



SCANNED

06 FEB - 03 PM 03
 SECRETARY OF IDAHO



State of Idaho
 Ben Yursa
 Secretary of State

LOBBYIST ANNUAL REPORT FORM

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

Page _____ of _____ Page(s)
 THIS SPACE FOR OFFICE USE ONLY

06 FEB - 3 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 Idaho Assisted Living Assn 835 Leh Colson Boise, ID 83705	Date prepared 1-30-2006	Period covered <input type="checkbox"/> year ending (Mo.) (Day) (Yr) 12 31 2005
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Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	* 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	\$ 117.82	\$ 117.82	\$	\$	\$
Food and Refreshment					
Living Accommodations					
Advertising					
Travel					
Telephone	\$ 72.00	\$ 72.00			
Other expenses or services					
189.82 Total	\$ 189.82	\$ 189.82	\$	\$	\$

*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.

Item 2	Date	Place	Amount	Names of Legislators & Public Officials in Group

POSTED

Continued on attached page(s)

<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 Yursa 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	Michelle Glasgow
	No.2	
	No.3	
	No.4	

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)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number
17	16:0975-0105	Fiscal Safety
17	15:0101-0101	Adult Prob
17	15-0309-0507	Medical Asspt
17	Bill 51037	Background checks

LEGISLATIVE SUBJECT IDENTIFICATION

- | | |
|---|--|
| 01 Agriculture, horticulture, farming, and livestock | 17 Health services, medicine, drugs and controlled substances, health insurance, hospitals |
| 02 Amusements, games, athletics and sports | 18 Higher education |
| 03 Banking, finance, credit and investments | 19 Hotels, transportation, codes |
| 04 Children, minors, youth, senior citizens | 20 Insurance (excluding health insurance) |
| 05 Church and religion | 21 Labor, salaries and wages, collective bargaining |
| 06 Consumer affairs | 22 Law enforcement, courts, judges, crimes, prisons |
| 07 Ecology, environment, pollution, conservation, zoning, land and water use | 23 License, permits |
| 08 Education | 24 Liquor |
| 09 Elections, campaigns, voting, political parties | 25 Manufacturing, distribution and services |
| 10 Equal rights, civil rights, minority affairs | 26 Natural resources, forest and forest products, fisheries, mining and mining products |
| 11 Government, financing, taxation, revenues, budget, appropriations, bids, fees, funds | 27 Public lands, parks, recreation |
| 12 Government, county | 28 Social insurance, unemployment insurance, public assistance, workman's compensation |
| 13 Government, federal | 29 Transportation, highways, streets and roads |
| 14 Government, municipal | 30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas |
| 15 Government, special districts | 31 Other (please specify) |
| 16 Government, state | |

Lobbyist signature: Mitchell D Date: 1-30-06
 Employer No. 1 signature: Miche Date: 2-6-06
 Employer No. 2 signature: _____ Date: _____
 Employer No. 3 signature: _____ Date: _____
 Employer No. 4 signature: _____ Date: _____

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-5624 Idaho Code.