

**LOBBYIST REPORT FORM**



State of Idaho

Lawrence Denney  
Secretary of State

ANNUAL       SEMI-ANNUAL

To Be Filed By:

**L-2** LOBBYISTS  
(Sec. 67-6619)

17 JAN 30 PM 2:49

SECRETARY OF STATE  
STATE OF IDAHO

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

|  |  |   |
|--|--|---|
| Lobbyist's name and permanent business address<br><b>Cameron Kinzer</b><br>702 W Idaho St STE 700<br>Boise, ID 83702 | Date prepared<br><p style="text-align: center;">12/06/2016</p> | Period covered<br><input checked="" type="checkbox"/> year ending<br>(Mo.)      (Day)      (Yr.)<br><p style="text-align: center;">12      31      2016</p> |
|--|--|---|

| 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<br><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   |                |                |                |  |
| Food and Refreshment  | 0.00   |   |                |                |                |  |
| Living Accommodations   | 0.00   |   |                |                |                |  |
| Advertising   | 0.00   |   |                |                |                |  |
| Travel  | 0.00   |   |                |                |                |  |
| Telephone   | 0.00   |   |                |                |                |  |
| Other Expenses or Services  | 0.00   |   |                |                |                |  |
| <b>Total</b>  | <b>\$ 0.00</b>   | <b>\$ 0.00</b>  | <b>\$ 0.00</b> | <b>\$ 0.00</b> | <b>\$ 0.00</b> |  |

\*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 |  |
|        |   |        |   |  |

Continued on attached page(s)

| INSTRUCTIONS  | Item 3 | Employer(s) Name(s) and Address(es)                                    |
|---|--------|--|
| <p><b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code</p> <p><b>Filing deadline:</b> Annual report is due on January 31st.<br/>Executive Lobbyist semi-annual report due July 31st.</p> <p><b>TO BE FILED WITH:</b></p> <p style="text-align: center;">Lawrence Denney<br/>Secretary of State<br/>PO Box 83720<br/>Boise, ID 83720-0080<br/>Phone: (208) 334-2852 Fax: (208) 334-2282</p> | No 1   | <b>Special Olympics Idaho,</b><br>199 E 52nd St, Garden City, ID 83714 |
|   | No 2   |  |
|   | No 3   |  |
|   | No 4   |  |

| Item | 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. |   |  |
|------|--|---|--|
| 4    | Subject Code (from table)  | Bill, Resolution or Other Legislative Ident. Number | Appropriation Bill Number and Section Number |
|      | 2, 4, 8, 11, 16  |   |  |

**LEGISLATIVE SUBJECT IDENTIFICATION**

- |  |   |
|--|---|
| <b>Code Subject</b>  | <b>Code Subject</b>   |
| 01 Agriculture, horticulture, farming, and livestock                                 | 17 Health service, medicine, drugs and controlled substances, health insurance, hospitals |
| 02 Amusements, games, athletics and sports   | 18 Higher education   |
| 03 Banking, nance, credit and investments  | 19 Housing, construction, codes   |
| 04 Children, minors, youth, senior citizens  | 20 Insurance (excluding health insurance)   |
| 05 Church and religion   | 21 Labor, salaries and wages, collective bargaining                                       |
| 06 Consumer affairs  | 22 Law enforcement, courts, judges, crimes, prisons                                       |
| 07 Ecology, environment, pollution, conservation, zoning, land and water use         | 23 License, permits   |
| 08 Education   | 24 Liquor   |
| 09 Elections, campaigns, voting, political parties                                   | 25 Manufacturing, distribution and services   |
| 10 Equal rights, civil rights, minority affairs                                      | 26 Natural resources, forest and forest products, sheries, mining and mining products     |
| 11 Government, nancing, taxation, revenue, budget, appropriations, bids, fees, funds | 27 Public lands, parks, recreation  |
| 12 Government, county  | 28 Social insurance, unemployment insurance, public assistance, workmen's compensation    |
| 13 Government, federal   | 29 Transportation, highways, streets and roads  |
| 14 Government, municipal   | 30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas             |
| 15 Government, special districts   | 31 Other (please specify) _____   |
| 16 Government, state   |   |

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

| Item | Identify any rule, ratemaking decision, procurement, contract bid or bid process, nancial services agreement or bond lobbyist was supporting or opposing. |
|------|---|
| 5    |   |

\_\_\_\_\_ 12/6/2016  
 Lobbyist signature Date  
 \_\_\_\_\_ 12/4/2016  
 Employer No. 1 signature Date  
 \_\_\_\_\_  
 Employer No. 2 signature Date  
 \_\_\_\_\_  
 Employer No. 3 signature Date  
 \_\_\_\_\_  
 Employer No. 4 signature Date

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STATE OF IDAHO

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See instructions at bottom of page

|  |  |                                   |   |
|--|--|-----------------------------------|---|
| Lobbyist's name and permanent business address<br><b>Cameron Kinzer<br/>702 W Idaho St STE 700<br/>Boise, ID 83702</b> |  | Date prepared<br><b>1/26/2017</b> | Period covered<br><input checked="" type="checkbox"/> year ending<br>(Mo.) (Day) (Yr.)<br><b>12   31   2016</b> |
|--|--|-----------------------------------|---|

| 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<br>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity<br>Do Not Have to be Reported | *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                         | \$  | \$             | \$             |
| Food and Refreshment       | 0.00  |                                 |   |                |                |
| Living Accommodations      | 0.00  |                                 |   |                |                |
| Advertising                | 0.00  |                                 |   |                |                |
| Travel                     | 0.00  |                                 |   |                |                |
| Telephone                  | 0.00  |                                 |   |                |                |
| Other Expenses or Services | 0.00  |                                 |   |                |                |
| <b>Total</b>               | <b>\$ 0.00</b>  | <b>\$ 0.00</b>                  | <b>\$ 0.00</b>  | <b>\$ 0.00</b> | <b>\$ 0.00</b> |

\*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. |       |        |   |
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|        | Date  | Place | Amount | Names of Legislators, Public and Executive Officials and Household Members in Group |
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|  | No 1   | <b>Gallatin Public Affairs<br/>702 W Idaho St STE 700, Boise, ID 83702</b> |
|  | No 2   |  |
|  | No 3   |  |
|  | No 4   |  |

