Rev. 11/2011			LOBBYIST MONTHLY REPORT FORM					1	PageOfPage(s)		
TEAT	SEAL	State of Ida	ho To Be Filed By:						THIS SPACE FOR OFFICE USE ONLY		
HE L	OH	Ben Ysursa Secretary of State		L-3 LOBBYIST (Sec. 67-66				1	3 FEB :	22 AM 0	9:41
TATE	OF	Secretary of S	tate					S	SECRETARY OF		
									STAT	E OF IDA	AHO
	4	(Type or print clear See instructions at	bottom of page			Dete	1			1	
	t's name an	d permanent busine	ss address			Î	orepared 2/2013		Period	covered	1.
	rton Hill					1/2010			month en	aing	
Nash	ville, TN	37215							(Mo	.) (Day)	(Yr.) 2013
Item	Тс	tals of all reportal	ble expenditures made	or incurred b	v Lobby	ist or by	v Lobbyist's Empl	over on beh	alf of Lobi		
Category of Expenditure Reimbursed Personal Living and Travel			*Total Amount for	Proportionate Total Amount for Item 3, at bot			buted by each empl	-			
		to Lobbying Activity to be Reported	All Employers	Employer No. 1		Employer No. 2		Employer No. 3		Employer No. 4	
Enterta Food ar	inment 1d Refresl	hment	\$_\$0.00	\$_\$0.00		\$		\$		\$	
Living	Accommo	odations	\$0.00	\$0.00	0						
Advertising			\$0.00	\$0.00	0						
Travel			\$0.00	\$0.00	0	_					
Telepho	one		\$0.00	\$0.00							
Other E	Expenses of	or Services	\$0.00	\$0.00	0	_ _					
		Total	\$_\$0.00	\$\$0.00	0	\$_		<u>\$</u>		\$	
*When	the number	r of employers you a	are reporting for requires 1	nultiple L-2 fo	orms to be	filed a to	otal amount for all e	mployers sho	ould be enter	ed on Page 1.	
Item-			diture of more than one hold.		llars (\$10	00) for a					
2	Date		Place		Am				ors, Public and Executive Officials ehold Members in Group		
										-	
		 1 1 ()									
Continued on attached page(s) INSTRUCTIONS Who should file this form: Any lobbyist registered under Section						Item	Employer(s) Name(s) and Address(es)				
					- F	3					
					N	Corrections Corporation of America No. 1					
			-6617 Idaho Code		-	1	0 Burton Hills Blvc	I. Nashville	FN 37215 L	JSA	
Fili	ng deadli		orts due within fifteen (tivities of the past mon		he N	Jo. 2					
ТО	BE FILEI										
Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282						lo. 3					
						Jo. 4					

	Subj	ect matter of proposed legislat	ion, the number of the Senate	LEGISLATIVE SUBJECT IDENTIFICATION					
Item 4 Subjec (from 11, 1 19, 2 22, 2 28	t Code table) 6	ect matter of proposed legislat ouse Bill, Resolution or other obbyist was supporting or op Bill, Resolution or Other Legislative Ident. Number	legislative activity in which	Code 01 02 03 04 05 06 07 08 09 10 11 11 12 13 14 15 16	LEGISLATIVE SUB 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, federal Government, special districts Government, state		IDENTIFICATION 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		
Item 5	bid or	ntify any rule, ratemaking decision, procurement, con or bid process, financial services or bond lobbyist wa or opposing.			CERTIFICATION: I hereby certify t correct statement in accordance with Electronically signed Lobbyist signature		· · ·		