

POSTED

LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa
Secretary of State

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

06 JAN -5 PM 3:25
SECRETARY OF STATE
STATE OF IDAHO

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

(Type or print clearly in black ink)
See instructions at bottom of page

Lobbyist's name and permanent business address John M. Stellmon 1211 W. Myrtle, Ste. 210 Boise, ID 83702	Date prepared 1/5/2006	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	\$ _____	\$ 0.00	\$ 0.00	\$ _____	\$ _____
Food and Refreshment	\$ _____	_____	_____	_____	_____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
Total	\$ 0.00	\$ 0.00	\$ 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	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	Regence BlueShield of Idaho 1211 W. Myrtle, Ste. 210 Boise, ID 83702
	No.2	Idaho Association of Health Plans 1211 W. Myrtle, Ste. 210 Boise, ID 83702
	No.3	
	No.4	

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

<i>John M. Sellman</i>	1/5/06
Lobbyist signature	Date
<i>John M. Sellman</i>	1/5/06
Employer No. 1 signature	Date
<i>John M. Sellman</i>	1/5/06
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 87-6624 Idaho Code.