

LOBBYIST MONTHLY REPORT FORM

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State of Idaho

Secretary of State

To Be Filed By:

L-3 LOBBYISTS
(Sec. 67-6619)

04 FEB 18 PM 4:42
SECRETARY OF STATE
STATE OF IDAHO

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

Lobbyist's name and permanent business address Michael M. Stoddard Hawley Troxell Ennis & Hawley LLP P.O. Box 1617 Boise, ID 83701	Date prepared 2/18/04	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) 1 31 04
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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 <small>Reimbursed Personal Living and Travel Expenses Pertaining 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	\$ 0	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	0	_____	_____	_____	_____
Living Accommodations	0	_____	_____	_____	_____
Advertising	0	_____	_____	_____	_____
Travel	0	_____	_____	_____	_____
Telephone	0	_____	_____	_____	_____
Office Expenses	0	_____	_____	_____	_____
Other Expenses or Services	0	_____	_____	_____	_____
Total	\$ 0	\$ _____	\$ _____	\$ _____	\$ _____

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	
	None			

Continued on attached page(s)

INSTRUCTIONS Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code Filing deadline: 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>Idaho Health Facilities Authority 1607 W. Jefferson, Boise, ID 83702</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	Idaho Health Facilities Authority 1607 W. Jefferson, Boise, ID 83702	No. 2		No. 3		No. 4	
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