

### LOBBYIST MONTHLY REPORT FORM

Page \_\_\_\_\_ of \_\_\_\_\_ Page(s)  
THIS SPACE FOR OFFICE USE ONLY



State of Idaho  
Ben Ysursa  
Secretary of State

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

FEB 22 10:10:41  
STATE OF IDAHO

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

Lobbyist's name and permanent business address <b>Sid Anderson</b> <b>1910 UNIVERSITY DRIVE</b> <b>BOISE ID 83725</b>	Date prepared <b>Feb 15</b>	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) <b>JAN 31 05</b>
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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 Amount for All Employers	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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Expenses or Services	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total</b>	\$ <u>0</u>	\$ _____	\$ _____	\$ _____	\$ _____

\*When the number of employers you are reporting for requires multiple L-3 forms to be filed a total amount for all employers should be entered on Page 1.

**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)

<b>INSTRUCTIONS</b>  <b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code.  <b>Filing deadline:</b> Monthly reports due within ten (10) days of the month for activities of the past month.  <b>TO BE FILED WITH:</b> Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Item 3</th> <th style="width: 90%;">Employer(s) Name(s) and Address(es)</th> </tr> <tr> <td>No.1</td> <td> </td> </tr> <tr> <td>No.2</td> <td> </td> </tr> <tr> <td>No.3</td> <td> </td> </tr> <tr> <td>No.4</td> <td> </td> </tr> </table>	Item 3	Employer(s) Name(s) and Address(es)	No.1		No.2		No.3		No.4	
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No.1											
No.2											
No.3											
No.4											

