

**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)

2004 MAR 30 AM 8:55  
SECRETARY OF STATE  
STATE OF IDAHO

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

|  |                                 |   |
|--|---------------------------------|---|
| Lobbyist's name and permanent business address<br><i>Debbie Bloom<br/>P.O. Box 8224<br/>Boise ID 83707</i> | Date prepared<br><i>3-29-04</i> | Period covered<br><input checked="" type="checkbox"/> month ending<br>(Mo.) (Day) (Yr.)<br><i>3   31   04</i> |
|--|---------------------------------|---|

| Item 1<br>Category of Expenditure<br>Reimbursed Personal Living and Travel<br>Expenses Pertaining to Lobbying Activity<br>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  | \$ <u>0</u>       | \$ <u>0</u>   | \$ _____       | \$ _____       | \$ _____       |
| Food and Refreshment   | _____             | _____   | _____          | _____          | _____          |
| Living Accommodations  | _____             | _____   | _____          | _____          | _____          |
| Advertising  | _____             | _____   | _____          | _____          | _____          |
| Travel   | _____             | _____   | _____          | _____          | _____          |
| Telephone  | _____             | _____   | _____          | _____          | _____          |
| Office Expenses  | _____             | _____   | _____          | _____          | _____          |
| Other Expenses or Services   | _____             | _____   | _____          | _____          | _____          |
| <b>Total</b>   | \$ <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 |
|        |   |       |        |  |

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><br/>Ben Ysursa<br/>Secretary of State<br/>PO Box 83720<br/>Boise, ID 83720-0080<br/>Phone: (208) 334-2852 Fax: (208) 334-2282</p> | Item 3 | Employer(s) Name(s) and Address(es)   |
|  | No. 1  | <i>Community Action Partnership<br/>Association of Idaho<br/>P.O. Box 8224, Boise, ID 83707</i> |
|  | No. 2  |   |
|  | No. 3  |   |
|  | No. 4  |   |

**FILED**

