## Rev. 06/2006

## State of Idaho

Ben Ysursa Secretary of State

## LOBBYIST ANNUAL REPORT FORM

To Be Filed By:

L-2

LOBBYISTS	
(Sec. 67-6619)	

Page	1	01	. 2	Pa	age(	s
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Lisa Gilliam 2188 Southwest Main Street					Date prepared January 24, 2007			1 _	Period covered  year ending		
Portland, Oregon 97205									(Mo.)	(Day)	(Yr.) 2006
Item 1	Totals	of all reportab	ole expenditures made or	rincurred	by Lobby	ist or by	Lobbyist's Empl	oyer on beh	alf of Lobby	yist's Emplo	yer.
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity  *Total Amount for All Employers				Item 3, a	t bottom of	nts contributed by each employer (Identify employers, under of page.)					- N - 4
Enterta	Not Have to be	е керогіей		Етрк	oyer No. 1		Employer No. 2	Employ	er No. 3	Employer	No. 4
	nd Refreshme	ent	\$0.00	0.00		-   " .		s		\$	
Living	Accommodati	ions	0.00		0.00	-					
Adverti	sing		0.00		0.00	- 1 -					
Travel			0.00		0.00	-   -					
Telepho	one		0.00		0.00	-   -					
Other E	xpenses or So	ervices	0.00		0.00	<u> </u>					<del></del>
		Total	\$0.00	\$	0.00	-   "		\$		\$	77377
*When Item			are reporting for require								on Page 1.
2	Date	тейен ехрения	Place	011413 (\$3)	Amo		Names of Legis				in Group
N/A											
Continued on attached page(s)						Item	Employer(s) Name(s) and Address(es)				
INSTRUCTIONS						3			me(s) and Ad	idress(es)	
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code					on	Amylin Pharmaceuticals  No. 1 3899 North Cleveland Road  Lexington, Kentucky 40516					
Filing deadline: Annual report is due on January 31st.  Executive Lobbist semi-annual report due July 31st.					No. 2						
TO BE FILED WITH:											
Ben Ysursa Secretary of State PO Box 83720						No. 3					
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282						No. 4					

Item 4	perso	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, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.							
		ate	Amount	Nar	Name of Legislator, Public or Executive Official Receiving or Benefiting				
N/A				ion, the number of the Senate		LEGISLATIVE SUB	JECT	IDENTIFICATION	
5			Resolution or other was supporting or of	legislative activity in which oposing.	Code	Subject	Code	Subject	
Subjectifrom N/A			esolution or Other tive Ident. Number	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	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, bids, fees, funds  12 Government, county  13 Government, federal  14 Government, municipal  15 Government, special districts		Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)	
6	Item 6 Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing.  Medicaid, Preferred Drug List			CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.  Lisa Gilliam: Jac Jillam 1 - 26 - 0/Lobbyist signature  Robin Stanley: Date  Employer No. 1 signature  Employer No. 2 signature  Date  Employer No. 3 signature  Date  Employer No. 4 signature  Date					