## LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa ecretary of State To Be Filed By:

L-3 LOBBYISTS (Scc. 67-6619)

THIS SPACE FOR OFFICE USE ONLY

04 MAR - 5 PM 4: 33 SECRETARY OF STATE STATE OF IDAHO

(Type or print clearly)

instructions at bottom of pag

|   |                                  | it comour or byke  |   |                |                |       |          |       |  |  |  |
|---|----------------------------------|--|---|----------------|----------------|-------|----------|-------|--|--|--|
| Lobbyisi  | 's name and permanent busines    | a address  | Date prepared   | I.             | Period covered |       |          |       |  |  |  |
| Gary  |                                  |  | 3/2/04  |                | month ending   |       |          |       |  |  |  |
|   | Box 7408<br>Box 7408<br>Box 7408 |  |   | 3/2/04         |                | (Mo.) | (Day)    | (Yr.) |  |  |  |
|   | •                                |  |   |                |                | 2     | 29       | 04    |  |  |  |
| Item<br>1   | Totals of all reportab           | 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 De Not Have to be Reported |                                  | Total  | Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.) |                |                |       |          |       |  |  |  |
|   |                                  | Expenditure  | Employer No. 1  | Employer No. 2 | Employer No.   | 3     | Employer | No. 4 |  |  |  |
|   |                                  |  |   |                |                |       |          |       |  |  |  |

| Category of Expenditure Rembused Personal Living and Trovel         | Total<br>Expenditure |      | Proportionate amounts contributed by each employer (identity employers, under liem 3, at bottom of page.) |      |                |   |                |      |                |
|---|----------------------|------|---|------|----------------|---|----------------|------|----------------|
| Expenses Pertaining to Lobbying Activity Do Not Have to be Reported |                      |      | Employer No. 1  |      | Employer No. 2 |   | Employer No. 3 |      | Employer No. 4 |
| Entertsinment<br>Food and Refreshment                               | s                    | 0.00 | s   |      | s              |   | s              |      | \$             |
| Living Accommodations   | l                    | 0.00 |   |      |                |   |                |      |                |
| Advertising   |                      | 0.00 |   |      |                |   |                |      |                |
| Cravel  |                      | 0.00 |   |      |                |   |                |      |                |
| Tclephone   |                      | 0.00 |   |      |                |   |                |      |                |
| Office Expenses   |                      | 0.00 |   |      |                |   |                |      |                |
| Other Expenses or Services  |                      | 0.00 |   |      |                | T 10 12 13 12 12 12 12 12 12 12 12 12 12 12 12 12 |                |      |                |
| Total   | s                    | 0.00 | s   | 0.00 | s              | 0.00  | s0             | 0.00 | s 0.00         |

The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.

2 Date Place Amount Names of Legislators & Public Officials in Group

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| Continued on stacked page(s)   |   |                                     |  |  |  |  |  |
|--|---|-------------------------------------|--|--|--|--|--|
| INSTRUCTIONS   | Item<br>3   | Employer(s) Name(s) and Address(cs) |  |  |  |  |  |
| Who should (the this form: Any lobbyist registered under Section 67-6617 Ideno Code                      | No. 1 Blue Cross of Idaho Health Service, Inc. 3000 E. Pine Ave., Meridian, ID 83642-5995 |                                     |  |  |  |  |  |
| Filing deadlines Monthly reports due within ten (10) days of the month for activities of the past month. | No. 2   |                                     |  |  |  |  |  |
| TO BE FILED WITH:  Ben Yeursa  Secretary of State  | No. 3   |                                     |  |  |  |  |  |
| PO Box 83720<br>Boise, ID 83720-0080<br>Phone: (208) 334-2852 Fax: (208) 334-2282                        | No. 4   |                                     |  |  |  |  |  |

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CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

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