Rev. 12/2016

AGENCY MONTHLY REPORT FORM

Pagc_ THIS SPACE FOR OFFICE USE ONLY



State of Idaho

Lawerence Denney Secretary of State

To Be Filed By: **A-3**

AGENCIES (Sec. 67-6619A) 7 FEB 16 AM 7: 39

STATE OF DAHO

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

Name Agen	e of cy/Office:	Lewis-Clark State College			<u></u>			
Name of Contact: Teresa Cole, Controller					Item Totals of all reportable expenditures made or incurred by the Agency or Department.			
Work Phone: (208) 792-2335					Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to *Total Amount for			
Mailing Address: 500 8th Avenue Lewiston, ID 83501					Lobbying Activity Do Not Have to be Reported		All Employers	
Date Prepared: 02/15/2017						Entertainment \$0.00		
Period (Mo.) (Day) (Yr.)						Living Accommodations Advertising		
Covered: month ending 1 31 2017					Travel			
					Telepho	ne		
					Other Expenses or Services			
						Total	<u>\$</u> 0.00	
ltem- 2		d member(s) of their household.		Lollars (\$1	10) for a legislator, other holder of public office, executive Names of Legislators, Public and Executive Officials and Household Members in Group			
				Item	CERTIF	CATION: I hereby certify	y that the above is a true	
	· · · · · · · · · · · · · · · · · · ·	INSTRUCTIONS		3	complete	and correct statement in Idaho Code.		
Who should file this form: Any State Agency or Office who is required to report interactions with the Legislative or Executive Departments under Section 67-6619A, Idaho Code.					Agency Contact Signature			
Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.					02/15/2017			
TO E	BE FILED W	TTH: Lawerence Denney Secretary of State PO Box 83720 Boise, ID 83720-0080 clections@sos.idaho.gov		Date				