Rev. 05/2008

## LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page of Page(s) This space for optic usponic

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STATE OF STATE

|  |                       | ype or print clear<br>e instructions at           | rly in black ink)<br>bostom of page |        |                      |              |   |               |                   |                                     | 3           | IP\I              | LUI      | IDA        | 110         |
|--|-----------------------|---|-------------------------------------|--------|----------------------|--------------|---|---------------|-------------------|-------------------------------------|-------------|-------------------|----------|------------|-------------|
| Lubbvist's name and permanent business address   |                       |   |                                     |        |                      |              |   | Date prepared |                   |                                     |             | Period covered    |          |            |             |
| Kelli Fairless   |                       |   |                                     |        |                      |              |   |               |                   |                                     |             | month ending      |          |            |             |
| 830 N. Main Street, Suite 230  |                       |   |                                     |        |                      |              |   |               |                   |                                     | ŀ           |                   |          |            |             |
| Meridian, ID 83642   |                       |   |                                     |        |                      |              | 02/04/09  |               |                   |                                     |             | (Mo.) (Day) (Yi.) |          |            |             |
|  |                       |   |                                     |        |                      |              |   |               | 0.2.0 0           |                                     |             | 01                | 31       | (          | 9           |
| Item<br>I  | Totals                | s of all reportal                                 | hle expenditures m                  | ade or | incurred 1           | by Lobbyi    | st or   | hy l.c        | obbyist's Emplo   | yer on b                            | ohalf of L  | abbyi             | st's Em  | ployer.    |             |
| Reimb  |                       | penditure<br>iving and Travel<br>obbying Activity | *Total Amount for All Employers     |        | Item 3, at bottom of |              |   |               |                   |                                     |             |                   |          |            |             |
| De   | Not Have to b         | e Reported  |                                     |        | Emplo                | yer No. 1    | _   | Em            | ployer No. 2      | Empl                                | loyer No. 3 |                   | Emplo    | yer No.    | 4           |
| Entertai<br>Food an  | nment<br>id Refreshme | ent   | s                                   |        |                      |              |   | \$            |                   | \$                                  |             | :                 | s        |            |             |
| Living /   | Accommodat            | ions  |                                     |        |                      |              |   |               |                   |                                     |             |                   |          |            |             |
| Adverti  | sing                  |   |                                     |        |                      |              |   |               |                   |                                     |             | _                 | _        |            |             |
| Travel   | •                     |   |                                     |        |                      |              | _ {   |               |                   |                                     |             | _ [ .             |          |            |             |
| Telepho  |                       |   |                                     |        | 714                  |              | _   |               |                   |                                     |             | _ -               |          |            |             |
| •  |                       |   |                                     | _      |                      | 41,          |   |               |                   |                                     |             | -                 |          |            |             |
| Other E  | xpenses or S          | ervices   |                                     |        |                      |              | -   |               |                   |                                     |             |                   |          |            |             |
|  |                       | Total   | s 0.                                | 00     | \$                   | 0.00         |   | s             | 0.00              | s                                   | 0.0         | 00                | 3        | 0.0        | 00          |
|  |                       | *   |                                     |        | -                    |              | _   |               |                   |                                     |             | _                 |          |            |             |
| *When t  |                       |   | re reporting for requi              |        |                      |              |   |               |                   |                                     |             |                   |          |            |             |
|  |                       |   | liture of more than                 | sevçii | ity-five do          | ollars (\$75 | ) fo  | ra leg        | islator, other he | older of                            | րսհlic off  | ice, e            | centivo  | ວ ດໃຈຳငຸເສ | ls and      |
| ltem-  | member(s)             | of their housel                                   | noid.                               |        |                      | ·····        |   |               | Names of I        |                                     | n Pulstican | el livo           | outive O | Ticonle    | <del></del> |
| 2  | Dute                  | Dute Place  |                                     | Amo    | unt                  |              | Names of Legislators, Public and Executive Officials and Household Members in Group |               |                   |                                     |             |                   |          |            |             |
|  |                       |   |                                     |        |                      |              |   |               |                   |                                     |             |                   |          |            |             |
|  |                       |   |                                     |        |                      |              |   |               |                   |                                     |             |                   |          |            |             |
|  |                       |   |                                     |        |                      |              |   |               |                   |                                     |             |                   |          |            |             |
|  |                       |   |                                     |        |                      |              |   |               |                   |                                     |             |                   |          |            |             |
|  |                       |   |                                     |        |                      |              |   |               |                   |                                     |             |                   |          |            |             |
|  |                       |   |                                     |        |                      |              |   |               |                   |                                     |             |                   |          |            |             |
|  | Continued on a        | ttached page(s)                                   |                                     |        |                      |              |   |               |                   |                                     |             |                   |          |            |             |
|  |                       |   |                                     |        |                      |              | Iten  | , T           | Emi               | Employer(s) Name(s) and Address(es) |             |                   |          |            |             |
| INSTRUCTIONS   |                       |   |                                     |        |                      |              |   |               |                   |                                     |             |                   |          |            |             |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaha Code                          |                       |   |                                     |        |                      |              | Valley Regional Transit<br>830 N. Main Street, Suite 230 - Meridian, ID 83642       |               |                   |                                     |             |                   |          |            |             |
|  |                       |   |                                     |        |                      |              |   |               |                   |                                     |             |                   |          | _          |             |
| Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month. |                       |   |                                     |        |                      |              | o. 2  |               |                   |                                     |             |                   |          |            |             |
| TO BE UN ON WITH.  |                       |   |                                     |        |                      |              |   | ······        |                   |                                     |             |                   |          |            |             |
| TO BE FILED WITH:  Ben Ysursa  |                       |   |                                     |        |                      |              |   | No. 3         |                   |                                     |             |                   |          |            |             |
| Secretary of State   |                       |   |                                     |        |                      |              |   |               |                   |                                     |             |                   |          |            |             |
| PO Box 83720<br>Boise, ID 83720-0080   |                       |   |                                     |        |                      |              | No. 4   |               |                   |                                     |             |                   |          |            |             |
|  | Phon                  |   | 852 Fax: (208) 3                    | 34-22  | 82                   |              |   |               |                   |                                     |             |                   |          |            |             |
| ļ  |                       |   |                                     |        |                      |              | _   | _             |                   |                                     |             |                   |          |            |             |

| Item<br>4                                   |          |   |  |   |   |   |  |   |  |  |  |  |
|---|----------|---|--|---|---|---|--|---|--|--|--|--|
|   | Date     |   | Amount                                   | Name of Logis   | Name of Legislator, Public or Executive Official and Household Member(s) Receiving of Benefiting  |   |  |   |  |  |  |  |
| Item<br>5                                   | or Ho    | ousc Bill, i                            |  | ion, the number of the Senate<br>legislative activity in which<br>posing. | Code  | LEGISLATIVE SUI   |  | IDENTIFICATION Subject  |  |  |  |  |
| "डामावटा                                    | Code     | Bill, Re                                | solution or Other                        | Appropriation Bill Number   | 01  | Agriculture, horticulture,  | 17   | Health service, medicine, drugs   |  |  |  |  |
| (from 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | table)   |   |  | and Section Number  | 02<br>03<br>04<br>05<br>06<br>07<br>08<br>09<br>10<br>11<br>12<br>13<br>14<br>15<br>16  | farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education filections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, lederal Government, municipal Government, special districts Government, state | 18<br>19<br>20<br>21<br>22<br>23<br>24<br>25<br>26<br>27<br>28<br>29<br>30 | and controlled substances, health insurance, hospitals bligher education. Housing, construction, codes Insurance (excluding health insurance). Labor, salaries and wages, collective hargaining. Law enforcement, courts, judges, crimes, prisons. License, permits. Liquor. Manufacturing, distribution and services. Natural resources, forest and forest products, fisheries, mining and mining products. Public lands, parks, recreation. Social insurance, unemployment insurance, public assistance, workmen's compensation. Transportation, highways, streets and roads. Utilities, communications, felevisions, radio, newspaper, power, CATV, pas. Other (please specify). |  |  |  |  |
| Item<br>6                                   | bid or i | y any rule,<br>bid process<br>apposing. | ratemaking decisions, financial services | n, procurement, contract,<br>or bond lobbyist was support-                | CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaha Code.  2   9   09    Lobbyist signature  Date |   |  |   |  |  |  |  |
| br w  | ,,, ,,   |   | AWY/                                     |   |   |   |  |   |  |  |  |  |