

LOBBYIST MONTHLY REPORT FORM

THIS SPACE FOR OFFICE USE ONLY



State of Idaho



Secretary of State

To Be Filed By:

L-3 LOBBYISTS
(Sec. 67-6619)

04 FEB 17 PM 1:54

SECRETARY OF STATE
STATE OF IDAHO

(Type or print clearly)

See instructions at bottom of page

Lobbyist's name and permanent business address NEIL P. MOSS 1607 W. Jefferson Boise ID 83702	Date prepared 02.17.04	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) 01 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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
Living Accommodations	_____	_____	_____	_____	_____	
Advertising	_____	_____	_____	_____	_____	
Travel	_____	_____	_____	_____	_____	
Telephone	_____	_____	_____	_____	_____	
Office Expenses	_____	_____	_____	_____	_____	
Other Expenses or Services	_____	_____	_____	_____	_____	
Total	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	

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	
N/A				

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:</p> <p align="center">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 Health Facilities Authority 1607 W Jefferson Boise ID 83702
	No. 2	
	No. 3	
	No. 4	

