LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

Phone: (208) 334-2852 Fax: (208) 334-2282

To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page of Page(s)
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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 Date prepared Period covered year ending Philip T. Homer Idaho Association of School Administrators 1/2/06 (Mo.) (Day) (Yr.) 777 So. Latah, Boise, ID 83705 31 05 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure * Total Amount for Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported Item 3, at bottom of page.) All Employers Employer No. 1 Employer No. 2 Employer No. 3 Employer No. 4 Entertainment \$ Food and Refreshment 2,065.00 2,065.00 Living Accommodations Advertising Travel Telephone 135.00 135.00 Other Expenses or Services 2,200.00 2,200.00 0.00 0.00 0.00 Total *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. The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. Item Names of Legislators & Public Officials in Group 2 Date Place Amount Continued on attached page(s) Item Employer(s) Name(s) and Address(es) INSTRUCTIONS No.1 Idaho Association of School Administrators Who should file this form: Any lobbyist registered under Section 777 So. Latah, Boise, ID 83705 67-6617 Idaho Code. Filing deadline: Annual report is due on January 31st. No.2 TO BE FILED WITH: Ben Y sursa No.3 Secretary of State PO Box 83720 Boise, ID 83720-0080 No.4

Date	Item 4	personal prop		erty to any Legislator, or for or on beh						
be thobbyin was supporting or oppouning. Subject Code [from table] Subjec		Di	nte	Amount			Name of Legislator Receiving	or Bene	fited	
Sample S	5 Subject	or Houthe Lo	use Bill, obyist w Bill, Re	Resolution or other as supporting or o solution or Other	r legislative activity in wh pposing. Appropriation Bill Num	code ber Ol	Subject Agriculture, horticulture,	Code	Subject Health service, medicine, drugs	
CERTIFICATION: I hereby certify that the above is a true, complete and	08 11 15 17		S1002, 1017-22 S1028,1045-45 S1049-50; 1066, S1108,1123, S1144-49, 1170, S1172-73 SCR103, 111; SJM101, 106; H0044, 0076, H0098, 0202 H0216-17,0274a, H0254,0263-64, H0274,0287, H0315,0349-50 H0367; HJR1, HCR15,17,19-20;		and Section Number	02 03 04 05 06 07 08 09 10 11	Amusements, games, athletics and sports Banking, finance, credit and investments Children, minora, youth, seaior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, special districts Government, state	19 20 21 22 23 24 25 26 27 28 29 30	insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workment's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify) Date Date	
Employer No. 4 signature Date	CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.					and				

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