	Rev. 12/2012		LOBBYIST REPORT FORM						PageOfPage(s) THIS SPACE FOR OFFICE USE ONLY												
	GREAT	SEAL	State of Ida	aho 🖌	ANNUAL		SEMI-A	NNUAL		THIS	SPACE FO	OR OFFICE US	E ONLY								
	THE	PE-OT IN	Lawerence De Secretary of		To Be Filed By:			16 JAN 27 AM 09:58													
7	-					LOBBYISTS (Sec. 67-6619)				SECRETARY OF STA STATE OF IDAHO											
			(Type or print clear See instructions a	t bottom of page				]													
]	Lobbyist's name and permanent business address William Scott 1005 Congress Avenue Austin, TX 78701				Date prepared 1/27/2016				(Mo.)	year endir (Day)	(Yr.)										
	Item	То	tals of all reporta	hle expenditures made c	or incurred by	Lobbyist c	or by Lobi	vist's Empl	lover on he		12	31 st's Emplo	2015								
	Reimbu	ategory of ursed Person	Expenditure al Living and Travel	*Total Amount for	Proportionate	incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer ( <b>Identify employers, under</b> <b>Item 3, at bottom of page.</b> )							y c1.								
	Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			All Employers	Employer	No. 1	Emplo	oyer No. 2	Emplo	yer No.	3	Employer	No. 4								
	Entertainment Food and Refreshment			\$\$0.00	\$\$0.00		\$		\$		!	\$									
]	Living A	Accommo	dations	\$0.00	\$0.00																
	Advertising			\$0.00	\$0.00																
	Travel			\$0.00	\$0.00_																
	Telepho		~ .	\$0.00	\$0.00_						-										
(	Other E	xpenses o	r Services	\$0.00	\$0.00																
	Total			\$\$0.00	_ \$_\$0.00		\$		_ \$		!	\$									
			_ • • • • •	, <u> </u>							*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										
	*When t		of employers you a	re reporting for requires m	ultiple L-2 form							-	officials								
•	*When t	The total	of employers you a	re reporting for requires m iture of more than one ht	ultiple L-2 form			islator, othe	er holder of	public o	office, e	executive of									
•		The total	of employers you a ls of each expendi	re reporting for requires m iture of more than one ht	ultiple L-2 form		5) for a leg	islator, othe Names of		public o	office, e and Exe	executive o									
	Item- 2	The total and men Date	of employers you a ls of each expendi aber(s) of their ho	re reporting for requires m iture of more than one hu pusehold.	ultiple L-2 form	llars (\$105	5) for a leg	islator, othe Names of	er holder of	public o	office, e and Exe	executive o									
	Item- 2	The total and men Date	of employers you a ls of each expendi- nber(s) of their ho	re reporting for requires m iture of more than one hu pusehold.	ultiple L-2 form	Ilars (\$105	em	islator, othe	er holder of	public c Public a old Mem	office, e	executive offic cutive Offic Group									
	Item- 2	The total and men Date	of employers you a ls of each expendi- aber(s) of their ho n attached page(s) INST	re reporting for requires m iture of more than one hu busehold. Place	ultiple L-2 form undred five do	Ilars (\$105	em Exelon C	islator, othe Names of En Generation (	mployer(s) N	Public a Public a old Memi	and Exec bers in C	executive offic cutive Offic Group									
	Item-2	The total and men Date	of employers you a ls of each expendi- aber(s) of their ho n attached page(s) INST file this form: A 67 ne: Annual report	re reporting for requires m iture of more than one hu pusehold. Place	nder Section	Amount Amount No.	em Exelon C 300 Exe	islator, othe Names of	mployer(s) N	Public a Public a old Memi	and Exec bers in C	executive offic cutive Offic Group									
	Item-2	The total and men Date	of employers you a ls of each expendi- aber(s) of their ho ber(s) of their ho n attached page(s) INST file this form: A: 67 he: Annual report Executive Lol D WITH: Lawe	re reporting for requires m iture of more than one hu puschold. Place Place	nder Section	Amount Amount No.	em Exelon C 300 Exe 2	islator, othe Names of En Generation (	mployer(s) N	Public a Public a old Memi	and Exec bers in C	executive offic cutive Offic Group									

Item			ion, the number of the Senate	LEGISLATIVE SUBJECT IDENTIFICATION					
4	or Ho the L	ect matter of proposed legislat puse Bill, Resolution or other obbyist was supporting or op Bill, Resolution or Other Legislative Ident. Number	legislative activity in which	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	LEGISLATIVE SUF         Subject         Agriculture, horticulture,         farming, and livestock         Amusements, games, athletics         and sports         Banking, finance, credit and         investments         Children, minors, youth,         senior citizens         Church and religion         Consumer affairs         Ecology, environment, pollution,         conservation, zoning, land and         water use         Education         Elections, campaigns, voting,         political parties         Equal rights, civil rights,         minority affairs         Government, financing,         taxation, revenue, budget,         appropriations, bids, fees, funds         Government, special districts         Government, special districts         Government, state	Code 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 at the ab	Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)		
	contrac	entify any rule, ratemaking decision, procurement, ntract bid or bid process, financial services agreement or nd lobbyist was supporting or opposing.			Electronically signed		<b>1/27/2016</b> Date		
		oooyiot waa sapporting of op	жит. <b>Б</b> .	En	nployer No. 1 signature		Date		
				En	nployer No. 2 signature		Date		
				En	nployer No. 3 signature		Date		
				$\frac{1}{En}$	nployer No. 4 signature		Date		