

LOBBYIST MONTHLY REPORT FORM

THIS SPACE FOR OFFICE USE ONLY



State of Idaho

Pete T. Cenarrusa
Secretary of State

To Be Filed By:

L-3 LOBBYISTS
(Sec. 67-6619)

2007 MAR 10 AM 8:44

SECRETARY OF STATE
STATE OF IDAHO

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

Lobbyist's name and permanent business address <i>Craig E. Clapier</i> <i>1025 SO. Capitol Blvd #121</i> <i>Boise, ID 83706</i>	Date prepared <i>3-06-03</i>	Period covered <input type="checkbox"/> month ending (Mo.) (Day) (Yr.) <i>12 28 03</i>
--	---------------------------------	---

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	\$ <i>50.00</i>	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ <i>325.00</i>	_____	_____	_____	_____
Living Accommodations	<i>0</i>	_____	_____	_____	_____
Advertising	<i>0</i>	_____	_____	_____	_____
Travel	<i>80.00</i>	_____	_____	_____	_____
Telephone	<i>40.00</i>	_____	_____	_____	_____
Office Expenses	<i>50.00</i>	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
Total	\$ <i>545.00</i>	\$ _____	\$ _____	\$ _____	\$ _____

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

POSTED

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: Pete T. Cenarrusa 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> <th style="width: 10%;">Item 3</th> <th style="width: 90%;">Employer(s) Name(s) and Address(es)</th> </tr> <tr> <td>No. 1</td> <td> </td> </tr> <tr> <td>No. 2</td> <td> </td> </tr> <tr> <td>No. 3</td> <td> </td> </tr> <tr> <td>No. 4</td> <td> </td> </tr> </table>	Item 3	Employer(s) Name(s) and Address(es)	No. 1		No. 2		No. 3		No. 4	
Item 3	Employer(s) Name(s) and Address(es)										
No. 1											
No. 2											
No. 3											
No. 4											

