Rev. 05/2008

## LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page\_\_\_of\_\_Page(s) THIS SPACE FOR OFFICE USE ONLY

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SECKLIARY OF STATE STATE OF IDAHO

	,	ype or print clear						ļ				
See instructions at bottom of page Lobbyist's name and permanent business address							Date prepared			Period covered		
TRAVIS JONES 821 W State Street										(Mo.) (Day) (Yr.)		
Boise ID 83702-5832						3/15/11			2	28	11	
Item 1	Total	s of all reportal	ble expenditures made o								уег.	
Category of Expenditure Reinbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity			*Total Amount for All Employers	Item 3, at bottom of								
Do Not Have to be Reported  Entertainment			\$	Employer No.		\$	Employer No. 2 Employer		No. 3 Employer No. 4			
Food and Refreshment Living Accommodations			<b>J</b>							Φ		
Adverti	sing											
Travel												
Telepho	one											
Other E	xpenses or S	Services				_						
		Total	s0.00	\$		s		s		<b>s</b>		
•When t	he number of	employers you a	l re reporting for requires m	 ultiple L=2 form	s to be file	  datot	al amount for all a	mployers should	he entered	on Pone I		
***************************************	The totals	of each expend	liture of more than seve					<del></del>			fficials and	
Item- 2	member(s) of their household.  Date Place		Amoun		Names of Legislators, Public and Executive Officials and Household Members in Group							
	Date		1 lacc		Alloui			and riousenoid ivi	embers m	Стопр		
N/A												
	Continued on a	attached page(s)										
INSTRUCTIONS						em 3	Employer(s) Name(s) and Address(es)					
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code						Idaho Grain Producers Associat 821 W State Street Boise ID 83702-5832			ion			
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						1						
						No. 4						

Item 4						oyer in the nature of contributions of money or other tangible or intangible personal blic or Executive Official or Household Member(s).					
	Date		Amount	Name of Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting							
	Subje or Hot the Lo	ct matter cuse Bill, lobbyist w	Amount	Name of Legi	slator, I	Public or Executive Official and Hou	BJECT Code 17 18 19 20 21 22 23 24 25 26 27 28				
6	id or bi			n, procurement, contract, or bond lobbyist was support-	_	CERTIFICATION: I hereby certify to correct statement in accordance with draw from forces.	hat the ab				