



State of Idaho
Ben Ysursa
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 MAY 23 AM 11:02
STATE OF IDAHO

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

Lobbyist's name and permanent business address Don Reading 6070 Hill Road Boise, ID 83703	Date prepared MAY 23, 2006	Period covered <input checked="" type="checkbox"/> Year ending (Mo.) (Day) (Yr.) 2006
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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	Proportional 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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food and Refreshment	_____	_____	_____	_____	_____
Living Accommodations	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Other Expenses or Services	_____	_____	_____	_____	_____
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.

Item 2	Date	Place	Amount	Name of Legislator & Public Officials in Group

Continued on attached page(s)

INSTRUCTIONS Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code. Filing deadline: Annual report is due on January 31st. TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	Item 3	Employer(s) Name(s) and Address(es)
	No. 1	
	No. 2	
	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
			NA

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
11	HO 658 455 456 429 482 470 51280	

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 Housing, education, 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, television, radio, newspaper, power, CATV, gas |
| 15 Government, special districts | 31 Other (please specify) _____ |
| 16 Government, state | |

[Signature] 5/27/2006
 Lobbyist signature Date

Employer No. 1 signature Date

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 Sections 67-6624 Idaho Code.