

LOBBYIST ANNUAL REPORT FORM

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



State of Idaho
 Ben Yursa
 Secretary of State

To Be Filled By:
L-2 LOBBYISTS
 (Sec. 67-66(9))

06 SEP 11 AM 11:01
 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: Troy Zanelli PO Box 140117 Boise, Idaho 83714-0117	Date reported: January 4, 2007	Period covered <input type="checkbox"/> year ending (Mo.) (Day) (Yr.) 12 31 06
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Item 1 Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.

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	\$ 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 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)

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 Yursa
 Secretary of State
 PO Box 83720
 Boise, ID 83720-0080
 Phone: (208) 334-2832 Fax: (208) 334-2282

Item 3	Employer(s) Name(s) and Address(es)
No. 1	Idaho State Pharmacy Association P.O. Box 140117, Boise, ID 83714-0117
No. 2	
No. 3	
No. 4	

Item 4 Expenditures made by the lobbyist or by the lobbyist's employer in the name 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	Medicaid Rules	
17	Board of Pharmacy Rules	
17	HO 530	
17	HO 519	

LEGISLATIVE SUBJECT IDENTIFICATION

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

[Handwritten Signature] _____ 9/11/06
 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 Section 67-6624 Idaho Code.