

LOBBYIST ANNUAL REPORT FORM

RESERVE SPACE FOR OFFICE USE ONLY



State of Idaho

Secretary of State

To Be Filled By:

L-2 LOBBYISTS
(Sec. 67-6619)

04 JAN 29 AM 11:20

SECRETARY OF STATE
STATE OF IDAHO

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

Lobbyist's name and permanent business address MARTIN JOHN COX ALEXANDER & ASSOCIATES PO BOX 8272 BOISE 83707	Date prepared 1-30-04	Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) 12 31 03
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Category of Expenditure <small>Refreshment/Personal Living and Travel Expenses Relating to Lobbying Activity Do Not Have to be Reported</small>	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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone	\$ 35	\$ 35	\$ _____	\$ _____	\$ _____
Office Expenses	\$ 40	\$ 40	\$ _____	\$ _____	\$ _____
Other Expenses or Services	\$ 10	\$ 10	\$ _____	\$ _____	\$ _____
Total	\$ 85	\$ 85	\$ _____	\$ _____	\$ _____

Item 2	Date	Place	Amount	Names of Legislators & Public Officials in Group

POSTED

Continued on attached page(s)

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	GOSB OFFICE 2144 N. MYRAWAY WAY SUITE 100 BOISE 83703 343-6107
Filing deadline: Annual report is due on January 31st.	No. 2	
TO BE FILED WITH: Ben Yaurea Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	No. 3	
	No. 4	

Item #	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 #	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		R 512903	?

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
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, fisheries, mining and mining products
11	Government, financing, 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.

_____ 1-30-04
 Employer Signature Date

 Employer No. 1 Signature Date

 Employer No. 2 Signature Date

 Employer No. 3 Signature Date

 Employer No. 4 Signature Date