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)

05 FEB 22 AM 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	Date prepared	Period covered ☑ month ending (Mo.) (Day) (Yr.)
David Morriss, ASBSU President Boise State University 1910 University Drive Boise, ID 83725-1335	Feb 22, 2005	Jan ____ 2005

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 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

Item 3	Employer(s) Name(s) and Address(es)
No.1	
No.2	
No.3	
No.4	

Item 4 Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.

Date	Amount	Name of Legislator Receiving or Benefited

Item 5 Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.

Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

Laura Morris 2/2/05

Lobbyist signature Date

LEGISLATIVE SUBJECT IDENTIFICATION

Code	Subject
01	Agriculture, horticulture, farming, and livestock
02	Amusements, games, athletics and sports
03	Banking, finance, credit and investments
04	Children, minors, youth, senior citizens
05	Church and religion
06	Consumer affairs
07	Ecology, environment, pollution, conservation, zoning, land and water use
08	Education
09	Elections, campaigns, voting, political parties
10	Equal rights, civil rights, minority affairs
11	Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds
12	Government, county
13	Government, federal
14	Government, municipal
15	Government, special districts
16	Government, state
17	Health service, medicine, drugs and controlled substances, health insurance, hospitals
18	Higher education
19	Housing, construction, codes
20	Insurance (excluding health insurance)
21	Labor, salaries and wages, collective bargaining
22	Law enforcement, courts, judges, crimes, prisons
23	License, permits
24	Liquor
25	Manufacturing, distribution and services
26	Natural resources, forest and forest products, fisheries, mining and mining products
27	Public lands, parks, recreation
28	Social insurance, unemployment insurance, public assistance, workmen's compensation
29	Transportation, highways, streets and roads
30	Utilities, communications, televisions, radio, newspaper, power, CATV, gas
31	Other (please specify)_____