

# LOBBYIST MONTHLY REPORT FORM

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**State of Idaho**  
[REDACTED]  
 Secretary of State

To Be Filed By:  
**L-3 LOBBYISTS**  
 (Sec. 67-6619)

04 MAR 11 PM 3:26

SECRETARY OF STATE  
 STATE OF IDAHO

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

Lobbyist's name and permanent business address <b>NEIL V. COLWELL</b> <b>AVISTA CORP.</b> <b>802 W. BANNOCK, STE 306</b> <b>BOISE, ID 83702</b>	Date prepared <b>3-11-04</b>	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) <b>02   29   04</b>
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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	\$ <u>780.00</u>	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations					
Advertising					
Travel					
Telephone	<u>119.50</u>				
Office Expenses	<u>300.00</u>				
Other Expenses or Services					
<b>Total</b>	\$ <u>1,199.00</u>	\$ _____	\$ _____	\$ _____	\$ _____

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	
	<i>None</i>			

Continued on attached page(s)

FILED

<b>INSTRUCTIONS</b>  <b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code  <b>Filing deadline:</b> Monthly reports due within ten (10) days of the month for activities of the past month.  TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Item 3</th> <th>Employer(s) Name(s) and Address(es)</th> </tr> </thead> <tbody> <tr> <td>No. 1</td> <td><b>AVISTA CORP.</b> <b>P.O. BOX 3727</b> <b>SPOKANE, WA 99220-3727</b></td> </tr> <tr> <td>No. 2</td> <td></td> </tr> <tr> <td>No. 3</td> <td></td> </tr> <tr> <td>No. 4</td> <td></td> </tr> </tbody> </table>	Item 3	Employer(s) Name(s) and Address(es)	No. 1	<b>AVISTA CORP.</b> <b>P.O. BOX 3727</b> <b>SPOKANE, WA 99220-3727</b>	No. 2		No. 3		No. 4	
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