	PE OHT		10	To Be Filed B	y:		7	1	THIS SPACE	FOR OFFICE US	SE ONLY		
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		Ben Ysursa Secretary of State				L-3 LOBBYISTS (Sec. 67-6619)				14 FEB 14 AM 10:00 SECRETARY OF STA			
			L	J					STATE OF IDAHO				
		ype or print clear ee instructions at											
Lobbyist's name and permanent business address Oracle America Inc 2350 Kerner Blvd San Rafael, CA 94901			Date prepared				L.	Period	od covered				
						2/14/2014			month ending		-		
	,								(Mo. 1) (Day) 31	(Yr.) 2014		
Item Totals of all reportable expenditures made of				or incurred b	y Lobbyist (or by L	obbyist's Empl	oyer on behalf	of Lobb	yist's Emplo	yer.		
Category of Expenditure Reimbursed Personal Living and Travel			*Total Amount for Item 3, at botto				ted by each emplo	oyer (Identify e	mployers	s, under			
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported Entertainment Food and Refreshment Living Accommodations			An Employers	Employer No. 1		Employer No. 2		Employer No. 3		Employer No. 4			
		\$_\$0.00	\$ <u>\$0.00</u> \$0.00		\$ \$ \$		\$	\$		_ \$			
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dvertising	ertising \$0.00 \$0.00)										
Travel\$0.00Telephone\$0.00Other Expenses or Services\$0.00Total		\$0.00											
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an									public of	ffice, execut	ive official		
2	n-		Place A		Amoun								
										1			
Cont	inued on	attached page(s)											
INSTRUCTIONS					Item 3 Employer(s		nployer(s) Name) Name(s) and Address(es)					
Who should file this form: Any lobbyist registered un 67-6617 Idaho Code				No.			cle America Inc						
				ider Section			te 250 San Rat	ael CA 9	4901 USA				
Filing d	eadline				ne No. 1	2							
TO BE FILED WITH:													
Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282					No. 1	3							
					No.								
	1 Catego Catego Catego Appenses Per Do Not Not Itertainmo od and R ving Acco Avertising avel Iephone her Expe That Vhen the n That 2 Cont When the n That 2 That 4 That 4 That 5 That 6 That 7 That 8 That 9 That 10 That 11 That 12 That 13 That 14 That 15 That 16 That 17 That 18 That 19 That 10 That 10 That 11 That 12 That 13 That 14 That 14	1 Iotal Category of E: Reimbursed Personal I xpenses Pertaining to Do Not Have to I itertainment od and Refreshm ving Accommoda dvertising avel lephone her Expenses or S Vhen the number of The totals and member 2 Date	1 Totals of all reportal Category of Expenditure Reimbursed Personal Living and Travel xpenses Pertaining to Lobbying Activity Do Not Have to be Reported itertainment od and Refreshment ving Accommodations dvertising avel lephone her Expenses or Services Total Vhen the number of employers you a and member(s) of their he 2 Date Date INST Who should file this form: Ai Griling deadline: Monthly report TO BE FILED WITH:	1 Totals of all reportable expenditures made of Category of Expenditure Reimbursed Personal Living and Travel Repenses Pertaining to Lobbying Activity Do Not Have to be Reported *Total Amount for All Employers 1 Not Have to be Reported *Total Amount for All Employers 1 bo Not Have to be Reported \$0.00 1 \$\$0.00 \$0.00 1 \$\$0.00 \$\$0.00 1 \$\$0.00 \$\$0.00 1 \$\$0.00 \$\$0.00 1 \$\$0.00 \$\$0.00 1 \$\$0.00 \$\$0.00 1 \$\$\$0.00 \$\$0.00 1 \$\$\$\$0.00 \$\$\$\$0.00 1 \$	1 Totals of all reportable expenditures made or incurred b Category of Expenditure teimbursed Personal Living and Travel xpenses Pertaining to Lobybing Activity Do Not Have to be Reported *Total Amount for All Employers Proportions Item 3, at 1 Market to be Reported \$ \$0.00 \$ \$0.00 tertainment od and Refreshment \$ \$ \$0.00 \$ \$0.00 ving Accommodations \$ \$0.00 \$ \$0.00 tvertising \$ \$0.00 \$ \$0.00 avel \$ \$ \$0.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1 Totals of all reportable expenditures made or incurred by LOODyist - Category of Expenditure Reimbursed Personal Living and Travel syness Pertaining to Lobbying Activity Do Not Have to be Reported *Total Amount for All Employers Proportionate amounts or Employer No. 1 tertrainment od and Refreshment \$_\$0.00 \$_\$0.00 \$_\$0.00 wing Accommodations \$0.00 \$0.00 \$_\$0.00 avel \$0.00 \$0.00 \$_\$0.00 avel \$0.00 \$_\$0.00 \$_\$0.00 her Expenses or Services \$0.00 \$_\$0.00 Total \$_\$0.00 \$_\$0.00 when the number of employers you are reporting for requires multiple L-2 forms to be file and member(s) of their household. The totals of each expenditure of more than one hundred five dollars (\$ and member(s) of their household. 2 Date Place Amour Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code No. Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month. No. TO BE FILED WITH: Ben Ysursa No. No.	1 Totals of all reportable expenditures made or incurred by LobbyIst of by L Category of Expenditure seminous contributers are constructed by LobbyIst of by L Proportionate amounts contributers are constructed by LobbyIst of by L Immune construction *Total Amount for All Employers Proportionate amounts contributers are constructed by LobbyIst of page.) Interview S \$0.00 \$ Interview \$ \$ \$ Interview \$ \$<	1 Totals of all reportable expenditures made or incurred by LoDbylist or by LoDbylist periods Category of Expenditure *Total Amount for All Employers *Total Amount for All Employers *Total Amount for All Employers *Total Amount for All Employers *S0.00 \$\$\u00ed and Refreshment \$\$\u00ed \$\u00ed 0.00 \$\$\u00ed and Refreshment \$\$\u00ed 0.00 \$\$\u00ed 0.00 \$\$\u00ed 0.00 \$\$\u00ed and Refreshment \$\$\u00ed 0.00 \$\$\u00ed 0.00 \$\$\u00ed 0.00 \$\$\u00ed 0.00 \$\$\u00ed 0.00 \$\$\u00ed 0.00 \$\$\u00ed 0.00 \$\$\$\u00ed 0.00 \$\$\u00ed 0.00 \$\$\$\u00ed 100 \$\$\u00ed 0.00 \$	1 Totals of all reportable expenditures made of incurred by Lobbyist of by Lobbyists Employer of behalf Category of Expenditure termbursed fersonal Living and Travel proses *Total Amount for All Employers Proportionate amounts contributed by each employer (Identify e termbursed fersonal Living and Travel proses) Do Not Have to be Reported \$_\$0.00 \$_\$_\$0.00 \$_\$_\$_\$	1 Totals of all reportable expenditures made of incurred by Loobysts of or by Loobysts employer (Identify employers fem 3, at bottom of page.) *Total Amount for All Employers *Total Amount for All Employers fem 3, at bottom of page.) *Total Accommodations \$0.00 \$0.00 \$0.00 \$10 term the number of employers you are reporting for requires multiple 1-2 forms to be filed a total amount for all employers should be entere \$2 Date Place<	1 Totals of all reportable expenditures made of neutred by Lobbylist s Employer on behalf of Lobbylist semploy of the behavior of behalf of Lobbylist semployer (Identify employers, under temployer for the Reported temployer for the Reported temployer for the Reported temployer for the Report of the Report o		

	Subi	ect matter of proposed legislat	ion the number of the Senate		LEGISLATIVE SUB	IECT	IDENTIFICATION			
Item		Iouse Bill, Resolution or other legislative activity in which								
4	the L	obbyist was supporting or op	posing.	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	table)	Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals			
					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	22	collective bargaining			
				06	Consumer affairs	22	Law enforcement, courts,			
				07	Ecology, environment, pollution,	22	judges, crimes, prisons			
					conservation, zoning, land and	23	License, permits			
				00	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			
				11	taxation, revenue, budget,	27	Social insurance, unemployment			
					appropriations, bids, fees, funds	20	insurance, public assistance,			
				12	Government, county		workmen's compensation			
				12	Government, federal	29	Transportation, highways,			
				13	Government, municipal	29	streets and roads			
				14	Government, special districts	30	Utilities, communications,			
				16	Government, special districts	50	televisions, radio, newspaper,			
				10	Government, state		power, CATV, gas			
						31	Other (please specify)			
						51	other (preuse speeny)			
				<u> </u>						
					CERTIFICATION: I hereby certify t	hat the a	bove is a true, complete and			
					correct statement in accordance with					
Item	Identif	fy any rule, ratemaking decisi	on, procurement, contract,							
5		r bid process, financial services or bond lobbyist was support-								
	ing or opposing.			Electronically signed	2/14/2014					
				-	Lobbyist signature					
							Date			
				J						

Please refer to the designated lobbyist Merissa Khachigian.