

LOBBYIST MONTHLY REPORT FORM



State of Idaho
Lawrence Denney
Secretary of State

To Be Filed By:
L-3 LOBBYISTS
(Sec. 67-6619)

15 FEB 13 PM 04:01
SECRETARY OF STATE
STATE OF IDAHO

5009

(Type or print clearly in black ink)
See instructions at bottom of page

Lobbyist's name and permanent business address Stephen Thomas PO Box 829 Boise, ID 83701	Date prepared 2/13/2015	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) 1 31 2015
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Item 1	Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.				
Category of Expenditure <small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small>	*Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment	\$ \$0.00	\$ \$0.00	\$ \$0.00	\$ \$0.00	\$ \$0.00
Food and Refreshment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Living Accommodations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Advertising	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Telephone	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Expenses or Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$ \$0.00	\$ \$0.00	\$ \$0.00	\$ \$0.00	\$ \$0.00

*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.

Item-2	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.			
	Date	Place	Amount	Names of Legislators, Public and Executive Officials and Household Members in Group
<input checked="" type="checkbox"/> Continued on attached page(s)				

<p style="text-align: center;">INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code</p> <p>Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.</p> <p>TO BE FILED WITH:</p> <p style="text-align: center;">Lawrence Denney Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	<p style="text-align: center;">Item 3</p> <p style="text-align: center;">Employer(s) Name(s) and Address(es)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">No. 1</td> <td>BNSF Railway Company 800 North Last Chance Gulch, Suite 101 Helena MT 59601 USA</td> </tr> <tr> <td>No. 2</td> <td>Chevron USA, Inc., and the other Subsidiaries and Affiliates of its P P.O. Box 25117 Salt Lake City UT 84125 USA</td> </tr> <tr> <td>No. 3</td> <td>Consumer Lending Alliance, Inc. 92 Royster Drive Crawfordville FL 32327 USA</td> </tr> <tr> <td>No. 4</td> <td>Idaho Association of Health Plans 1211 W Myrtle St Boise ID 83702 USA</td> </tr> </table>	No. 1	BNSF Railway Company 800 North Last Chance Gulch, Suite 101 Helena MT 59601 USA	No. 2	Chevron USA, Inc., and the other Subsidiaries and Affiliates of its P P.O. Box 25117 Salt Lake City UT 84125 USA	No. 3	Consumer Lending Alliance, Inc. 92 Royster Drive Crawfordville FL 32327 USA	No. 4	Idaho Association of Health Plans 1211 W Myrtle St Boise ID 83702 USA
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Item 4	Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.		LEGISLATIVE SUBJECT IDENTIFICATION																																																																					
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Item 5	Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.		<p>CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.</p> <p><u>Electronically signed</u> <u>2/13/2015</u></p> <p>Lobbyist signature Date</p>																																																																					
None this reporting period ending 1/31/2015.																																																																								

Employer No.	Employer Name(s)	Employer Address(es)
No.5	Idaho Forest Group	PO Box 220 Laclede ID 83841 USA
No.6	Idaho Soft Drink Association	398 Victory Ave Twin Falls ID 83301 USA