LOBBYIST MONTHLY REPORT FORM



State of Idaho

Pete T. Cenamisa Secretary of State

(Type or print clearly)

To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6617)

THIS SPACE FOR OFFICE USE ONLY

OL MAR 16 AM 10: 52 SECRETOR OF IDAMO

See instructions	at bottom of page					••
Lobbyier's name and perhanent business address				Date prepared		Period covered _
onald S. Bodge, J.DO. Box 2668 cise, ID 83701				3/15/04		(Mo.) (Day) (Yr.)
Item 1 Totals of all reportab	le expenditures made	or incurred by Lobi	yist or by	Lobbyist's Empl	loyer on behalf o	of Lobbyist's Employer.
Category of Expenditure Reintbursed Personal Living and Travel Expenses Permindur to Lethylag Activity Expenditure		Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)				
De Not Have to be Reported		Employer No.	1	Employer No. 2	Employer N	o. 3 Employer No. 4
Entertainment Food and Refreshment	s	s	s _		s	s
Living Accommodations			_ -			
Advertising			_ -			
Travel Telephone			- -			
Office Expenses			- -			
Other Expenses or Services			_ -			
Olidi Expansis di Salitots			_ -	·····		
Total	s d	\$	_ s _		s	s
		dellar (CSO) for a	- Is minister		forblis office	
Item The totals of ach expenditure of more than fifty dollars (\$50) for a 2 Date in the second secon			Amount Names of Legislators & Public Officials in Group			
Continued on attached page(s)					Por	
Condiner of streeted parets			Item			
Instructions		Item 3 Employer(s)?		nployer(s) Namu(s	s) and Address(es)	
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code			Idaho Medical Association No.1 P.O. Box 2668 Boise, ID 83701			
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.			No. 2			
TO BE FILED WITH: Pote T. Cenarrusa Secretary of State			No. 3			

Lobbylist signature