

SCANNED

LOBBYIST ANNUAL REPORT FORM

Page 1 of 2 Page(s)
THIS SPACE FOR OFFICE USE ONLY



State of Idaho
Ben Ysursa
Secretary of State

To Be Filed By:
L-2 LOBBYISTS
(Sec. 67-6619)

06 FEB - 06 AM 7:33
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 Wayne W. Foster 24838 Lower Pleasant Ridge Road Wilder, Idaho 83676	Date prepared February 2, 2006	Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) 12 31 06
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Category of Expenditures Reimbursed Personal Living and Travel Expenses Relating to Lobbying Activity Do Not Have to be Reported	* Total Amount for All Employers	Proprietor's 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	\$ 151.28	\$ 151.28	\$	\$	\$
Food and Refreshment					
Living Accommodations					
Advertising					
Travel	329.00	329.00			
Telephone	108.00	108.00			
Other Expenses or Services	65.00	65.00			
Total	\$ 653.28	\$ 653.28	\$ 0.00	\$ 0.00	\$ 0.00

*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.

Date	Place	Amount	Name of Legislator & Public Officials in Group

POSTED

<p><input type="checkbox"/> Continued on attached page(s)</p> <p>INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.</p> <p>Filing deadline: Annual report is due on January 31st.</p> <p>TO BE FILED WITH:</p> <p>Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	Item 3	Employer(s) Name(s) and Address(es)
	No. 1	Idaho State Grange
	No. 2	P.O. Box 367 Meridian, Idaho 83680
	No. 3	

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 Legislator, or for or on behalf of any legislator.

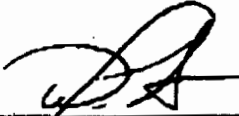
Date	Amount	Name of Legislator Receiving or Benefited

Item 5 Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the lobbyist was supporting or opposing.

Subject Code (from table)	SEN, RESOLUTION or OTHER Legislative Ident. Number	Appropriation Bill Number and Section Number
01	HB 33	
01	HB 34	
01	HB 35	
01	HB 36	
01	HB 37	
01	HB 38	
01	SB 1003	
07	HB 152	
07	HB 153	
07	HB 154	
11	HB 110	
16	HB 163	
28	SB 1140	

LEGISLATIVE SUBJECT IDENTIFICATION

Code Subject	Code Subject
01 Agriculture, horticulture, farming, and livestock	17 Health services, medicine, drugs and controlled substances, health insurance, hospitals
02 Amusement, games, athletics and sports	18 Higher education
03 Banking, finance, credit and investments	19 Housing, construction, code enforcement (excluding health insurance)
04 Children, minors, youth, senior citizens	20 Labor, migrant and wages, collective bargaining
05 Church and religion	21 Law enforcement, courts, judges, crimes, prisons
06 Consumer affairs	22 Licenses, permits
07 Ecology, environment, pollution, conservation, zoning, land and water use	23 Liquor
08 Education	24 Manufacturing, distribution and services
09 Elections, campaigns, voting, political parties	25 Natural resources, forest and forest products, fisheries, mining and mining products
10 Equal rights, civil rights, minority affairs	26 Public lands, parks, recreation
11 Government, financing, taxation, revenue, budget, appropriations, debt, tax, funds	27 Social insurance, unemployment insurance, public assistance, workers' compensation
12 Government, county	28 Transportation, highways, transit and roads
13 Government, federal	29 Utilities, communications, telephones, radio, newspaper, power, CATV, gas
14 Government, municipal	30 Other (please specify)
15 Government, special districts	
16 Government, state	

 02/02/06
 Lobbyist Signature Date
Dale E. Cheney
 Employer No. 1 signature Date
 _____ Date
 Employer No. 2 signature Date
 _____ Date
 Employer No. 3 signature Date
 _____ Date
 Employer No. 4 signature Date
 _____ Date

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6024 Idaho Code.