

**LOBBYIST MONTHLY REPORT FORM**



State of Idaho  
Ben Ysursa  
Secretary of State

To Be Filed By:  
**L-3 LOBBYIST'S**  
(Sec. 67-6619)

06 SEP 07 PM 2:22  
SECRETARY OF STATE  
STATE OF IDAHO

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

Lobbyist's name and permanent business address <b>KENT W. DAY LIBERTY MUTUAL P. O. BOX 6358 BOISE, IDAHO 83707-6358</b>	Date prepared <b>8/31/2006</b>	Period covered <input checked="" type="checkbox"/> month ending: (Mo.) (Day) (Yr.) <b>8 31 2006</b>
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Category of Expenditure <small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small>	*Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, 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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Expenses or Services	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</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 2.

Item 2	Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group

Continued on attached page(s)

<p><b>INSTRUCTIONS</b></p> <p><b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code</p> <p><b>Filing deadline:</b> Monthly reports due within ten (10) days of the month for activities of the past month.</p> <p><b>TO BE FILED WITH:</b> Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	Item 3	Employer(s) Name(s) and Address(es)
	No. 1	LIBERTY MUTUAL INS. CO., P. O. BOX 4555 PORTLAND, OREGON 97208-4555
	No. 2	
	No. 3	
	No. 4	

