Rev. 05/	2008		LOBBYI	ST MON	THI	УR	EPOR	T FORM	[]	Page		Page(s)
Æ		State of Idal	10	To Be Filed By:						THIS SPA	ce for office i	USE ONLY
	Ben Ysursa Secretary of Sta			L-3 LOBB (Sec. 6			-6619) US APK -			-6 PM 1:03 .C. Or STATE OF IDAHO		
		(Type or print clear See instructions at I										· _
Lobbyist's name and permanent business address Sandee Meyer 700 W. Washington St Boise, ID 83702						Di	Date prepared 04/09/20		09 (M		month ending (Mo.) (Day) (Yr.) 03 31 2009	
Item 1	To	lals of all reportat	ole expenditures made o	or incurred b	y Lobi	byist o	r by Lob	oyist's Emplo	oyer on be	half of Lot	byist's Empl	loyer.
Ca	ursed Person	Expenditure at Living and Travel to Lobbying Activity	*Total Amount for All Employers	Hem 3, at	bottom	of pag		by each emplo	yer (Iden	tify employe		
Do Not Have to be Reported Entertainment Food and Refreshment			\$0.00	Employer No. 1 \$ 0.00			Emple \$	oyer No. 2	Emplayer No. 3		Employer No. 4	
Living . Adverti Travel	Accoming	dations		-							_	
Telepho		or Services				_						
,		Total	s0.00	s	0.	00	\$	0.00	s	0.00	s	0.00
	The total		re reporting for requires n diture of more than sev									
Item- 2	Date		Place			Amount		Names of Legislators, Public and Executive Officials and Household Members in Group				
Continued on allached page(s)								,				
INSTRUCTIONS						Ite 3	m	Employeτ(s) Name(s) and Address(es)				
	o should : 6617 Idah		ny lobbyist registered u	nder Section	1	No. 1		Prosecuti ox 1623, B	-	-	ociation	
		ne: Monthly repositions of the past	orts due within fifteen month.	(15) days of	f the	No. 2						
то	BB FILEI	B Secon	en Ysursa ctary of State Boy 83770			No. 3						
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282						No. 4						

Itom 4	prop	erty to a	ny, for any or on t	ehalf of any Legislator, Pul	y the lobbyist's employer in the nature of contributions of money or other tangible or intangible person fany Legislator, Public or Executive Official or Household Member(s).							
	Subject or He L	erty to and are exect matter come Bill, obbyist w	Amount Amount	nehalf of any Legislator, Pul Name of Legis ion, the number of the Senate legislative activity in which	blic or	Executive Official or Household	Membsehold M	cr(s).				
6				CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Cade. Labbyist signature Date								