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State of Idaho

Lawcrence Denney Secretary of State

LOBBYIST REPORT FORM

ANNUAL ☐ SEMI-ANNUAL SCANNED

To Be Filed By:

LOBBYISTS L-2 (Sec. 67-6619)

٥ſ THIS SPACE FOR OPPICE USE ONLY

SECKETARY 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

ACT, Inc. (Jo Martell, Designated Lobbyist) c/o 2350 Kemer Blvd., Ste. 250 San Rafael, CA 94901

Date prepared Period covered year ending 1/27/2017

17 JAN 30

(Mo.) (Day)

12

2016 31

(Yr.)

Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure Item 3, at bottom of page.) *Total Amount for Reinsbursed Personal Living and Travel All Employers enses Pertaining to Lobbying Acrivity Employer No. 4 Employer No. 1 Employer No. 2 Employer No. 3 Do Not Have to be Reported Entertainment 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 0.00 0.00 0.00 0.00 Total 5 *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.

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(5) of their household. ltem-Names of Legislators. Public and Executive Officials 2 Place Amount and Household Members in Group Date

Continued on attuched page(s)

Item INSTRUCTIONS Employer(s) Name(s) and Address(cs) ACT, Inc.; c/o 2350 Kemer Blvd., Ste. 250 Who should file this form: Any lobbyist registered under Section San Rafael, CA 94901 67-6617 Idaho Code Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. No. 2 TO BE FILED WITH: No. 3 Lawerence Denncy Secretary of State PO Box 83720 Boise, ID 83720-0080 No. 4 Phone: (208) 334-2852 Fax: (208) 334-2282

LEGISLATIVE SUBJECT IDENTIFICATION Subject matter of proposed legislation, the number of the Senate ltem or House Bill, Resolution or other legislative serivity in which Code Subject Code Subject the Lobbyist was supporting or opposing. Agriculture, horriculture, 17 Health service, medicine, drugs Appropriation Bill Number Subject Code Bill, Resolution or Other farming, and livestock and controlled substances, health Legislative Ident, Number and Section Number (from table) Amusements, games, athletics insurance, hospitals and sports Higher education Housing, construction, codes Banking, finance, credit and 03 19 investments 20 Insurance (excluding health insurance) Children, minors, youth, 04 Labor, salaries and wages, senior entizens 05 Church and religion collective bargaining Law enforcement, courts, 06 Consumer affairs Ecology, environment, pollution, judges, crimes, prisons conservation, zoning, land and 23 License, permits water use Liquor Education Manufacturing, distribution and u9 Elections, campaigns, voting, services political parties Natural resources, forest and Equal rights, civil rights. forest products, fisheries, mining minority affairs and mining products Government, financing, Public lands, parks, recreation taxation, revenue, budget, Social insurance, unemployment appropriations, bids, fees, funds insurance, public assistance, Government, county workmen's compansation 12 Transportation, highways, 13 Government, federal streets and roads Government, municipal Government, special districts 30 Utilities, communications. 15 Government, state televisions, radio, newspaper, power, CATV, gas Other (please specify)_ CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code. identify any rule, ratemaking decision, procurement, Lobbyist signature contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing. Employer No. 1 signature Date Employer No. 2 signature Date Employer No. 3 signature Date Date Employer No. 4 signature