Rev. 12/2012

5154

## State of Idaho

Secretary of State

LOBBYIST	<b>REPORT</b>	<b>FORM</b>
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THIS SPAC	E FOR OFFI	CE USE ONLY

Lawerence Denney

To Be Filed By: L-2

**LOBBYISTS** (Sec. 67-6619) 16 FEB 04 PM 04:08

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 Date prepared Period covered Hannah Athlyn Brass Greer 2/1/2016 year ending 2112 East Franklin Road Meridian, ID 83646 (Mo.) (Day) (Yr.) 12 31 2015 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure Reimbursed Personal Living and Travel \*Total Amount for Item 3, at bottom of page.) Expenses Pertaining to Lobbying Activity All Employers Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Employer No. 4 Entertainment Food and Refreshment \$ \$8.63 \$\_\$8.63 Living Accommodations \$0.00 \$0.00 Advertising \$0.00 \$0.00 Travel \$0.00 \$0.00 Telephone \$0.00 \$0.00 Other Expenses or Services \$0.00 \$0.00 **Total** \$ \$8.63 \$\_\$8.63 \*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. 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. Item-Names of Legislators, Public and Executive Officials 2 Date Place Amount and Household Members in Group Continued on attached page(s) Item INSTRUCTIONS Employer(s) Name(s) and Address(es) Planned Parenthood Votes Northwest Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code 2001 E Madison St Seattle WA 98122 USA Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. No. 2 TO BE FILED WITH: Lawerence Denney No. 3 Secretary of State PO Box 83720 Boise, ID 83720-0080 No. 4 Phone: (208) 334-2852 Fax: (208) 334-2282

Item			ion, the number of the Senate		LEGISLATIVE SUE	BJECT	IDENTIFICATION
4			legislative activity in which				
•	the L	obbyist was supporting or op	posing.		Subject		Subject
Subjec	t Code	Bill, Resolution or Other	Appropriation Bill Number	01	Agriculture, horticulture,	17	Health service, medicine, drugs
(from		Legislative Ident. Number	and Section Number	02	farming, and livestock		and controlled substances, health
	tuoie)	-	and Section I tuniber	02	Amusements, games, athletics	1.0	insurance, hospitals
4, 8		H.B. 1, S.B. 1067		03	and sports Banking, finance, credit and	18 19	Higher education Housing, construction, codes
10, 1	7	H.B. 246, S.B. 1094 S.B. 1102, H.B. 88		03	investments	20	Insurance (excluding health
		H.B. 98, H.B. 154		04	Children, minors, youth,	20	insurance)
		H.B. 189, H.B. 2		04	senior citizens	21	Labor, salaries and wages,
				05	Church and religion	2.1	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,
						31	power, CATV, gas
						31	Other (please specify)
				_			
					ERTIFICATION: I hereby certify the orrect statement in accordance with S		
				_			
				E	Electronically signed		2/1/2016
Item 5	contra	y any rule, ratemaking decision or bid process, financia	l services agreement or		obbyist signature		Date
	bond l	obbyist was supporting or opp	posing.	J	JMA		2/4/2016
					nployer No. 1 signature		Date
				Er	mployer No. 2 signature		Date
				Er	nployer No. 3 signature		Date
				$\frac{1}{\text{Er}}$	nployer No. 4 signature		Date