Rev. 12/2012

4122

State of Idaho

✓ ANNUAL ☐ SEMI-ANNUAL

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

Ben Ysursa Secretary of State

| То | Be | Fil | led | By |
|----|----|-----|-----|----|

(Sec. 67-6619)

LOBBYIST REPORT FORM

14 APR 15 PM 02:11

SECRETARY OF STATE STATE OF IDAHO

| | , | 21 1 | t bottom of page | | | | | • | | | | | |
|---|---|------------------------------------|-----------------------------|-----------------------------|--|---------------------------|-------------|-------------------------------------|-------------------------|--|----------------|---------------|--|
| Lobbyist's name and permanent business address | | | | | Date prepared | | | | Period | covered | | | |
| Lindsey Carlson 901 E St NW | | | | | 4/ | /15/201 | 4 | | | year endi | ng | | |
| Wash | nington, D0 | C 20004 | | | | | | | | (Mo. | (Day) | (Yr.) 2014 | |
| Item | Total | s of all reportal | ble expenditures made of | or incurred 1 | by Lobl | byist o | r by Lobb | yist's Emp | loyer on beha | | | | |
| 1 C: | tegory of Ex | | | | - | - | - | | loyer (Identify | | | | |
| Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported | | *Total Amount for All Employers | | Item 3, at bottom of page.) | | | | | | | | | |
| | | | Employer No. 1 | | 1 | 1 Employer No. 2 | | Employer No. 3 | | Employer No. 4 | | | |
| Enterta | | | | | | | | | | | | | |
| | nd Refreshm | | \$_\$0.00 | \$_\$0.0 | | | \$ | | _ | | \$ | | |
| _ | Accommoda | tions | \$0.00 | \$0.0 | 00 | | | | - | | | | |
| Advert | ising | | \$0.00 | \$0.0 | 00 | | | | _ | | | | |
| Travel | | | \$0.00 | \$0.0 | 00 | | | | | | | | |
| Telepho | one | | \$0.00 | \$0.0 | 00 | | | | _ | | | | |
| Other I | Expenses or S | Services | \$0.00 | \$0.0 | 00 | | | | _ | | | | |
| | | Total | \$_\$0.00 | \$_\$0.00 | | | \$ | | \$ | | \$_ | | |
| | | | | | | | | | | | | | |
| *When | | | re reporting for requires m | | | | | | | | | fficials | |
| Item- | | er(s) of their ho | | undied five | donais | (\$103) |) ioi a ieg | isiatoi, otii | er noider or po | ione onice | e, executive c | officials | |
| 2 | Date | | Place | | A | | | | | lators, Public and Executive Officials busehold Members in Group | | | |
| | | | | | | | | | | | отомр | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Continued on a | ttached page(s) | | | | | | | | | | | |
| INSTRUCTIONS | | | | | | Iter 3 | | Employer(s) Name(s) and Address(es) | | | | | |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code | | | | | n | The Pew Charitable Trusts | | | | | | | |
| | | | | | No. 1 901 E St NW Washington DC 20004 USA | | | | | | | | |
| Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. | | | | No. 2 | | | | | | | | | |
| TO BE FILED WITH: | | | | | | | | | | | | | |
| Ben Ysursa Secretary of State | | | | | | No. 3 | 1 | | | | | | |
| | PO Box 83720 | | | | | | | | | | | | |
| | Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282 | | | | | No. 4 | ļ | | | | | | |

| | Subje | ect matter of proposed legislat | ion, the number of the Senate | E LEGISLATIVE SUBJECT IDENTIFICATION | | | | |
|---------|--|---|-------------------------------|--------------------------------------|---|-----------|------------------------------------|--|
| Item | or House Bill, Resolution or other legislative activity in which | | | | | | | |
| 4 | | obbyist was supporting or op | | Code | Subject | Code | Subject | |
| | | | | 01 | Agriculture, horticulture, | 17 | Health service, medicine, drugs | |
| Subject | | 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, | 23 | services | |
| | | | | " | political parties | 26 | Natural resources, forest and | |
| | | | | 10 | Equal rights, civil rights, | 20 | forest products, fisheries, mining | |
| | | | | 10 | minority affairs | | and mining products | |
| | | | | 11 | Government, financing, | 27 | Public lands, parks, recreation | |
| | | | | 111 | taxation, revenue, budget, | 28 | Social insurance, unemployment | |
| | | | | | appropriations, bids, fees, funds | 20 | insurance, public assistance, | |
| | | | | 12 | Government, county | | workmen's compensation | |
| | | | | 13 | Government, federal | 29 | Transportation, highways, | |
| | | | | 14 | Government, nunicipal | 2) | streets and roads | |
| | | | | 15 | Government, municipal Government, special districts | 30 | Utilities, communications, | |
| | | | | 16 | Government, state | 30 | televisions, radio, newspaper, | |
| | | | | 10 | Government, state | | power, CATV, gas | |
| | | | | | | 31 | | |
| | | | | | | 31 | Other (please specify) | |
| | | | | _ | | | | |
| | | | | C | ERTIFICATION: I hereby certify th | at the ab | ove is a true, complete and | |
| | | | | 1 | orrect statement in accordance with S | | , 1 | |
| | | | | _ | | | | |
| | | | | | | | | |
| | | | | | Electronically signed | | 4/15/2014 | |
| Ittiii | | y any rule, ratemaking decision | | L | obbyist signature | | Date | |
| | | et bid or bid process, financial obbyist was supporting or oppositions. | | | | | | |
| | bona n | body ist was supporting or opp | Joshig. | ┥ _ | | | | |
| | | | | Er | nployer No. 1 signature | | Date | |
| | | | | | | | | |
| | | | | - Er | mployer No. 2 signature | | Date | |
| | | | | Li | iipioyei 140. 2 signature | | Date | |
| | | | | Er | nployer No. 3 signature | | Date | |
| | | | | $\frac{1}{Er}$ | mployer No. 4 signature | | Date | |