| 04/06   | /2015                  | 12:31 Verita                      | as Advisor                                     |                            |  |            |             |                               | (FAX)20             | 83859056                                  |               | P.00                      | 1/002 |
|---|------------------------|-----------------------------------|--|----------------------------|--|------------|-------------|-------------------------------|---------------------|---|---------------|---------------------------|-------|
| Rev. 11/2<br>web  | 2011<br>4 C            | 65<br>State of Idal<br>Ben Ysursa | DO T   | ST MO<br>o Be Filed<br>L-3 | By:<br>LOB   | BYIS. 67-6 | STS         | ORT FORM                      |                     | Page<br>THIS SPACE                        | FOR OFFICE US |                           |       |
| (Type or print clearly in black ink)<br>See instructions at bottom of page        |                        |                                   |  |                            |  |            |             |                               | S                   | 15 APR -6 P<br>ECRETARY OF<br>STATE OF ID |               | М 3:38<br>F STATE<br>ДАНО |       |
| •   |                        | ermanent busines                  | ss address                                     |                            |  | D          | ate pre     | pared                         |                     | Period o                                  | overed        |                           | -<br> |
| Ken Burgess<br>Veritas Advisors, LLP<br>802 W Bannock St<br>Boise, ID 83702       |                        |                                   |  |                            | 4/2/2015   |            |             | 5                             | (Mo.) (Day)<br>3 31 |   |               |                           |       |
| Item<br>1   | Total                  | s of all reportal                 | le expenditures made o                         | r incurred                 | by Lobi  | byist c    | or by I     | .obbyist's Empl               | oyer on beh         | alf of Lobby                              | ist's Employ  | yer.                      | -     |
| Ca  |                        | iving and Travel                  | *Total Amount for<br>All Employers             | Proportio<br>Item 3, z     |  |            |             | ted by each emplo             | yer (Identi         | fy employers,                             | , under       |                           | _     |
|   | Net Have to b          | e Reported                        |  | Empl                       | oyer No.   | 1          | E           | mployer No. 2                 | Employ              | ver No. 3                                 | Employer      | No. 4                     | _     |
| Entertai<br>Food ar   | inment<br>id Refreshme | ent                               | s12.44   | s                          |  |            | s           | 0.00                          | \$                  | 0.00                                      | \$            | 12.44                     |       |
| -   | Accommoda              | tions                             |  |                            |  |            | —           |                               |                     |   |               |                           | ,     |
| Adverti<br>Travel   | sing                   |                                   |  |                            |  |            |             |                               |                     |   |               |                           |       |
| Telepho   | ne                     |                                   |  |                            |  |            |             |                               |                     |   |               |                           |       |
| •   | xpenses or S           | ervices                           |  |                            |  |            |             |                               |                     |   |               |                           | _     |
|   | _                      |                                   |  |                            |  |            |             |                               |                     |   |               |                           | =     |
|   |                        | Total                             | s12.44   | s                          | 0  | .00        | s           | 0.00                          | s                   | 0.00                                      | S             | 12.44                     |       |
| *When 1   | ihe number of          | employers you a                   | re reporting for requires m                    | ultiple L-2                | forms to   | be filed   | ı<br>datota | a amount for all e            | nployers sho        | uld be entere                             | d on Page 1.  |                           |       |
|   | The totals             |                                   | liture of more than one                        |                            |  |            |             |                               |                     |   |               | fficials ar               | đ     |
| ltem-<br>2  |                        | or meir nouse                     |  |                            |  |            |             |                               |                     | Public and E                              |               | ials                      | -     |
|   | Date                   |                                   | Place  |                            | <b></b> ^  | moun       | t           |                               | und Househo         | ld Members i                              | n Group       |                           |       |
| _   |                        |                                   |  |                            |  |            |             |                               |                     |   |               |                           |       |
|   | Continued on           | attached page(s)                  |  |                            |  |            | m<br>3      | En                            | nployer(s) Na       | ame(s) and A                              | idress(es)    |                           | -     |
| Wh  | o should file          |                                   | RUCTIONS                                       | der Sectio                 |  | No. 1      |             | OMPASS<br>00 N. East 2nd      | d Street G          |   | oridigo 10    | 83640                     | -     |
|   |                        | 67                                | -6617 Idaho Code<br>orts due within fifteen (1 |                            |  | -          | Vi          | mo (doing bu                  | ·····               |   |               | 03042                     | -     |
|   | -                      | month for ac                      | tivities of the past month                     |                            | 410  | No. 2      |             | 595 È Baysho                  |                     |   | •             | 306                       | _     |
| то  | BE FILED V             | B                                 | en Ysursa<br>stary of State                    |                            |  | No. 3      |             | orthwest Ope<br>425 Birch Ave |                     |   | 59601         |                           |       |
| PO Box 83720<br>Boise, ID 83720-0080<br>Phone: (208) 334-2852 Fax: (208) 334-2282 |                        |                                   |  |                            | No. 4 School Improvement Network<br>32 West Center St Midvale UT 84047 |            |             |                               |                     |   |               |                           |       |
|   |                        |                                   |  |                            |  |            |             |                               |                     |   |               |                           | _     |

10012-001

| item<br>4  | Subject matter of proposed legislat<br>or House Bill, Resolution or other<br>the Lobbyist was supporting or opp  | legislative activity in which                                 | Code<br>01   | LEGISLATIVE SUE<br>Subject<br>Agriculture, horticulture,  | BJECT IDENTIFICATION<br>Code Subject<br>17 Health service, medicine, dru         |   |  |
|--|--|---|--|---|--|---|--|
| ubject t<br>f <u>rom tu</u><br>1,15,<br>16,1<br>,25,<br>30 | Legislative Ident. Number   29 HB95, HB111,<br>HB144, HB173,<br>HB260, HB261,<br>HB266, HB299,<br>HB310, HB311,<br>HB312, SCR102   7 HB46   4 HB47, HB48,<br>HB49, HB50, | Appropriation Bill Number<br>and Section Number               | 02<br>03<br>04<br>05<br>06<br>07<br>08<br>09<br>10<br>11<br>11<br>12<br>13<br>14<br>15<br>16 | conservation, zoning, land and<br>water use<br>Education<br>Elections, campaigns, voting,<br>political parties<br>Equal rights, civil rights,<br>minority affairs<br>Government, financing,<br>taxation, revenue, budget,<br>appropriations, bids, fees, funds<br>Government, county<br>Government, federal | 18<br>19<br>20<br>21<br>22<br>23<br>24<br>25<br>26<br>27<br>28<br>29<br>30<br>31 | insurance, public assistance,<br>workmen's compensation<br>Transportation, highways,<br>streets and roads<br>Utilities, communications,<br>televisions, radio, newspaper,<br>power, CATV, gas |  |
|  |  | on, procurement, contract,<br>s or bond lobbyist was support- |  | CERTIFICATION: 1 hereby certify<br>correct statement in accordance with<br>Lobby ist signature  |  |   |  |