LOBBYIST ANNUAL REPORT FORM

State of Idaho

Secretary of State

To Be Filed By:

L-2 LOBBYISTS (Sec. 67-6619)

JAN 15 AM 8: 35

STATE OF IDAHO

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

Lobbyist's name and permanent business address	Date prepared	Period covered
Ronald S. Hodge, J.D. P. O. Box 2668 Boise, ID 83701	December 31, 2003	[X] year ending

(Mo.)	(Day)	(Yr.)
12	31	2003

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 Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity **Do Not Have to be Reported**	Total Expenditure	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 Food and Refreshment	$ 0	$ 100% Paid	$	$	$
Living Accommodations		Idaho			
Advertising		Medical			
Travel	14.28	Association			
Telephone					
Office Expenses					
Other Expenses or Services					
Total	$ 14.28	$	$	$	$

Item 2 — The totals of each expenditure of more than fifty dollars ($50) for a legislator or other holder of public office.

Date	Place	Amount	Names of Legislators & Public Officials in Group

☐ Continued on attached page(s)

POSTED

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code	No. 1	Idaho Medical Association P. O. Box 2668 Boise, ID 83701
Filing deadline: Annual report is due on January 31st.	No. 2	
TO BE FILED WITH: Pete T. Cenarrusa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	No. 3	
	No. 4	

Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.		
	Date	Amount	Name of Legislator Receiving or Benefited

Item 5	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.	
Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number
17	HB92	
17	HB215	
17	SB1102	
17	HB240	
17	HB301	

LEGISLATIVE SUBJECT IDENTIFICATION

Code	Subject	Code	Subject
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, finance, 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
		24	Liquor
08	Education	25	Manufacturing, distribution and services
09	Elections, campaigns, voting, political parties	26	Natural resources, forest and forest products, fisheries, mining and mining products
10	Equal rights, civil rights, minority affairs	27	Public lands, parks, recreation
11	Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds	28	Social insurance, unemployment insurance, public assistance, workmen's compensation
12	Government, county	29	Transportation, highways, streets and roads
13	Government, federal	
14	Government, municipal	30	Utilities, communications, televisions, radio, newspaper, power, CATV, gas
15	Government, special districts	
16	Government, state	31	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.**

_____   1/13/04
Lobbyist signature   Date

_____   1/5/04
Employer No. 1 signature   Date

_____   _____
Employer No. 2 signature   Date

_____   _____
Employer No. 3 signature   Date

_____   _____
Employer No. 4 signature   Date