Telephone

Other Expenses or Services

State of Idaho

Ben Ysursa Secretary of State

LOBBYIST REPORT FORM

	,	
X	ANN	UAL

7	SEMI-ANNUAL
	DIMIT-MITTURE

Page	of	Page(s)
THIS SPACE	E FOR OFF	ICE USE ONLY

To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619) 09 JAN 23 AM 8: 56

\ 7.1 I	arly in black ink) at bottom of page			SECRE	TOTALE STATE
Lobbyist's name and permanent busine	ess address .		Date prepared	Per	fod covered AHO
Travis Jones 821 W State Stre	et				year ending
Boise, Idaho 837	02-5832		1/14/09	(1	Mo.) (Day) (Yr.)
Item 1 Totals of all reporta	ble expenditures made	or incurred by Lobbyis	st or by Lobbyist's Emp	loyer on behalf of Lo	obbyist's Employer.
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity	*Total Amount for All Employers	Proportionate amounts Item 3, at bottom of	s contributed by each employee.)	oyer (Identify employ	vers, under
Do Not Have to be Reported	An Employers	Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment Food and Refreshment	\$0.00	\$	\$	\$	
Living Accommodations			_		_
Advertising			_		_
Travel					

*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.

0.00

Total

The totals of each expenditure of more than seventy-five dollars (\$75) for a legislator, other holder of public office, executive officials and member(s) of their household. Item-Names of Legislators, Public and Executive Officials 2 Date Place Amount and Household Members in Group 0.00

Continued on attached page(s)		
INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code	No. 1	Idaho Grain Producers Association 821 W State Street Boise Idaho 83702-5832
Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st.	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	

em 4				ehalf of any Legislator, Pub	olic or	the nature of contributions of mor Executive Official or Household	Membe	er(s).
	D	ate	Amount	Name of Legis	lator, P	ublic or Executive Official and House	ehold Me	ember(s) Receiving or Benefiting
	Subjec	ct matter	0.00	ion, the number of the Senate		LEGISLATIVE SUI		IDENTIFICATION
em 5			Resolution or other as supporting or opp	legislative activity in which	Code	Subject		Subject
	Code table)	Bill, Re	esolution or Other tive Ident. Number	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Agriculture, horticulture, 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 Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, special districts Government, special districts Government, state	17 18 19 20 21 22 23 24 25 26 27 28 29 30	Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining 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)
em 5	contrac	t bid or t	e, ratemaking decision of process, financial as supporting or opp	l services agreement or		CERTIFICATION: I hereby certify the correct statement in accordance with S		
					E	mployer No. 3 signature		Date
_					E	mployer No. 4 signature		Date