

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)

APR 12 AM 9:32

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

Lobbyist's name and permanent business address Robert C. Geddes 7235 N 2600 W. Preston, Id. 83263	Date prepared 4.9.04	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) MAY 31 04
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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 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	\$ -0-	\$ -0-	\$ -0-	\$ -0-	\$ -0-
Food and Refreshment	\$ 300.00	\$ -0-	\$ -0-	\$ -0-	\$ -0-
Living Accommodations	700.00	600.00	100.00	-0-	-0-
Advertising	-0-	-0-	-0-	-0-	-0-
Travel	550.00	475.00	75.00	-0-	-0-
Telephone	50.00	60.00	20.00	-0-	-0-
Office Expenses	50.00	50.00	-	-0-	-0-
Other Expenses or Services	-	-	-	-	-
Total	\$ 1380.00	\$ 1185.00	\$ 195.00	\$ -0-	\$ -0-

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	

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Continued on attached page(s)

<p style="text-align: center;">INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code</p> <p>Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.</p> <p>TO BE FILED WITH:</p> <p style="text-align: center;">Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Item 3</th> <th>Employer(s) Name(s) and Address(es)</th> </tr> </thead> <tbody> <tr> <td>No. 1</td> <td>Idaho State University Pocatello, Idaho</td> </tr> <tr> <td>No. 2</td> <td>Idaho Assn of Naturopathic Phy. 1712 Jefferson Boise, Id. 83702</td> </tr> <tr> <td>No. 3</td> <td>Idaho Podiatry Medical Assn. 217 N. 22 Boise, Id. 83702</td> </tr> <tr> <td>No. 4</td> <td> </td> </tr> </tbody> </table>	Item 3	Employer(s) Name(s) and Address(es)	No. 1	Idaho State University Pocatello, Idaho	No. 2	Idaho Assn of Naturopathic Phy. 1712 Jefferson Boise, Id. 83702	No. 3	Idaho Podiatry Medical Assn. 217 N. 22 Boise, Id. 83702	No. 4	
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