

**LOBBYIST MONTHLY REPORT FORM**

THIS SPACE FOR OFFICE USE ONLY



State of Idaho  
Ben Yursa  
Secretary of State

To Be Filed By:  
**L-3** LOBBYISTS  
(Sec. 67-6619)

04 APR 21 PM 4:53  
SECRETARY OF STATE  
STATE OF IDAHO

(Type or print clearly)

See instructions at bottom of page

Lobbyist's name and permanent business address <b>PHILLIP M. BARBER</b> <b>PO Box 237</b> <b>Boise ID 83701</b>	Date prepared <b>4/21/04</b>	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) <b>03   31   04</b>
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<b>Item 1</b>	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 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	_____	_____	_____	_____	_____
<b>Total</b>	\$ <u>0</u>	\$ _____	\$ _____	\$ _____	\$ _____

<b>Item 2</b>	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	
			<b>POSTED</b>	

Continued on attached page(s)

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

