## Rev. 05/2008

## LOBBYIST MONTHLY REPORT FORM



## State of Idaho

Ben Ysursa Secretary of State

Phone: (208) 334-2852 Fax: (208) 334-2282

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LOBBYISTS (Sec. 67-6619)

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SECRETARY OF STATE STATE OF IDAHO

See instructions at bottom of page									TO IDAHO				
Lobbyist's name and permanent business address							Date prepared				Period covered		
Mark Duffin											month ending		
	9195 W. Black Eagle St. Boise, ID 83709									(Mo	.) (Day)	(Yr.)	
Doise,	10 0070	,					5-1-09			4	31	09	
Item 1	Totals	of all reportal	ble expenditures made or	r incurred b	y Lobb	yist c	r by I	obbyist's Empl	oyer on be	half of Lobb	yist's Emplo	yer.	
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.)										
	Not Have to be	obbying Activity Reported	All Employers	Employ	er No. 1	1	E	mployer No. 2	Emplo			т No. 4	
Entertai Food an	nment d Refreshme	nt	s0.00	\$	0.0	00_	\$		\$		\$		
Living A	Accommodat	ions									_	_	
Advertis	sing												
Travel													
Telepho	ne												
Other E	xpenses or S	ervices											
		Total	<b>\$</b> 0.00	\$	0.0	00	\$	0.00	s	0.00	s	0.00	
*When t	he number of	employers you	! are reporting for requires m	ultiple I =2 fo	reme to b	a file	l datot	al amount for all e	mploven sk	ould be enter	ed on Page 1		
- HIGH C			diture of more than seve									officials and	
Item-	member(s)	of their house	hold.		T			Names of	F Logialator	Dublia and	Evacutiva (H)	ainle	
2	Date		Place		Amo			,			ors, Public and Executive Officials schold Members in Group		
	Continued on a	attached page(s)										<b>I</b>	
67-6617 Idaho Code							em 3	Employer(s) Name(s) and Address(es)					
					No. 1 Idaho Sugarbeet Growers Assocoation 9195 W. Black Eagle St., Boise, ID 83709 No. 2								
												TO BE FILED WITH:  Ben Ysursa  Secretary of State	
PO Box 83720 Boise, ID 83720-0080					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 person property to any, for any or on behalf of any Legislator, Public or Executive Official or Household Member(s).									
•	Г	Date	Amount	Name of Legis	lator, P	ublic or Executive Official and Household Member(s) Receiving or Benefiting				
Item 4  Subject (from	Subject or HC the L	ext matter of the control of the con	Amount  Amount	Name of Legis  Name of Legis  on, the number of the Senate legislative activity in which	olic or lator, P	Executive Official or Household	Membershold M	er(s). cmber(s) Receiving or Benefiting		
Item 6	pid or			on, procurement, contract, or bond lobbyist was support-		CERTIFICATION: 1 hereby certify correct statement in accordance with Mullin Duffer Lobbyist signature				