

**2011 Lobbyist Employer Expense Report Form**

To be filed with the South Dakota Secretary of State  
500 E. Capitol Ave. Ste 204  
Pierre, SD 57501-5070; (605)773-3537  
Email Address: [lobbyist@state.sd.us](mailto:lobbyist@state.sd.us)  
Fax Number: (605)773-6580

Instructions: Report all expenses paid or incurred in connection with promoting, opposing or influencing legislation in any manner during the 2011 session of the South Dakota Legislature. **Lobbyists and employers are required to report on different forms.** Refer to SDCL 2-12-11 for information on reporting. If no expenditures were made or expenses incurred, indicate "None". Do NOT include a lobbyist salary or fee.

~~~~~

Expense Information

| <u>Date</u> | <u>Amount</u> | <u>Purpose</u> |
|-------------|---------------|----------------|
| _____       | _____         | _____          |
| _____       | _____         | _____          |
| _____       | _____         | _____          |

(If more space is needed, use additional paper)

~~~~~

In preparation for the online lobbyist filing system, please provide the following.

Employer Email Address: \_\_\_\_\_

Alternative Email Address 1: \_\_\_\_\_

Alternative Email Address 2: \_\_\_\_\_

~~~~~

Verification

I, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Position or title)

on behalf of \_\_\_\_\_  
(Person, Agency, Business, Organization or Association)

do solemnly swear that we did employ the following lobbyist (s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(You may list all lobbyists representing you for the 2011 session on one form.)

during the 2011 session of the South Dakota Legislature; that the expense statement above has been examined by me and is a true, correct and detailed account of all expenses paid or incurred for the purpose of influencing legislation in any manner as provided in SDCL 2-12.

**\*\*\* This section is to be completed in the presence of a Notary Public \*\*\*\***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(Notarial Seal)

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_