   |                |                |                |
| Travel  |  | 20.00   |                |                |                |
| Telephone   |  |   |                |                |                |
| Other Expenses or Services  |  |   |                |                |                |
| <b>Total</b>  | \$   | \$ <del>50.00</del><br>180.00   | \$             | \$             | \$             |

\*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.

| <b>Item 2</b> | 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. |        |   |  |
|---------------|---|--------|---|--|
| Date          | Place   | Amount | Names of Legislators, Public and Executive Officials and Household Members in Group |  |
| 1-13          | Boise Centre  | 55.00  | Boise Chamber legislative lunch   |  |
| 1-29          | Boise Centre  | 30.00  | AIC lunch   |  |

Continued on attached page(s)

|  |                          |
|--|--------------------------|
| <b>INSTRUCTIONS</b>  | <b>Item 3</b>            |
| <b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code   | No. 1 <b>Amber Pence</b> |
| <b>Filing deadline:</b> Annual report is due on January 31st.<br>Executive Lobbyist semi-annual report due July 31st.                                  | No. 2                    |
| <b>TO BE FILED WITH:</b><br>Lawrence Denney<br>Secretary of State<br>PO Box 83720<br>Boise, ID 83720-0080<br>Phone: (208) 334-2852 Fax: (208) 334-2282 | No. 3                    |
|  | No. 4                    |

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|                           |  |  |
|---------------------------|--|--|
| <b>Item 4</b>             | Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing. |  |
| Subject Code (from table) | Bill, Resolution or Other Legislative Ident. Number  | Appropriation Bill Number and Section Number |
|                           |  |  |

**LEGISLATIVE SUBJECT IDENTIFICATION**

| Code Subject   | Code Subject  |
|--|---|
| 01 Agriculture, horticulture, farming, and livestock                                   | 17 Health service, medicine, drugs and controlled substances, health insurance, hospitals |
| 02 Amusements, games, athletics and sports   | 18 Higher education   |
| 03 Banking, finance, credit and investments  | 19 Housing, construction, codes   |
| 04 Children, minors, youth, senior citizens  | 20 Insurance (excluding health insurance)   |
| 05 Church and religion   | 21 Labor, salaries and wages, collective bargaining                                       |
| 06 Consumer affairs  | 22 Law enforcement, courts, judges, crimes, prisons                                       |
| 07 Ecology, environment, pollution, conservation, zoning, land and water use           | 23 License, permits   |
| 08 Education   | 24 Liquor   |
| 09 Elections, campaigns, voting, political parties                                     | 25 Manufacturing, distribution and services   |
| 10 Equal rights, civil rights, minority affairs  | 26 Natural resources, forest and forest products, fisheries, mining and mining products   |
| 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds | 27 Public lands, parks, recreation  |
| 12 Government, county  | 28 Social insurance, unemployment insurance, public assistance, workmen's compensation    |
| 13 Government, federal   | 29 Transportation, highways, streets and roads  |
| 14 Government, municipal   | 30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas             |
| 15 Government, special districts   | 31 Other (please specify) _____   |
| 16 Government, state   |   |

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

|               |   |  |
|---------------|---|--|
| <b>Item 5</b> | Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing. |  |
|               |   |  |

*Amor Pena* 1-31-15  
 \_\_\_\_\_  
 Lobbyist signature Date

*Gene Felt* 2-10-15  
 \_\_\_\_\_  
 Employer No. 1 signature Date

\_\_\_\_\_  
 Employer No. 2 signature Date

\_\_\_\_\_  
 Employer No. 3 signature Date

\_\_\_\_\_  
 Employer No. 4 signature Date