LOBBYIST MONTHLY REPORT FORM

State of Idaho
Ben Ysursa
Secretary of State

FOR FILING
L-3 LOBBYISTS
(Sec. 67-6619)

Page ___ of ___ Pages

Lobbyist's name as registered with the Secretary of State:
Morgan W. Richards, Jr.
800 E. Pennsylvania Ln.
Boise, ID 83706

Date prepared:
02/02/05

Period covered:
☒ month ending
(Month) 01 (Day) 31 (Year) 2005

Item 1 Total of all expenditures made by lobbyist and lobbyist's employer on behalf of all clients, employers, and principals

Expenditure Categories (Not to include expenditures made by lobbyist or lobbyist's employer on behalf of a specific client, employer, or principal)	Total Amount for All Employers	Employer No. 3	Employer No. 2	Employer No. 1	Employer No. 4
Entertainment, Food and Refreshments	$ 25.00	$ 25.00	$ 0.00	$ 0.00	$ 0.00
Lodging Accommodations	0.00	0.00	0.00	0.00	0.00
Advertising	0.00	0.00	0.00	0.00	0.00
Travel	0.00	0.00	0.00	0.00	0.00
Telephone	0.00	0.00	0.00	0.00	0.00
Other Expenses or Services	0.00	0.00	0.00	0.00	0.00
Total	$ 25.00	$ 25.00	$ 0.00	$ 0.00	$ 0.00

Item 2 Total of all expenditures made by lobbyist and lobbyist's employer on behalf of a specific client, employer, or principal in excess of $25.00

Date	Place	Amount	Purpose of expenditure and name of person benefited
	None		

☐ (Continued on attached page(s))

IMPORTANT NOTICE

This form is for use by lobbyists registered under Section 67-6619, Idaho Code.

Filing deadline: Monthly reports due within ten (10) days of the month following receipt of the last 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 and Address

No. 1 Ardent Health Services, dba Elmore Mountain Hospital
303 N. Hillaugh St., Boise, ID 83704-9266

No. 2 Associated Loggers Exchange
P.O. Box 5899, Boise, ID 83701

No. 3 American Family Insurance
P.O. Box 3008, Englewood, CO 80155

No. 4 Blue Cross of Idaho Health Services
P.O. Box 7408, Boise, ID 83707

LOBBYIST MONTHLY REPORT FORM

State of Idaho

Ben Ysursa
Secretary of State

L-3 LOBBYISTS

(Please print clearly in black ink)

Lobbyist's Name and Business Address	Date Received	Period Covered (X one month only)
Morgan W. Richards, Jr. 804 E. Pennsylvania Ln. Boise, ID 83706	02/02/2005	(Mo) 01 (Day) 31 (Yr) 2005

Item 1 Total of all reportable expenditures made or incurred by Lobbyist or Lobbyist's Employer on behalf of Lobbyist's Employer.

Category of Expenditure (Itemize each expenditure exceeding $25.00 on a separate line on Supplement)	* Total Amount for All Employees	Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment, Food and Refreshment	$ 25.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Lodging Accommodations	0.00	0.00	0.00	0.00	0.00
Advertising	0.00	0.00	0.00	0.00	0.00
Travel	0.00	0.00	0.00	0.00	0.00
Telephone	0.00	0.00	0.00	0.00	0.00
Other Expenses or Services	0.00	0.00	0.00	0.00	0.00
Total	$ 25.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Item 2 Identify each reportable expenditure in excess of $25.00 on a separate line on Supplement. Attach additional sheets if necessary.

Date	Payee	Purpose	Amount
	None		

Item 3 Government Official Recipients

DISTRIBUTION

Where should the title forms (Form L-3) be filed as required 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
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Boise, ID 83720-0080
Phone: (208) 334-2852 Fax: (208) 334-2282

Item 4 Employers Served (Attach additional sheets if necessary)

1. Idaho Life and Health Insurance Guaranty Assoc.
8324 W. Northview, Boise, ID 83704

2. Property Casualty Insurance Association of America
2600 River Road, Des Plaines, IL 60018-3286

3. Idaho Insurance Guaranty Association
1720 S. Bellaire St., Ste. 408, Denver, CO 80222

4. Consumer Lending Alliance
8802 Dunwoody Pl., Ste. 408, Atlanta, GA 30350

	None	

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Mary W. Rolf, 2/2/05