Rev. 12/2012

LOBBYIST MONTHLY REPORT FORM



4145

State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619)

Page____of___Page(s) THIS SPACE FOR OFFICE USE ONLY

14 MAR 31 PM 01:07

SECRETARY OF STATE STATE OF IDAHO

(Type or print clearly in black ink)

	See	instructions at	bottom of page									
See instructions at bottom of page Lobbyist's name and permanent business address Larry Spencer						Dat	te pre	epared		Perio	d covered	
Larry Spencer 713 E Roundup Circle					3/31/2014				month ending			
											V	
науае	n, ID 8383	35								(Mo	o.) (Day	(Yr.)
										2	28	2014
Item 1	Totals	of all reportal	ble expenditures made of	or incurred b	y Lobb	oyist or	by l	Lobbyist's Empl	oyer on beha	alf of Lob	byist's Em _l	ployer.
Reimbu		penditure iving and Travel obbying Activity	*Total Amount for All Employers	Proportiona Item 3, at 1				ited by each employed	oyer (Identify	y employe	rs, under	
	Not Have to be		The Employers	Employ	er No.	1	Е	imployer No. 2	Employe	er No. 3	Emplo	oyer No. 4
Entertai			Φ0.00		_							
	d Refreshme		\$ \$0.00	\$ \$0.00			\$. \$		_	
_	Accommodat	ions	\$0.00	\$0.00							-	
Advertis	sing		\$0.00	\$0.00							-	
Travel Telephone			\$0.00	\$0.00							-	
Telephone Other Expenses or Services			\$0.00	\$0.00							-	
Other E	xpenses or S	ervices	\$0.00	\$0.00)							
Total		\$_\$0.00	\$ \$0.00			\$	<u>\$</u>			\$		
*When t			are reporting for requires m									
Item-	The totals of each expenditure of more than one hundred five dollars and member(s) of their household.							or a registator, o	ther holder (or public (office, exec	onive official
2	Date		Place	Place		Amount				s, Public and Executive Officianold Members in Group		Officials
	Dute		1 1000						and Househor	a wiemoer.	s in Group	
	Continued on a	ttached page(s)				Iter	n					
		INST	RUCTIONS			3		Employer(s) Name(s) and Address(es)				
						No. 1	DH	Consulting				
Who	should file		ny lobbyist registered u -6617 Idaho Code	nder Section		No. 1	158	9 Southside Sch	nool Rd Coco	olalla ID 8	3813 USA	
Filin	g deadline:		orts due within fifteen (1 tivities of the past mont		he	No. 2						
TO F	BE FILED W	лтн.										
TO BE FILED WITH: Ben Ysursa						No. 3						
Secretary of State PO Box 83720												
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282						No. 4						
Filolic. (200) 554-2652 Fax: (208) 554-2282												

Subject matter of proposed legislation, the number of the Senate				LEGISLATIVE SUBJECT IDENTIFICATION						
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		obbyist was supporting or opp		Code	Subject	Code	Subject			
	line L	sooyist was supporting or opp		01	Agriculture, horticulture,	17	Health service, medicine, drugs			
Subjec	t Code	Bill, Resolution or Other	Appropriation Bill Number		farming, and livestock	-,	and controlled substances, health			
(from	table)	Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals			
17				_	and sports	18	Higher education			
''				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,	26	services			
				10	political parties Equal rights, civil rights,	26	Natural resources, forest and 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		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)			
					CERTIFICATION: I hereby certify	that the a	shove is a true, complete and			
					correct statement in accordance with					
Item	Identi	fy any rule, ratemaking decision	on, procurement, contract,		correct statement in accordance with	Section	or ooza mano coue.			
5			s or bond lobbyist was support-	-						
	ing or	opposing.			Electronically signed		3/31/2014			
				-	Lobbyist signature		Date			