Rev. 05/2008

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)

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

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	(Type or print clear See instructions at								יאו	L UF	IDAHO"	
Lobbyist's name and permanent business address						Date prepared			Period covered			
Russ Meyers 1434 E. Poplar St									month ending			
Pocatello, ID 83201					March 6, 2009		:009		(Mo.) 02	(Day)	(Yr.) 2009	
item 1	Totals of all reporta	ble expenditures made o	r incurred by	y Lobbyist	or	by Lobbyist's Empl	oyer on l	ehalf o	f Lobby	st's Emp	loyer.	
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity All Employ			Proportionate amou			tributed by each empl	yer (Ide	ntify em	ployers,	under		
Do Not Have to be Reported			Employer No. 1		Employer No. 2		Employer No. 3		o. 3	3 Employer No. 4		
Entertai Food an	inment nd Refreshment	s0.00	s		_ 5	.	\$			s		
Living A	Accommodations	0.00			. .		ĺ					
Adverti	sing	0.00		· · · · · · · · · · · · · · · · · ·	. .							
Travel		0.00			. .							
T elep ho	one	0.00			. _							
Other E	expenses or Services	0.00			- -		ļ ——					
	Total	s 0.00	s	0.00	,	0.00	s		0.00	\$	0.00	
Item-					for	a legislator, other						
	n/a Continued on attached page(s)											
					tem 3	Er	Employer(s) Name(s) and Address(es)					
INSTRUCTIONS												
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code						No. 1 Lilly USA, LLP Lilly Corporate Center, Indianapolis, iN						
Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.						No. 2						
TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282					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, for any or on behalf of any Legislator, Public or Executive Official or Household Member(s).									
	Date		Amount	Name of Legi	f Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting						
Item				ion, the number of the Senate legislative activity in which		LEGISLATIVE SUI	зјест	IDENTIFICATION			
5			as supporting or opp	= -	Code	Subject	Code	Subject			
Subject (from n/	table)	Bill, Resolution or Other Legislative Ident, Number		Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Subject Agriculture, horticulture, farming, and livestock Amusements, garnes, 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, federal 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)			
Item 6 Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing. n/a						CERTIFICATION: I hereby certify correct statement in accordance with					