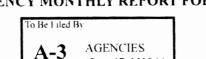
AGENCY MONTHLY REPORT FORM





(Sec. 67-6619A)

SECRETARY OF STATE STATE OF IDAHO

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

elections@sos.idaho.gov Phone: (208) 334-2852 Fax: (208) 334-2282

Name Agenc	of y/Office: C	College of Southern Idaho / Office	of the P	resi	dent		
Name Kathy Deahl of Contact:					Item 1	Totals of all reportable expenditures made or incurred by the Agency or Department.	
Work Phone: (208) 732-6201 Mailing Address: P. O. Box 1238, Twin Falls, ID 83301 Date Prepared: 04/17/2018 Period Covered: month ending 03 31 2018					Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported Entertainment Food and Refreshment Living Accommodations *Total Amount for All Employers		
							Advertising
						Telephone	
					Other Expenses or Services		
						Total	s_0.00
					Item-	The totals of each expenditure of more than one hundred ten dollars (\$110) for a legislator, other holder of public office, execution of their household.	
2	Date	Place	Amour	nt	Nar	Names of Legislators, Public and Executive Officials and Household Members in Group	
				em			
INSTRUCTIONS					CERTIFICATION: I hereby certify that the above is a true complete and correct statement in accordance with Section 67-6624 Idaho Code.		
Who should file this form: Any State Agency or Office who is required to report interactions with the Legislative or Executive Departments under Section 67-6619A, Idaho Code. Filing deadline: Monthly reports due within fifteen (15) days of the					ency Conget Signature) earl		
	th for activit BE FILED W	ies of the past month. FITH: Lawerence Denney Secretary of State PO Box 83720 Boise, ID 83720-0080	Date	-	117	12018	