

LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Yarns  
Secretary of State

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

6 MAR 28 PM 4:29  
SECRETARY OF STATE  
STATE OF IDAHO

Page \_\_\_\_\_ of \_\_\_\_\_ Page(s)  
THIS AND OTHER OFFICE USE ONLY

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

|  |                                 |  |
|--|---------------------------------|--|
| Lobbyist's name and permanent business address<br><b>Don Munkers</b><br><b>802 W BARNDOCK #208</b><br><b>BOISE, ID 83702</b> | Date prepared<br><b>3/27/06</b> | Period covered<br><input checked="" type="checkbox"/> year ending<br>Date: <b>2/28/06</b><br>(Mo.) (Day) (Yr.) |
|--|---------------------------------|--|

Item 1 Total of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.

| Category of Expenditure<br><small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small> | * Total Amount for All Employers | Proportional amounts contributed by each employer (usually employers, under Item 2, 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   | <b>150.94</b>                    | <b>150.94</b>   | \$ _____       | \$ _____       | \$ _____       |
| Other Expenses or Services  | <b>\$</b>                        | \$ _____  | \$ _____       | \$ _____       | \$ _____       |
| <b>Total</b>  | <b>\$ 150.94</b>                 | <b>\$ 150.94</b>  | \$ _____       | \$ _____       | \$ _____       |

\*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 | Name of Legislator & Public Official in Group |
|------|-------|--------|---|
|      |       |        |   |

Continued on attached page(s)

|  |   |
|--|---|
| <p><b>INSTRUCTIONS</b></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><b>TO BE FILED WITH:</b></p> <p>Ben Yarns<br/>Secretary of State<br/>PO Box 83720<br/>Boise, ID 83720-0080<br/>Phone: (208) 334-2852 Fax: (208) 334-2282</p> | Item 3<br>Employer(s) Name(s) and Address(es)                           |
|  | No. 1<br><b>Idaho Rural Water Assoc.</b><br><b>802 W. BARNDOCK #208</b> |
|  | No. 2<br><b>BOISE, ID 83702</b>   |
|  | No. 3<br>   |
| No. 4<br>  |   |

**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 |
|------|--------|---|
| N/A  |        |   |

**Item 5** Subject number 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 (This table) | Bill, Resolution or Other Legislative Act Number | Appropriation Bill Number and Section Number |
|---------------------------|--|--|
| N/A                       |  |  |

**LEGISLATIVE SUBJECT IDENTIFICATION**

- |  |  |
|--|--|
| <p><b>Code Subject</b></p> <ul style="list-style-type: none"> <li>01 Agriculture, horticulture, farming, and livestock</li> <li>02 Amusement, games, athletics and sports</li> <li>03 Banking, finance, credit and investments</li> <li>04 Children, minors, youth, senior citizens</li> <li>05 Church and religion</li> <li>06 Consumer affairs</li> <li>07 Ecology, environment, pollution, conservation, zoning, land and water use</li> <li>08 Education</li> <li>09 Elections, campaigns, voting, political parties</li> <li>10 Equal rights, civil rights, minority affairs</li> <li>11 Government, financing, taxation, revenue, budget, appropriations, bills, fees, funds</li> <li>12 Government, county</li> <li>13 Government, federal</li> <li>14 Government, municipal</li> <li>15 Government, special districts</li> <li>16 Government, state</li> </ul> | <p><b>Code Subject</b></p> <ul style="list-style-type: none"> <li>17 Health services, medicine, drugs and controlled substances, health insurance, hospitals</li> <li>18 Higher education</li> <li>19 Housing, construction, codes</li> <li>20 Insurance (including health insurance)</li> <li>21 Labor, salaries and wages, collective bargaining</li> <li>22 Law enforcement, courts, judges, crime, prisons</li> <li>23 Licenses, permits</li> <li>24 Liquor</li> <li>25 Manufacturing, distribution and services</li> <li>26 Natural resources, forest and forest products, fisheries, mining and mining products</li> <li>27 Public lands, parks, recreation</li> <li>28 Social insurance, unemployment insurance, public assistance, workers' compensation</li> <li>29 Transportation, highways, roads and roads</li> <li>30 Utilities, communications, television, radio, newspaper, power, CATV, gas</li> <li>31 Other (please specify)</li> </ul> |
|--|--|

*Sharon Sawyer* 3/27/06 +  
 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 87-6504 3600a Code.

+ Don Munkers is no longer with us - effective 2/28/06