	LOBBY:		IST MONTHLY REPORT FORM				PageofPage(s)				
FAT S	SEAL	State of Idaho To Be Filed By:						THIS SPAC	E FOR OFFICE US	SE ONLY	
THE	C Pr Q Q	o Lawerence Denney		L-3 LOBBYISTS (Sec. 67-6619)				15 JUN 08 AM 08:11			
ATE -	Secretary of		State						TARY O		
<u></u>		(Type or print clear See instructions at	bottom of page		Dete						
Richar	by st's name and permanent business address hard Smith Box 1617					prepared /2015		Period	month er	nding	
Boise,	ID 837(01						(Mo	.) (Day) 31	(Yr.) 2015	
Item 1	То	tals of all reporta	ble expenditures made	or incurred by L	obbyist or b	y Lobbyist's Emp	loyer on bel	half of Lobb	oyist's Emplo	oyer.	
Reimbur	rsed Persona	Expenditure al Living and Travel to Lobbying Activity	*Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)							
		to be Reported	1 5	Employer 1	No. 1	Employer No. 2		Employer No. 3		Employer No. 4	
Entertair Food and	nment d Refresh	iment	\$_ \$0.00	\$_\$0.00	\$	\$0.00 \$ \$0.00		0	\$_\$0.00		
Living A	Accommo	dations	\$0.00	\$0.00		\$0.00		0	\$0.00		
Advertis	sing	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Travel			\$0.00	\$0.00		\$0.00	\$0.00)	\$0.00		
Telephone Other Expenses or Services Total			\$0.00	\$0.00		\$0.00	\$0.00	2	\$0.00		
		\$0.00	\$0.00	\$0.00 \$0.00		\$0.00)	\$0.00			
				\$_\$0.00 \$_\$0.0		<u></u>	÷ ¢0.00				
		Total	\$_\$0.00	\$\$0.00	\$	\$0.00	_ \$ <u>\$0.00</u>)	\$_\$0.00		
*When th		of employers you a	are reporting for requires n	nultiple L-2 forms	s to be filed a	total amount for all e	employers sh	ould be enter	ed on Page 1.		
*When th	The tota	of employers you a	are reporting for requires n diture of more than one	nultiple L-2 forms	s to be filed a	total amount for all of) for a legislator, of	employers shother holder	ould be enter of public of	ed on Page 1.		
	The tota	of employers you a lls of each expend	are reporting for requires n diture of more than one	nultiple L-2 forms	s to be filed a	total amount for all of) for a legislator, of	employers shother holder	ould be enter of public c	ed on Page 1. office, execut		
Item-	The tota and mer	of employers you a lls of each expend	are reporting for requires n diture of more than one ousehold.	nultiple L-2 forms	s to be filed a ollars (\$105	total amount for all of) for a legislator, of	employers shother holder	ould be enter of public c	ed on Page 1. office, execut		
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Item	Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which			LEGISLATIVE SUBJECT IDENTIFICATION			
4 Subjec (from	the L t Code	buse Bill, Resolution or other obbyist was supporting or op Bill, Resolution or Other Legislative Ident. Number	8	Code 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	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, federal Government, special districts Government, state	Code 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	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)
Item 5	Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was support- ing or opposing.				CERTIFICATION: I hereby certify to correct statement in accordance with Electronically signed Lobbyist signature		

Lobbyist Report Form Attachment

Lobbyist's name and permanent business address

Richard Smith PO Box 1617 Boise, ID 83701

Employer No.	Entertainment Food & Refreshment	Living Accommodations	Advertising	Travel	Telephone	Other Expenses or Services	Employer Total
No.5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Employer No.	Employer Name(s)	Employer Address(es)
No.5	Williams Companies (Northwest Pipeline)	P.O. Box 2400, MD 46-4 Tulsa OK 74102 USA

Date	•	Place	Amount	Names of Legislators, Public and Executive Officials and Household Members in Group