

LOBBYIST MONTHLY REPORT FORM

Page 1 of 1 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)

MAR -7 AM 10:08
STATE OF IDAHO

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

Lobbyist's name and permanent business address Jim Clair GHS DATA MANAGEMENT 45 Commerce Drive - Suite 5 Augusta, ME 0433-1090	Date prepared 3/6/07	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) 2 28 07
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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 Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	* 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	\$ 0	\$	\$	\$	\$
Food and Refreshment					
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

*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)

INSTRUCTIONS Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code. Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month. TO BE FILED WITH: 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> <td style="text-align: center;">Item 3</td> <td style="text-align: center;">Employer(s) Name(s) and Address(es)</td> </tr> <tr> <td style="text-align: center;">No.1</td> <td>GHS DATA MANAGEMENT 45 Commerce Dr. Ste 5 Augusta, ME 04332-1090</td> </tr> <tr> <td style="text-align: center;">No.2</td> <td> </td> </tr> <tr> <td style="text-align: center;">No.3</td> <td> </td> </tr> <tr> <td style="text-align: center;">No.4</td> <td> </td> </tr> </table>	Item 3	Employer(s) Name(s) and Address(es)	No.1	GHS DATA MANAGEMENT 45 Commerce Dr. Ste 5 Augusta, ME 04332-1090	No.2		No.3		No.4	
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