| Rev. 12/2 | 2012 | | LOBRAI | ST MON | THLY R | EPORT FC | DRM | Page | | Page(s) | |
|---------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------|----------------|--|
| e MT | SEAT | State of Ida | ho | To Be Filed By: | | | | THIS SPACE FOR OFFICE USE ONLY | | | |
| THEST | Ben Ysursa Secretary of State | | L-3 LOBBYISTS (Sec. 67-6619) | | | 14 MAR 07 AM 08:47 SECRETARY OF STA | | | | | |
| | | | - | | | | | STATE OF IDAHO | | | |
| | | (Type or print clean See instructions at | | | | | | | | | |
| | Lobbyist's name and permanent business address | | | | Date prepared | | | Period covered | | | |
| Marjie Lowe PO Box 2029 | | | | | | 3/6/2014 | | month ending | | | |
| Eagle, | , ID 836 | D 83616 | | | | | | (Mo.) (Day) (Yr.) | | | |
| | | | | | | | | 2 | 28 | 2014 | |
| Item 1 | I lotals of all reportable expenditures made | | | | v Lobbyist o | or by Lobbyist's l | Employer on t | pehalf of Lo | bbyist's Empl | oyer. | |
| Category of Expen Reimbursed Personal Living Expenses Pertaining to Lobby | | al Living and Travel | g and Travel *Total Amount for | | Proportionate amounts contributed by each employer (Ide Item 3, at bottom of page.) | | | | ntify employers, under | | |
| | Do Not Have to be Reported | | | Employe | er No. 1 | Employer No | . 2 Emp | Employer No. 3 | | Employer No. 4 | |
| Entertainment Food and Refresh | | nment | \$_ \$0.00 | \$_\$0.00 | | \$ | \$ | \$ | | \$ | |
| Living A | Living Accommodations Advertising | | \$0.00 | \$0.00 | | | | | _ | | |
| Adverti | | | \$0.00 | \$0.00 | | | | | | | |
| Travel | | | \$0.00 | \$0.00 | | | | | | | |
| Telepho | Telephone Other Expenses or Services | | \$0.00 | 00 \$0.00 | | | | | | | |
| Other E | | | \$0.00 | \$0.00 | | | | | | | |
| | | | | | | | | | | | |
| | | Total | \$_\$0.00 | \$\$0.00 | | \$ | \$ | | \$ | | |
| *When t | the number | | \$_\$0.00 are reporting for requires r | | | | | should be ent | | | |
| *When t | The tota | of employers you a als of each expendence | are reporting for requires r diture of more than one | nultiple L-2 for | ms to be filed | l a total amount fo | r all employers | | ered on Page 1 | | |
| Item- | The tota and mer | of employers you a | diture of more than one ousehold. | nultiple L-2 for | ms to be filed dollars (\$1 | l a total amount fo 05) for a legisla Nar | r all employers tor, other hold nes of Legislato | ler of public | ered on Page 1 office, execu | tive officia | |
| | The tota | of employers you a als of each expendence | are reporting for requires r diture of more than one | nultiple L-2 for | ms to be filed | l a total amount fo 05) for a legisla Nar | r all employers tor, other hold nes of Legislato | ler of public | ered on Page 1 office, execu | tive officia | |
| Item- | The tota and mer | of employers you a als of each expendence | diture of more than one ousehold. | nultiple L-2 for | ms to be filed dollars (\$1 | l a total amount fo 05) for a legisla Nar | r all employers tor, other hold nes of Legislato | ler of public | ered on Page 1 office, execu | tive officia | |
| Item- | The tota and mer | of employers you a als of each expendence | diture of more than one ousehold. | nultiple L-2 for | ms to be filed dollars (\$1 | l a total amount fo 05) for a legisla Nar | r all employers tor, other hold nes of Legislato | ler of public | ered on Page 1 office, execu | tive officia | |
| Item- | The tota and mer | of employers you a als of each expendence | diture of more than one ousehold. | nultiple L-2 for | ms to be filed dollars (\$1 | l a total amount fo 05) for a legisla Nar | r all employers tor, other hold nes of Legislato | ler of public | ered on Page 1 office, execu | tive officia | |
| Item- | The tota and mer | of employers you a als of each expendence | diture of more than one ousehold. | nultiple L-2 for | ms to be filed dollars (\$1 | l a total amount fo 05) for a legisla Nar | r all employers tor, other hold nes of Legislato | ler of public | ered on Page 1 office, execu | tive officia | |
| Item- 2 | The tota and men Date | of employers you a als of each expendence | are reporting for requires r diture of more than one ousehold. Place | nultiple L-2 for | ms to be filed dollars (\$1 | l a total amount fo 05) for a legisla Nar | r all employers tor, other hold nes of Legislato | ler of public | ered on Page 1 office, execu | tive officia | |
| Item- 2 | The tota and men Date | of employers you a als of each expend mber(s) of their he | are reporting for requires r diture of more than one ousehold. Place | nultiple L-2 for | ms to be filed dollars (\$1 | a total amount fo 05) for a legisla Nar | or all employers tor, other hold nes of Legislato and House | ler of public | ered on Page 1 office, execu Executive Off rs in Group | tive officia | |
| Item- 2 | The tota and men Date | of employers you a als of each expend mber(s) of their he | are reporting for requires r diture of more than one ousehold. Place | nultiple L-2 for | ms to be filed dollars (\$1 Amount | a total amount fo 05) for a legisla Nar | r all employers tor, other hold nes of Legislato and House Employer(s) | ler of public | ered on Page 1 office, execu Executive Off rs in Group | tive officia | |
| Item- 2 | The tota and men Date | of employers you a als of each expend mber(s) of their ho on attached page(s) INST file this form: A | are reporting for requires r diture of more than one ousehold. Place | nultiple L-2 for | ms to be filed dollars (\$1 Amount | a total amount fo 05) for a legisla Nar | r all employers tor, other hold mes of Legislato and House Employer(s) | ler of public ors, Public and ehold Membe | ered on Page 1 office, execu Executive Off rs in Group | tive officia | |
| Item-2 | The tota and men Date | of employers you a als of each expend mber(s) of their he on attached page(s) INST file this form: At 67 ne: Monthly repo | reporting for requires r diture of more than one ousehold. Place | nultiple L-2 for hundred five | ms to be filed dollars (\$1 Amount | a total amount fo 05) for a legisla Nar Nar 8 Feathers Dis PO Box 2029 I | r all employers tor, other hold mes of Legislato and House Employer(s) | ler of public ors, Public and ehold Membe | ered on Page 1 office, execu Executive Off rs in Group | tive officia | |
| Item-2 | The tota and men Date | of employers you a als of each expend mber(s) of their he on attached page(s) INST file this form: A: 67 ne: Monthly reported | reporting for requires r diture of more than one ousehold. Place Place | nultiple L-2 for hundred five | ms to be filed dollars (\$1 Amount Ite 3 No. 1 | a total amount fo 05) for a legisla Nar Nar 8 Feathers Dis PO Box 2029 I | r all employers tor, other hold mes of Legislato and House Employer(s) | ler of public ors, Public and ehold Membe | ered on Page 1 office, execu Executive Off rs in Group | tive officia | |
| Item-2 | The tota and mer Date | of employers you a als of each expend mber(s) of their he on attached page(s) INST file this form: A: 67 ne: Monthly repo month for ac D WITH: | reporting for requires r diture of more than one ousehold. Place | nultiple L-2 for hundred five | ms to be filed dollars (\$1 Amount Ite 3 No. 1 | a total amount fo 05) for a legisla Nar Nar 8 Feathers Dis PO Box 2029 I | r all employers tor, other hold mes of Legislato and House Employer(s) | ler of public ors, Public and ehold Membe | ered on Page 1 office, execu Executive Off rs in Group | tive officia | |
| Item-2 | The tota and mer Date | r of employers you a als of each expend mber(s) of their h on attached page(s) INST file this form: At 67 ne: Monthly report month for ac D WITH: B Secr PO | reporting for requires r diture of more than one ousehold. Place | nultiple L-2 for hundred five | e No. 2 | a total amount fo 05) for a legisla Nar Nar 8 Feathers Dis PO Box 2029 I | r all employers tor, other hold mes of Legislato and House Employer(s) | ler of public ors, Public and ehold Membe | ered on Page 1 office, execu Executive Off rs in Group | tive official | |

| Item | Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which | | | LEGISLATIVE SUBJECT IDENTIFICATION | | | | | |
|--------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------|--------------------------------------|-----------|------------------------------------|--|--|
| 4 | 1 | obbyist was supporting or op | 6 | Code | Subject | Code | Subject | | |
| | | obbyist was supporting of op | posing. | 01 | Agriculture, horticulture, | 17 | Health service, medicine, drugs | | |
| Subjec | t Code | Bill, Resolution or Other | Appropriation Bill Number | 1 | farming, and livestock | | and controlled substances, health | | |
| (from | table) | Legislative Ident. Number | and Section Number | 02 | Amusements, games, athletics | | insurance, hospitals | | |
| 24 | | | | - | and sports | 18 | Higher education | | |
| 27 | | | | 03 | Banking, finance, credit and | 19 | Housing, construction, codes | | |
| | | | | | 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 | 20 | streets and roads | | |
| | | | | 15 | Government, special districts | 30 | Utilities, communications, | | |
| | | | | 16 | Government, state | | televisions, radio, newspaper, | | |
| | | | | | | 21 | power, CATV, gas | | |
| | | | | | | 31 | Other (please specify) | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | CERTIFICATION: I hereby certify t | hat the a | bove is a true complete and | | |
| | I | | | | correct statement in accordance with | | | | |
| Item | | tify any rule, ratemaking decision, procurement, contract, or bid process, financial services or bond lobbyist was support- | | | | | | | |
| 5 | | | | | | | | | |
| | ing or opposing. | | Electronically signed | | 3/6/2014 | | | | |
| | | | : | Lobbyist signature | | | | | |
| | | | | | Loobyist signature | | Date | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |