

SCANNED

# LOBBYIST MONTHLY REPORT FORM

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



State of Idaho  
Ben Ysursa  
Secretary of State

To Be Filed By:

**L-3** LOBBYISTS  
(Sec. 67-6619)

SECRETARY OF STATE  
STATE OF IDAHO

(Type or print clearly in black ink)  
See instructions at bottom of page

Lobbyist's name and permanent business address <b>Ty Iverson 55 SW 5th Ave, Ste 100 Meridian ID 83642</b>	Date prepared <b>2/8/05</b>	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) <b>1 31 05</b>
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**Item 1** Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.

Category of Expenditure <small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small>	* Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	10.00	10.00	_____	_____	_____
Telephone	4.00	4.00	_____	_____	_____
Other Expenses or Services	12.00	12.00	_____	_____	_____
<b>Total</b>	<b>\$ 26.00</b>	<b>\$ 26.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

\*When the number of employers you are reporting for requires multiple L-3 forms to be filed a total amount for all employers should be entered on Page 1.

**Item 2** The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.

Date	Place	Amount	Names of Legislators & Public Officials in Group

Continued on attached page(s)

<p align="center"><b>INSTRUCTIONS</b></p> <p><b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code.</p> <p><b>Filing deadline:</b> Monthly reports due within ten (10) days of the month for activities of the past month.</p> <p><b>TO BE FILED WITH:</b> Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	<b>Item 3</b>	Employer(s) Name(s) and Address(es)
	No.1	Food Producers of Idaho 55 SW 5th Ave. Ste 100 Meridian ID 83642
	No.2	
	No.3	
	No.4	

