LOBBYIST MONTHLY REPORT FORM

State of Idaho
Secretary of State

To Bo Filed By:

L-3 LOBBYISTS (S∞. 67-6619)

THIS SPACE FOR OFFICE USE ONLY

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| nstructions at bottom of page | 1" L UF IDAHO |
| (Type or print clearly) | STATE STATE |
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| See instructions at bottom of page | | The Williams |
|--|---------------|-----------------------------|
| Lobbyist's name and permanent business address | Date prepared | Period covered |
| Kelli Fairless 830 N. Main, suite 230 | 3-17-0 | month ending |
| Meridian, ID 83642 | 3 1 7 | 9 (Mo.) (Day) (Yr.) 2 29 04 |

| Category of Expenditure Reimbursed Personal Living and Travel | Total | Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.) | | | |
|---|----------------|---|----------------|----------------|----------------|
| Expenses Permissing in Labbying Activity Do Not Have to be Reported | Expenditure | Employer No. 1 | Employer No. 2 | Employer No. 3 | Employer No. 4 |
| Entertainment Food and Refreshment | \$ | s | s | \$ | s |
| Living Accommodations | • | | | | |
| Advertising | · | - | | ****** | |
| Pravel (| | | | | ļ <u> </u> |
| l'elephone . | | | | | |
| Office Expenses | | | | | |
| Other Expenses or Services | | | | <u> </u> | |
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| Total | s + | _ s | 5 | s | s |

| Item | The totals of each ex | penditure of more than fifty dol | lars (\$50) for a legislator or | other holder of public office. |
|------|-------------------------|----------------------------------|---------------------------------|--|
| 2, | Date | Place | Amount | Names of Legislators & Public Officials in Group |
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| | Continued on attached p | agc(s) | | |

| INSTRUCTIONS | | Employer(s) Namo(s) and Address(cs) |
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| | - \ | latterprise. |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code | No. 1 | 1alleyRide 830 N. Main St Meridian,? |
| Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month. | No. 2 | |
| TO BE FILED WITH: Ben Ysursa Secretary of State | | |
| PO Box 83720 Bolse, ID 83720-0080 Prione: (208) 334-2852 Fax: (208) 334-2282 | No. 4 | |

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