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LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa
Secretary of State

To Be Filed By:

L-2 LOBBYISTS
(Sec. 67-6619)

06 JAN 26 AM 10:27

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 Education Association PO Box 2638 Boise, ID 83701-2638	Date prepared 1/24/06	Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) 12 31 05
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Item 1 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	\$ 650.94	\$ 650.94	\$	\$	\$
Food and Refreshment					
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
Total	\$ 650.94	\$ 650.94	\$ 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.

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">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: 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 Education Association PO Box 2638, Boise ID 83701-2638
	No.2	
	No.3	
	No.4	


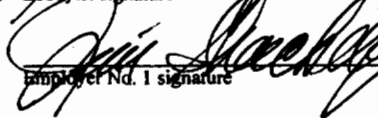
Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.		
	Date	Amount	Name of Legislator Receiving or Benefited

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
	HB217	
	HB287	

LEGISLATIVE SUBJECT IDENTIFICATION

- | | |
|--|---|
| Code Subject | Code Subject |
| 01 Agriculture, horticulture, farming, and livestock | 17 Health service, medicine, drugs and controlled substances, health insurance, hospitals |
| 02 Amusements, games, athletics and sports | 18 Higher education |
| 03 Banking, finance, credit and investments | 19 Housing, construction, 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, revenue, budget, appropriations, bids, fees, funds | 27 Public lands, parks, recreation |
| 12 Government, county | 28 Social insurance, unemployment insurance, public assistance, workmen'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 | |

 /12/10/06
 Lobbyist signature Date
 /12/10/06
 Employer No. 1 signature Date
 _____ Date
 Employer No. 2 signature Date
 _____ Date
 Employer No. 3 signature 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.