Rev. 06/2006

T	ODDSTOR	TATE OF THE PARTY	Y REPORT	
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State of Idaho

Ben Ysursa Secretary of State

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To Be Filed By:

L-3 LOBBYISTS (Scc. 67-6619)

Page of Page(s)
THIS SPACE FOR OPPICE USE ONLY

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STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page	51741	STATE OF IDAMO							
Lobbyist's name and permanent business address	Date prepared	Period co	Period covered						
Kelli Fairless 830 N. Main Street, Suite 230 Meridian, ID 83642	03/07/07	month ending (Mo.) (Day) (Yr.)							
		02	28	07					
Totals of all reportable expenditures made of	alf of Lobbyis	st's Employ	yer.						
Category of Expenditure	Proportionate amounts contributed by each employer (Identi	fy employers,	under						

Category of Expenditure Reimbursed Personal Living and Travel	*Total Amount for	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)						
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	All Employers	Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4			
Entertainment Food and Refreshment	\$	\$	\$	s	\$			
Living Accommodations								
Advertising								
Travel								
Telephone								
Other Expenses or Services								
Total	s0.00	\$0.00	s0.00	s <u>0.00</u>	\$0,00			

*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.

Item	The totals o	feach expenditure of more than fifty dollars (\$50)	for a legislator, of	ther holder of public office, and executive officials.
2	Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group
			1	

Continued on attached page(s)			
INSTRUCTIONS	Ttet	n	Employer(s) Name(s) and Address(es)
Who should file this form: Any lobbyist registered under Section	No. 1		alley Regional Transit 30 N. Main Street, Suite 230-Meridian, ID 83642
67-6617 Idaho Code 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	No. 3		
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	No. 4		

Item 4	perso	onal prop	erty to any Legis	lator, Public or Executive O	fficial	or for or on behalf of any Legisla	tor, Pul	
	T,	atc	Amount	Nai	nc of l	Legislator, Public or Executive Off	icial Re	ceiving or Benefiting
			NONE					
Item 5	or Ho	use Bill.	Resolution or other	ion, the number of the Senate legislative activity in which		LEGISLATIVE SUI	BJECT	IDENTIFICATION
			vas supporting or op			Subject	Code 17	Subject Health service, medicine, drugs
ubject from t	Code		esolution or Other ive Ident. Number	Appropriation Bill Number and Section Number	01	Agriculture, horticulture, farming, and livestock	17	and controlled substances, health
11			RS17074	and section (value)	02	Amusements, games, athletics and sports Banking, finance, credit and	18	insurance, hospitals Higher education Housing, construction, codes
29					04 05 06 07 08 09 10 11	senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal	20 21 22 23 24 25 26 27 28 29 30	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, televisions, radio, newspaper, power, CATV, gas Other (please specify)
	oid or	y any ru bid proce ting or o	ess, financial servic	ision, procurement, contract es or bond lobbyist was	-	CERTIFICATION: I hereby certificorrect statement in accordance value of the control of the contr	fy that it vith Sec	he above is a true, complete and tion 67-6624 Idaho Code. Date