LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

(Type or print clearly in black ink) See instructions at bottom of page To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)

Page___of___Page(s)
THIS SPACE FOR OFFICE USE ONLY

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SECRETY OF STATE STAIL OF IDAHO

Lobbyist's name and permanent business address								ate pre	epared	Period covered						
James R Baugh												month ending				
4477 Emerald #B100								03/03/11			()/(=)	(Dav)	(V-)			
Boise, ID 83706											(Mo.)	1	(Yr.)			
							\perp				02	28	11			
Item	Totals	of all reportal	ole expe	nditures made o	r incurre	ed by Lobb	yist (or by	Lobbyist's Emplo	oyer on behalf o	of Lobby	rist's Emplo	yer.			
	tegory of Exp		*Tot	al Amount for		tionate amou			uted by each emplo	yer (Identify en	ployers,	under				
Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			All Employers		Employer No. 1			Employer No. 2		Employer No. 3		Employer No. 4				
Entertainment			0.00													
Food an	d Refreshme	nt	\$	0.00	\$			\$		S		\$				
Living A	Accommodat	ions		0.00												
Advertis	sing			0.00												
fravel				0.00												
Telepho	ne			0.00												
Other Expenses or Services				0.00												
			-					_				-				
		Total	\$	0.00	\$	0.	00	\$	0.00	\$	0.00	\$	0.00			
*11/1-00-1	ha numbar of a	ammlovom vou e	 	ing for requires m	l ultiple L	-2 forms to l	a filo	l datot	al amount for all c	 mplayare shauld	he entere	d on Page I				
Wilen									legislator, other				officials and			
Item-	member(s) of their household.						Names of Legislators, Public and Executive Officials									
2	Date		Place				Amoun			lembers in Group						
			NA				0									
			177													
<u></u>	Continued on a	ttached page(s)				1										
								em 3	En	Employer(s) Name(s) and Address(es)						
	INSTRUCTIONS															
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code							No. 1 DisAbililty Rights Idaho, Inc 4477 Emerald #B100, Boise, ID 83706									
Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.							No. 2									
TO BE FILED WITH:																
Ben Ysursa							No. 3									
Secretary of State PO Box 83720																
Boise, ID 83720-0080							No. 4									
Phone: (208) 334-2852 Fax: (208) 334-2282																

				LECICLATIVE CUDIFOT IDENTIFICATION							
T4	, ,	ion, the number of the Senate	LEGISLATIVE SUBJECT IDENTIFICATION								
Subject Code (from table)	, ,	legislative activity in which	Code 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, municipal Government, special districts Government, state	Code	Subject 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)					
bid or ing or	fy any other ratemaking decision bid process, financial service opposing. 6309 -1005 0310 1002 6310 -1006 0411 -1001 -0411 -1001	on, procurement, contract, s or bond lobbyist was support	1 '	CERTIFICATION: I hereby certify correct statement in accordance with							