Rev. 12/2016

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State of Idaho

LOBBYIST	REPORT	FORM
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Lawerence Denney Secretary of State

To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619) 18 JAN 02 PM 03:09

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 Date prepared Period covered Douglas Okuniewicz 1/2/2018 year ending 5100 W riverbend Ave Post Falls, ID 83854 (Mo.) (Day) (Yr.) 12 31 2017 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 Reimbursed Personal Living and Travel *Total Amount for Item 3, at bottom of page.) Expenses Pertaining to Lobbying Activity All Employers Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Employer No. 4 Entertainment Food and Refreshment \$268.00 \$_\$268.00 Living Accommodations \$0.00 \$0.00 Advertising \$0.00 \$0.00 Travel \$0.00 \$0.00 Telephone \$0.00 \$0.00 Other Expenses or Services \$0.00 \$0.00 **Total** \$ \$268.00 \$ \$268.00 *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. The totals of each expenditure of more than one hundred ten dollars (\$110) for a legislator, other holder of public office, executive offi cials and member(s) of their household. Item-Names of Legislators, Public and Executive Officials 2 Date Place Amount and Household Members in Group Continued on attached page(s) Item INSTRUCTIONS Employer(s) Name(s) and Address(es) Coeur d'Alene Racing Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code 5100 W riverbend Ave Post Falls ID 83854 USA Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. No. 2 TO BE FILED WITH: Lawerence Denney Secretary of State No. 3 PO Box 83720 Boise, ID 83720-0080 elections@sos.idaho.gov No. 4 Phone: (208) 334-2852 Fax: (208) 334-2282

	Subje	ect matter of proposed legislat	ion, the number of the Senate		LEGISLATIVE SUB	BJECT	IDENTIFICATION
Item		ouse Bill, Resolution or other					
4		obbyist was supporting or op		Code	Subject	Code	Subject
				01	Agriculture, horticulture,	17	Health service, medicine, drugs
Subject		Bill, Resolution or Other	Appropriation Bill Number		farming, and livestock		and controlled substances, health
(from t	table)	Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals
				1	and sports	18	Higher education
				03	Banking, finance, credit and	19	Housing, construction, codes
				05	investments	20	Insurance (excluding health
				04	Children, minors, youth,		insurance)
				"	senior citizens	21	Labor, salaries and wages,
				05	Church and religion		collective bargaining
				06	Consumer affairs	22	Law enforcement, courts,
				07	Ecology, environment, pollution,		judges, crimes, prisons
				"	conservation, zoning, land and	23	License, permits
					water use	24	Liquor
				08	Education	25	Manufacturing, distribution and
				09	Elections, campaigns, voting,	23	services
				07	political parties	26	Natural resources, forest and
				10	Equal rights, civil rights,	20	forest products, fisheries, mining
				10	minority affairs		and mining products
				11	Government, financing,	27	Public lands, parks, recreation
				''	taxation, revenue, budget,	28	Social insurance, unemployment
					appropriations, bids, fees, funds	20	insurance, public assistance,
				12	Government, county		workmen's compensation
				13	Government, federal	29	Transportation, highways,
				14	Government, municipal	29	streets and roads
				15	Government, special districts	20	Utilities, communications,
				l .	Government, special districts Government, state	30	televisions, radio, newspaper,
				16	Government, state		
						2.1	power, CATV, gas
						31	Other (please specify)
				_			
				C	ERTIFICATION: I hereby certify th	at the ab	ove is a true, complete and
					orrect statement in accordance with S		
				_			
					Electronically signed		1/2/2018
111111		y any rule, ratemaking decision		L	obbyist signature		Date
		et bid or bid process, financial obbyist was supporting or oppositions.					
	bond it	obbyist was supporting or opp	Joshig.				
				Er	nployer No. 1 signature		Date
				Er Er	mployer No. 2 signature		Date
					ipioyei 140. 2 signature		Bute
				Er	nployer No. 3 signature		Date
				$\frac{1}{Er}$	nployer No. 4 signature		Date

Rev. 12/2016

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State of Idaho

Lawerence Denney Secretary of State

LOBBYIST	REPORT	FORM
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LOBBYISTS (Sec. 67-6619)

18 JAN 12 PM 04:36

SECRETARY OF STATE STATE OF IDAHO

		Type or print clear see instructions at												
Doug 5100		ermanent busine ewicz nd Ave	1 0				ite prepared /2/2018		'		(Mo.)	year er (Day	·)	(Yr.) 2017
Item 1	Totals	s of all reportal	ole expenditures made of	or incurred b	y Lobb	yist o	r by Lobb	yist's Empl	oyer on b	oehalf of	Lobby	ist's Emp	oloye	r.
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity		Living and Travel Lobbying Activity	*Total Amount for All Employers	Item 3, at	bottom	of pag	e.)	y each empl	· ·				N	- 4
	Not Have to b	e Reported		Emplo	yer No.	1	Employ	yer No. 2	Emp	oloyer No.	3	Emplo	yer N	0. 4
Entertai Food ar	nment id Refreshme	ent	\$_\$268.00	\$_\$26	8.00		\$		\$			\$		
Living 1	Accommoda	tions	\$0.00	\$0.0	00									
Adverti	sing		\$0.00	\$0.0	00									
Travel			\$0.00	\$0.0	00				.					
Telepho	ne		\$0.00	\$0.0	00				-					
Other E	xpenses or S	Services	\$0.00	\$0.0	00				-					
		Total	\$_\$268.00	\$_\$26			\$		\$			\$		
Item-	The totals		re reporting for requires m iture of more than one leir household.	-								_		ffi
2	Date		Place		Aı	Names of Legislators, Public and Executive Official Amount and Household Members in Group					fficials	3		
	Continued on a	ittached page(s)												
		INST	RUCTIONS			Ite		Eı	nployer(s)	Name(s)	and Ad	dress(es)		
	Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code Filing deadline: Annual report is due on January 31st.					Coeur d'Alene Racing No. 1 5100 W riverbend Ave Post Falls ID 83854 USA								
	BE FILED V	Executive Lob	bbyist semi-annual repo		31st.	No. 2	!							
		Secr PO	erence Denney etary of State Box 83720 ID 83720-0080			No. 3	3							
Boise, ID 83720-0080 elections@sos.idaho.gov Phone: (208) 334-2852						No. 4	ı							

Item Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which			LEGISLATIVE SUBJECT IDENTIFICATION				
Item 4 Subjec (from	or Ho the L		legislative activity in which	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, county Government, municipal Government, special districts Government, state		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,
Item 5	Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing.			ERTIFICATION: I hereby certify the prect statement in accordance with S Electronically signed obbyist signature DMO mployer No. 1 signature mployer No. 2 signature mployer No. 3 signature		ove is a true, complete and	
				Er Er	mployer No. 4 signature		Date