

# LOBBYIST MONTHLY REPORT FORM

Page \_\_\_\_\_ of \_\_\_\_\_ Page(s)  
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**State of Idaho**  
  
Ben Ysursa  
Secretary of State

To Be Filed By:  
  
**L-3** LOBBYISTS  
(Sec. 67-6619)

MAR - 0 AM 9:25

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

|  |                               |   |
|--|-------------------------------|---|
| Lobbyist's name and permanent business address<br><br>H. Dwight Whittaker<br>555 West 25th Street<br>Idaho Falls, Id 83402 | Date prepared<br><br>03/06/06 | Period covered<br><input checked="" type="checkbox"/> month ending<br>(Mo.) (Day) (Yr.)<br><br>02   29   2006 |
|--|-------------------------------|---|

| 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<br>Reimbursed Personal Living and Travel<br>Expenses Pertaining to Lobbying Activity<br><b>Do Not Have to be Reported</b> | * Total Amount for<br>All Employers  | Proportionate amounts contributed by each employer ( <b>Identify employers, under Item 3, at bottom of page.</b> ) |                |                |                |
|   |  | 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   | \$ .00   | \$ _____   | \$ _____       | \$ _____       | \$ _____       |

\*When the number of employers you are reporting for requires multiple L-3 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 |  |
| None   |   |        |  |  |

Continued on attached page(s)

| INSTRUCTIONS  | Item 3 | Employer(s) Name(s) and Address(es)   |
|---|--------|---|
| <b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code.<br><br><b>Filing deadline:</b> Monthly reports due within ten (10) days of the month for activities of the past month.<br><br><b>TO BE FILED WITH:</b><br>Ben Ysursa<br>Secretary of State<br>PO Box 83720<br>Boise, ID 83720-0080<br>Phone: (208) 334-2852 Fax: (208) 334-2282 | No.1   | Development Workshop, Inc.<br>555 West 25th Street<br>Idaho Falls, ID 83402 |
|   | No.2   |   |
|   | No.3   |   |
|   | No.4   |   |

