LOBBYIST ANNUAL REPORT FORM

Page_____ of _____Page(s)
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State of Idaho

Ben Ysursa
Secretary of State

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

2006 JAN 19 AM 9:28
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	Date prepared	Period covered
Chase J. McAllister Basic American Foods 415 West Collins Rd. Blackfoot Id 83221	1/16/06	☐ year ending (Mo.) (Day) (Yr.) 12 31 05

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	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 Food and Refreshment	$ None	$	$	$	$
Living Accommodations	"				
Advertising	"				
Travel	"				
Telephone	"				
Other Expenses or Services	"				
Total	$ None	$	$	$	$

*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
			As Above

☐ 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 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
		None	

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
	None	

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

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		

Lobbyist signature — Date 1/26/06

Employer No. 1 signature — Date

Employer No. 2 signature — Date

Employer No. 3 signature — Date

Employer No. 4 signature — Date