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> Lawerence Denney Secretary of State

PO Box 83720 Boise, ID 83720-0080 elections@sos.idaho.gov

Phone: (208) 334-2852 Fax: (208) 334-2282

LOBBYIST R	EPORT	FORM
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LOBBYISTS

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To Be Filed By:

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SECRETARY OF STATE STATE OF IDAHO

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0/0/	Secretary of Sta

(Sec. 67-6619) (Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered James R Baugh 1/4/2019 year ending 4477 Emerald Boise, ID 83706 (Mo.) (Day) (Yr.) 12 31 2018 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure *Total Amount for Item 3, at bottom of page.) Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity All Employers Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Employer No. 4 Entertainment Food and Refreshment \$ \$0.00 \$_\$0.00 Living Accommodations \$0.00 \$0.00 Advertising \$0.00 \$0.00 Travel \$0.00 \$0.00 Telephone \$0.00 \$0.00 Other Expenses or Services \$0.00 \$0.00 **Total** \$ \$0.00 \$_\$0.00 *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. The totals of each expenditure of more than one hundred ten dollars (\$110) for a legislator, other holder of public offi ce, executive offi cials and member(s) of their household. Item-Names of Legislators, Public and Executive Officials 2 Date Place Amount and Household Members in Group Continued on attached page(s) Item INSTRUCTIONS Employer(s) Name(s) and Address(es) DisAbility Rights Idaho Inc Who should file this form: Any lobbyist registered under Section No. 1 67-6617 Idaho Code 4477 Emerald #B100 Boise ID 83706 USA Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. No. 2 TO BE FILED WITH:

No. 3

No. 4

Item Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which				LEGISLATIVE SUBJECT IDENTIFICATION			
4					~	~ .	~
	the L	obbyist was supporting or op	posing.		Subject		Subject
Subject	t Code	Bill, Resolution or Other	Appropriation Bill Number	01	Agriculture, horticulture, farming, and livestock	17	Health service, medicine, drugs and controlled substances, health
(from		Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals
<u> </u>		H.B. 657, S.B. 1312		1 02	and sports	18	Higher education
10, 1		H.B. 615, H.B. 570		03	Banking, finance, credit and	19	Housing, construction, codes
22, 2	8	H.B. 16-0319-1701,		03	investments	20	Insurance (excluding health
		S.B. 1262, H.B. 465		04	Children, minors, youth,	20	insurance)
		H.B. 338, H.B. 464		"	senior citizens	21	Labor, salaries and wages,
				05	Church and religion		collective bargaining
				06	Consumer affairs	22	Law enforcement, courts,
				07	Ecology, environment, pollution,		judges, crimes, prisons
					conservation, zoning, land and	23	License, permits
					water use	24	Liquor
				08	Education	25	Manufacturing, distribution and
				09	Elections, campaigns, voting,		services
					political parties	26	Natural resources, forest and
				10	Equal rights, civil rights,		forest products, fisheries, mining
					minority affairs		and mining products
				11	Government, financing,	27	Public lands, parks, recreation
					taxation, revenue, budget,	28	Social insurance, unemployment
					appropriations, bids, fees, funds		insurance, public assistance,
				12	Government, county		workmen's compensation
				13	Government, federal	29	Transportation, highways,
				14	Government, municipal		streets and roads
				15	Government, special districts	30	Utilities, communications,
				16	Government, state		televisions, radio, newspaper,
							power, CATV, gas
						31	Other (please specify)
				_	EDITIFICATION II I CC (I		1
				1	ERTIFICATION: I hereby certify the breed statement in accordance with S		, 1
					officer statement in accordance with 5	cction o	7-0024 Idano Code.
				-			
				E	Electronically signed		1/4/2019
Item		y any rule, ratemaking decisi		\overline{L}	obbyist signature		Date
5		ct bid or bid process, financia			, ,		
	bond l	obbyist was supporting or opp	posing.				
Hosp	ital I	censing Rules, Secui	re DD Facility Rules	Fr	nployer No. 1 signature		Date
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				Er	nployer No. 2 signature		Date
					mployer No. 3 signature		Date
				E	iipioyoi 110. 3 signature		Date
				_			Dete
			<u> </u>	Ei	nployer No. 4 signature		Date