|                                  | 012                          |   | LOBRAI  | IST MONTHLY REPORT FORM               |  |  |   | PageofPage(s)   |  |                |  |
|----------------------------------|------------------------------|---|---|---------------------------------------|--|--|---|---|--|----------------|--|
| PLAT S                           | SEAL State of                |   | daho To Be Filed By:  |                                       |  |  |   | THIS SPACE FOR OFFICE USE ONLY  |  |                |  |
| HIT OF                           | OF TO                        | Lawerence Denney<br>Secretary of State  |   | L-3 LOBBYISTS (Sec. 67-6619)          |  |  |   | 15 MAR 16 PM 01:58  |  |                |  |
|                                  | or                           | Secretary of  |   |                                       |  |  |   |   | ETARY O  | -              |  |
| Lobbyist                         |                              | (Type or print clear<br>See instructions at<br>1 permanent busine   | bottom of page  |                                       | Date   | prepared   |   | Perio   | d covered  |                |  |
| Emily N<br>5538 S                | VicClure                     | ailed Way   | 55 duit 55  |                                       |  | 6/2015   |   | (Mo   | month en   | nding<br>(Yr.) |  |
|                                  |                              |   |   |                                       |  |  |   | 2   | 28   | 2015           |  |
| Item<br>1                        | Tot                          | als of all reporta  | ble expenditures made   | -                                     | -  |  | -   |   |  | oyer.          |  |
| Reimbur                          | rsed Persona                 | Expenditure<br>al Living and Travel<br>to Lobbying Activity   | *Total Amount for<br>All Employers  |                                       | Proportionate amounts contributed by each employer ( <b>Identify employers, under</b><br><b>Item 3, at bottom of page.</b> ) |  |   |   |  |                |  |
| Do                               | Not Have t                   | o be Reported   |   | Employer N                            | Jo. 1  | Employer No. 2   | Emplo   | oyer No. 3  | Employe  | r No. 4        |  |
|                                  | rtainment<br>and Refreshment |   | \$ <b>\$87.28</b>   | \$_\$0.00                             | \$   | \$12.31  | \$12.31 <u>\$</u> \$74  |   | \$_\$0.00  |                |  |
| Living A                         | ccommo                       | dations   | \$0.00  | \$0.00                                |  | \$0.00   |   | \$0.00  |  | \$0.00         |  |
| Advertis                         | vertising                    |   | \$0.00  | \$0.00                                |  | \$0.00   | \$0.00  |   | \$0.00   |                |  |
| Travel                           |                              |   | \$0.00  | \$0.00                                | _  | \$0.00   | \$0.0   | 0   | \$0.00   | \$0.00         |  |
| Telephor                         | Telephone                    |   | \$0.00  | 0.00 \$0.00                           |  | \$0.00   |   | 0   | \$0.00   | \$0.00         |  |
| Other Expenses or Services Total |                              | r Services  | \$0.00  | \$0.00                                |  | \$0.00   |   | 0   | \$0.00   |                |  |
|                                  |                              | \$_\$87.28  | \$ \$0.00   | ¢                                     | \$ <u>\$12.31</u><br>\$ <u>\$74</u>  |  | 74.97 \$_\$0  |   |  |                |  |
|                                  |                              | Total   | φ   | \$\$0.00                              | φ  | φ12.51   |   |   |  |                |  |
| *When th                         |                              | of employers you a  | are reporting for requires r  | nultiple L-2 forms                    | to be filed a  | total amount for all   | employers sh  |   | -  |                |  |
|                                  | The tota                     | of employers you a  | are reporting for requires r<br>diture of more than one   | nultiple L-2 forms                    | to be filed a  | total amount for all (5) for a legislator, (   | employers sh<br>other holde   | r of public o   | office, execut                                   |                |  |
| *When th<br>Item-<br>2           | The tota                     | of employers you a<br>ls of each expend   | are reporting for requires r<br>diture of more than one   | nultiple L-2 forms                    | to be filed a  | total amount for all (5) for a legislator, (   | employers sh<br>other holder  | r of public o   | office, execut<br>Executive Office               |                |  |
| Item-                            | The tota<br>and men          | of employers you a<br>ls of each expend   | diture of more than one ousehold.   | nultiple L-2 forms                    | to be filed a<br>bllars (\$105   | total amount for all (5) for a legislator, (   | employers sh<br>other holder  | r of public o   | office, execut<br>Executive Office               |                |  |
| Item-<br>2                       | The tota<br>and men<br>Date  | of employers you a<br>ls of each expen-<br>nber(s) of their h   | diture of more than one ousehold.   | nultiple L-2 forms                    | to be filed a<br>bllars (\$105   | total amount for all (5) for a legislator, (   | employers sh<br>other holder  | r of public o   | office, execut<br>Executive Office               |                |  |
| Item-<br>2                       | The tota<br>and men<br>Date  | of employers you a<br>ls of each expen-<br>nber(s) of their h   | are reporting for requires r<br>diture of more than one<br>ousehold.<br>Place   | nultiple L-2 forms                    | to be filed a<br>bllars (\$105   | total amount for all (5) for a legislator, of Names of Na | employers sh<br>other holder<br>of Legislators<br>and Househ  | r of public o   | office, execut<br>Executive Office<br>s in Group |                |  |
| Item-<br>2                       | The tota<br>and men<br>Date  | of employers you a<br>ls of each expen-<br>nber(s) of their h   | diture of more than one ousehold.   | nultiple L-2 forms                    | to be filed a<br>ollars (\$105<br>Amount   | total amount for all (5) for a legislator, of Names of Na | employers sh<br>other holder<br>of Legislators<br>and Househ  | r of public of public of public and old Members   | office, execut<br>Executive Office<br>s in Group |                |  |
| Item-<br>2                       | The tota<br>and men<br>Date  | of employers you a<br>ls of each expen-<br>nber(s) of their h   | are reporting for requires r<br>diture of more than one<br>ousehold.<br>Place   | nultiple L-2 forms                    | to be filed a<br>ollars (\$105<br>Amount   | total amount for all of         5) for a legislator, of         Names of         Names of         E         Amgen Inc         One Amgen Cente  | employers sh<br>other holder<br>of Legislators<br>and Househ<br>mployer(s) N  | r of public of<br>s, Public and<br>old Members<br>Name(s) and A<br>and Oaks CA              | Address(es)                                      | cials          |  |
| Item-<br>2                       | The tota<br>and men<br>Date  | of employers you a<br>ls of each expend<br>nber(s) of their h<br>on attached page(s)<br>INST<br>ile this form: A<br>67<br>ne: Monthly repo  | re reporting for requires r<br>diture of more than one<br>ousehold.<br>Place  | nultiple L-2 forms<br>hundred five do | to be filed a<br>ollars (\$105<br>Amount<br>Item<br>3<br>No. 1   | total amount for all of the formula  | employers sh<br>other holder<br>of Legislators<br>and Househ<br>mployer(s) N<br>r Dr Thousa   | r of public of<br>s, Public and<br>old Members<br>Name(s) and A<br>and Oaks C/              | Address(es)                                      | cials          |  |
| Item-<br>2                       | The tota<br>and men<br>Date  | of employers you a<br>ls of each expend<br>nber(s) of their h<br>on attached page(s)<br>INST<br>ile this form: A<br>67<br>ne: Monthly reportion of the second second<br>month for ac          | are reporting for requires r<br>diture of more than one<br>ousehold.<br>Place<br><b>FRUCTIONS</b><br>ny lobbyist registered u<br>'-6617 Idaho Code<br>orts due within fifteen ( | nultiple L-2 forms<br>hundred five do | to be filed a<br>ollars (\$105<br>Amount<br>Item<br>3<br>No. 1<br>No. 2  | total amount for all of         5) for a legislator, of         Names of         Names of         Amgen Inc         One Amgen Cente         Idaho Charter Schol  | employers sh<br>other holder<br>of Legislators<br>and Househ<br>mployer(s) N<br>r Dr Thousa<br>ool Network<br>St Boise ID             | r of public of<br>s, Public and<br>old Members<br>Name(s) and A<br>and Oaks C/              | Address(es)                                      | cials          |  |
| Item-<br>2                       | The tota<br>and men<br>Date  | of employers you a<br>ls of each expend<br>nber(s) of their h<br>on attached page(s)<br>INST<br>ile this form: A<br>67<br>ne: Monthly report<br>month for ac                                  | re reporting for requires r<br>diture of more than one<br>ousehold.<br>Place<br>Place   | nultiple L-2 forms<br>hundred five do | to be filed a<br>ollars (\$105<br>Amount<br>Item<br>3<br>No. 1<br>No. 2<br>No. 3   | total amount for all of         5) for a legislator, of         Names of         Names of         Amgen Inc         One Amgen Cente         Idaho Charter Schot         1010 W Jefferson S   | employers sh<br>other holder<br>of Legislators<br>and Househ<br>mployer(s) N<br>r Dr Thousa<br>ool Network<br>St Boise ID<br>ociation | r of public of<br>s, Public and<br>old Members<br>Name(s) and A<br>and Oaks C/<br>83702 USA | Address(es)                                      | cials          |  |
| Item-<br>2                       | The tota<br>and men<br>Date  | of employers you a<br>ls of each expend<br>nber(s) of their h<br>on attached page(s)<br>INST<br>ile this form: A<br>67<br>ne: Monthly report<br>month for ac<br>O WITH:<br>Lawe<br>Secr<br>PO | re reporting for requires r<br>diture of more than one<br>ousehold.<br>Place<br>Place   | nultiple L-2 forms<br>hundred five do | to be filed a<br>ollars (\$105<br>Amount<br>Item<br>3<br>No. 1<br>No. 2<br>No. 3   | total amount for all of         5) for a legislator, of         Names of         Names of         Amgen Inc         One Amgen Cente         Idaho Charter Schot         1010 W Jefferson S         Idaho Medical Asso  | employers sh<br>other holder<br>of Legislators<br>and Househ<br>mployer(s) N<br>r Dr Thousa<br>ool Network<br>St Boise ID<br>ociation | r of public of<br>s, Public and<br>old Members<br>Name(s) and A<br>and Oaks C/<br>83702 USA | Address(es)                                      | cials          |  |

|           | 0.1.    | · · · · · · · · · · · · · · · · · · ·                             |                                 |      | LEGISLATIVE SUP                      | TECT    | IDENTIFICATION                     |
|-----------|---------|---|---------------------------------|------|--------------------------------------|---------|------------------------------------|
| Item      |         | ect matter of proposed legislat<br>buse Bill, Resolution or other |                                 |      | LEGISLATIVE SUP                      | JECI    | IDENTIFICATION                     |
| 4         |         | obbyist was supporting or op                                      | 6                               | Code | Subject                              | Code    | Subject                            |
|           |         | obbyist was supporting of op                                      | posing.                         | 01   | Agriculture, horticulture,           | 17      | Health service, medicine, drugs    |
| Subject   | t Code  | Bill, Resolution or Other   | Appropriation Bill Number       | 01   | farming, and livestock               | 17      | and controlled substances, health  |
| (from     |         | Legislative Ident. Number   | and Section Number              | 02   | Amusements, games, athletics         |         | insurance, hospitals               |
| 8, 17     | /       | H.B. 222, H.B. 153  |                                 | 02   | and sports                           | 18      | Higher education                   |
| 0, 17     |         |   |                                 | 03   | Banking, finance, credit and         | 19      | Housing, construction, codes       |
|           |         |   |                                 | 05   | investments                          | 20      | Insurance (excluding health        |
|           |         |   |                                 | 04   | Children, minors, youth,             | 20      | insurance)                         |
|           |         |   |                                 | 0.   | 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                |         | streets and roads                  |
|           |         |   |                                 | 15   | Government, special districts        | 30      | Utilities, communications,         |
|           |         |   |                                 | 16   | Government, state                    |         | televisions, radio, newspaper,     |
|           |         |   |                                 |      |                                      |         | power, CATV, gas                   |
|           |         |   |                                 |      |                                      | 31      | Other (please specify)             |
|           |         |   |                                 |      |                                      |         |                                    |
|           |         |   |                                 |      |                                      |         |                                    |
|           |         |   |                                 |      |                                      |         |                                    |
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|           |         |   |                                 |      |                                      |         |                                    |
|           |         |   |                                 |      |                                      |         |                                    |
|           |         |   |                                 |      | CERTIFICATION: I hereby certify t    |         |                                    |
| Térm      | Identif | fy any rule, ratemaking decisi                                    | on, procurement, contract,      |      | correct statement in accordance with | Section | 0/-0024 <b>Idaho Code.</b>         |
| Item<br>5 |         |   | s or bond lobbyist was support- |      |                                      |         |                                    |
| 5         | ing or  | opposing.   | , II                            |      |                                      |         |                                    |
|           | -       |   |                                 |      | Electronically signed                |         | 3/16/2015                          |
|           |         |   |                                 | 1    | Lobbyist signature                   |         | Date                               |
|           |         |   |                                 |      |                                      |         |                                    |
|           |         |   |                                 |      |                                      |         |                                    |
|           |         |   |                                 |      |                                      |         |                                    |
|           |         |   |                                 |      |                                      |         |                                    |
|           |         |   |                                 | 1    |                                      |         |                                    |

## Lobbyist Report Form Attachment

Lobbyist's name and permanent business address

Emily McClure 5538 S. Zonetailed Way Boise, ID 83716

| Employer No. | Entertainment<br>Food &<br>Refreshment | Living<br>Accommodations | Advertising | Travel | Telephone | Other<br>Expenses or<br>Services | Employer Total |
|--------------|--|--------------------------|-------------|--------|-----------|----------------------------------|----------------|
| No.5         | \$0.00                                 | \$0.00                   | \$0.00      | \$0.00 | \$0.00    | \$0.00                           | \$0.00         |
| No.6         | \$0.00                                 | \$0.00                   | \$0.00      | \$0.00 | \$0.00    | \$0.00                           | \$0.00         |
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|              |  |                          |             |        |           |                                  |                |
|              |  |                          |             |        |           |                                  |                |

| Employer No. | Employer Name(s)              | Employer Address(es)                       |
|--------------|-------------------------------|--|
| No.5         | Riley & Associates, L.L.C.    | 10392 Morris Road Hayden Lake ID 83835 USA |
| No.6         | Upstart (Waterford Institute) | 1590 East 9400 Sandy UT 84093 USA          |
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