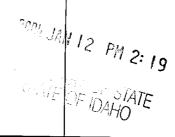


State of Idaho

Pete T. Cenarrusa Secretary of State To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619)



(Type or print clearly)

		See instruction:	s at bottom of page					" /C	,	
		permanent busin	ess address	Date	prepared		Period covered			
	Harper-C					January 6, 2004		year ending		
	L Street, S				Í			year chung		
Sacr	amento, C	California 958	314) (Day)	(Yr.)
			_					12	31	2003
Item 1	Tota	ls of all reportal	ble expenditures made	or incurred by Lo	obbyist or	by Lobbyist's Emp	loyer on behalf	of Lobb	yist's Emplo	yer.
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity			Total		mounts con	s contributed by each employer (Identify employers, under page.)				
Do Not Have to be Reported				Employer N	o. 1	Employer No. 2	Employer No. 3		Employer No. 4	
Enterta Food a	inment id Refreshm	nent	\$0.00	_	\$		s		\$	
Living	Accommoda	itions	0.00						э <u> </u>	
Adverti	sing		0.00							
Travel			0.00							
Telephone			0.00							
Office I	Expenses		0.00							
Other E	xpenses or S	Services	0.00							
									<u> </u>	
		Total	\$0.00		00_ s		\$		s	
Item 2	The totals	of each expendi	iture of more than fifty	dollars (\$50) for	a legislato					
	Date		Place		Amount	Names of	f Legislators & Pu	ıblic Off	icials in Group	
	ontinued on a	ttached page(s)								
		INSTI	RUCTIONS	Item	Emr	Employer(s) Name(s) and Address(es)				
Who 67-66	should file 17 Idaho Co	this form: An	y lobbyist registered ı	under Section	No. 1 1	Pharmaceutical Research & Manufacturers of America 1 1100 15th Street NW, Ninth Floor Washington, DC 20005				
Filing	g deadline:	Annual report	No. 2	·						
то в	E FILED W	TTH:			140. 2			_		
		Secret PO E	Cenarrusa Cary of State Box 83720 D 83720-0080		No. 3					
	Phone	e: (208) 334-285	52 Fax: (208) 334-2	2282	No. 4					

Item 4	Expenditures personal prope		made by the lobberty to any Legis	byist or by the lobbyist's enlator, or for or on behalf of a	by the lobbyist's employer in the nature of contributions of money or other tangible or intangible or or on behalf of any legislator.					
	Date		Amount		Name of Legislator Receiving or Benefited					
	N/A					A DOUGLA TRAVE CUID	THE CT	IDENTIFICATION		
Item 5	or House Bill, 1		Resolution or other	ion, the number of the Senate legislative activity in which	LEGISLATIVE SUBJECT IDENTIFICATION					
3	the Lo	bbyist w	as supporting or of	pposing.	1	Subject Agriculture, horticulture,		Subject Health service, medicine, drugs		
Subject (from		Legislat	esolution or Other ive Ident. Number HB 241	Appropriation Bill Number and Section Number N/A	01 02 03 04 05 06 07 08 09 10	farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal	21	and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways,		
CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.				14 15 16	Government, municipal Government, special districts Government, state	30	streets and roads Utilities, communications, televisions, radio, newspaper,			
	Harper-C st signati		WP?	1/8/04 Date	-		31	power, CATV, gas Other (please specify)		
	Corcoran yer No. 1		hour (MURAL 18	10 y	1				
Employer No. 2 signature Date										
Emplo	yer No. 3	signatu	re	Date	-					
Emplo	yer No. 4	signatu	ге	Date	-					