

LOBBYIST ANNUAL REPORT FORM

THIS SPACE FOR OFFICE USE ONLY



State of Idaho
Ben Yursa
Secretary of State

To Be Filled By:
L-2 LOBBYISTS
(Sec. 67-6619)

04 FEB 17 AM 9:52
SECRETARY OF STATE OF IDAHO

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

Lobbyist's name and permanent business address Jeremy R. Elliott 310 S. 7th Avenue Caldwell, Idaho 83605	Date prepared February 16, 2004	Period covered <input checked="" type="checkbox"/> your ending (Mo.) (Day) (Yr.) 03 30 2003
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Item 1 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	\$ 0.00	\$	\$
Food and Refreshment	0.00				
Living Accommodations	0.00				
Advertising	0.00				
Travel	0.00				
Telephone	0.00				
Office Expenses	0.00				
Other Expenses or Services	0.00				
Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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	

Continued on attached page(s)

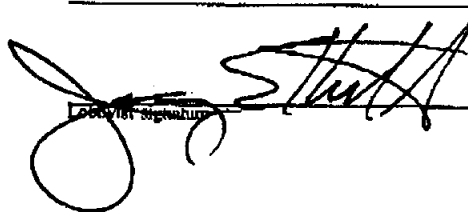
<p align="center">INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code</p> <p>Filing deadline: Annual report is due on January 31st.</p> <p>TO BE FILED WITH:</p> <p align="center">Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	Item 3	Employer(s) Name(s) and Address(es)
	No. 1	Professional Fire Fighters of Idaho Boise, Idaho 223 N. 16 th STE 218
	No. 2	
	No. 3	
	No. 4	

Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.		
	Date	Amount	Name of Legislator Receiving or Benefited

Item 5	Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.	
Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number
21		
09	51172	
17		
28		
14	H 78, H1098, H 116a	
16	H 1134, H 1116, S 1050	
15	H 283, S 1000 & 1107	

LEGISLATIVE SUBJECT IDENTIFICATION	
Code	Subject
01	Agriculture, horticulture, farming, and livestock
02	Amusements, games, athletics and sports
03	Banking, finance, credit and investments
04	Children, minors, youth, senior citizens
05	Church and religion
06	Consumer affairs
07	Ecology, environment, pollution, conservation, zoning, land and water use
08	Education
09	Elections, campaigns, voting, political parties
10	Equal rights, civil rights, minority affairs
11	Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds
12	Government, county
13	Government, federal
14	Government, municipal
15	Government, special districts
16	Government, state
17	Health service, medicine, drugs and controlled substances, health insurance, hospitals
18	Higher education
19	Housing, construction, codes
20	Insurance (excluding health insurance)
21	Labor, salaries and wages, collective bargaining
22	Law enforcement, courts, judges, crimes, prisons
23	Licence, permits
24	Liquor
25	Manufacturing, distribution and services
26	Natural resources, forest and forest products, fisheries, mining and mining products
27	Public lands, parks, recreation
28	Social insurance, unemployment insurance, public assistance, workmen's compensation
29	Transportation, highways, streets and roads
30	Utilities, communications, televisions, radio, newspaper, power, CATV, gas
31	Other (please specify)

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

 2-16-04
 Lobbyist signature Date

Employer No. 1 signature _____ Date _____
 Employer No. 2 signature _____ Date _____
 Employer No. 3 signature _____ Date _____
 Employer No. 4 signature _____ Date _____