



State of Idaho
Ben Ysursa
Secretary of State

LOBBYIST MONTHLY REPORT FORM

To Be Filed By:

L-3 LOBBYISTS
(Sec. 67-6619)

Page _____ of _____ Page(s)
THIS SPACE FOR OFFICE USE ONLY

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

Lobbyist's name and permanent business address Margaret Colwell P. O. Box 1623 Boise, Idaho 83701	Date prepared 2/1/05	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.)
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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 Amount for All Employers	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	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

*When the number of employers you are reporting for requires multiple L-3 forms to be filed a total amount for all employers should be entered on Page 1.

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)

<p align="center">INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.</p> <p>Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.</p> <p>TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	Item 3	Employer(s) Name(s) and Address(es)
	No.1	Idaho Association of Counties P. O. Box 1623, Boise, Idaho 83701
	No.2	Idaho Public Health Districts P. O. Box 1623, Boise, Idaho 83701
	No.3	
No.4		

LOBBYIST MONTHLY REPORT FORM (L-3)
ITEM 5 ATTACHMENT TO IDAHO ASSOCIATION OF COUNTIES REPORT
FOR THE MONTH ENDING JANUARY 31, 2005

H30 31 (Energy)
H31 11
H39 22
H49 31 (Tort)

S1007 20
S1038 20/22
S1044 31 (Contracts)
S1048 09
S1054 16/22