State of Idaho

Ben Ysursa

Secretary of State

Rev. 11/2011

## LOBBYIST MONTHLY REPORT FORM

To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

Page of Page(s)
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SECTION OF TO AHO

|   |                    |   |               |                                       |                          |   |          | STATE OF TOTAL |                     |              |          |                        |              |  |
|---|--------------------|---|---------------|---------------------------------------|--------------------------|---|----------|----------------|---------------------|--------------|----------|------------------------|--------------|--|
|   |                    | Type or print clea                      |               |                                       |                          |   |          |                |                     |              |          |                        |              |  |
| Lobbyis   |                    | see instructions at<br>permanent busine |               |                                       |                          |   | 10       | ate pr         | epared              |              |          | Period c               | overed       |  |
| Kent  | W. Day             | •                                       |               |                                       |                          |   |          |                |                     |              |          |                        | 7 month en   | ding   |
| Liberty Mutual Insurance  |                    |   |               |                                       |                          |   | 5/2/11   |                |                     |              | 1        | _                      |              |  |
| P.O. Box 6358   |                    |   |               |                                       |                          |   |          | 3/2/11         |                     |              | 1        | (Mo.)                  | (Day)        | (Yr.)  |
| Boise   | e, ID 8370         | 7                                       |               |                                       |                          |   |          |                |                     |              |          | 4                      | 30           | 2011   |
| Item<br>1   | Tota               | ils of all геропа                       | ble exp       | conditures made o                     | r incurred l             | by Lobb   | yist     | or by          | Lobbyist's Empl     | oyer on be   | half of  | Lobby                  | ist's Emplo  | усг.   |
| C   |                    | xpenditure                              | 18*           | Total Amount for                      | Proportion<br>Item 3, at |   |          |                | uted by each empl   | oyer (Ident  | ify emp  | loyers,                | under        |  |
| Reinbursed Personal Living and Travel<br>Expenses Pertaining to Lobbying Activity<br>Do Not Have to be Reported |                    |   | All Employers |                                       | Employer No. 1           |   |          |                |                     |              | over No. | rer No. 3 Employer No. |              |  |
| Enterta   |                    | The Properties                          | -             |                                       |                          |   | _        | <u> </u>       |                     |              |          | -                      |              |  |
|   | nd Refreshn        | nent                                    | \$            |                                       | \$                       |   |          | \$_            |                     | S            |          |                        | \$           |  |
| Living.   | Accommod           | ations                                  |               |                                       |                          |   |          | -              |                     | \            |          |                        |              |  |
| Adverti   | sing               |   | -             |                                       |                          |   |          |                |                     |              |          |                        |              |  |
| Travel  |                    |   |               |                                       |                          |   |          |                |                     |              |          |                        |              |  |
| Telepho   | ne                 |   | -             |                                       |                          |   |          |                |                     |              |          |                        |              |  |
| Other E   | xpenses or         | Services                                | -             |                                       |                          |   | _        |                |                     | -            |          |                        |              |  |
|   |                    |   |               | 0.00                                  |                          | 0.0   | าก       |                | 0.00                |              |          | 0.00                   |              | 0.00   |
|   |                    | Total                                   | \$            | 0.00                                  | \$                       | 0.0   | _        | S              | 0.00                | S            |          | -                      | \$           | 0.00   |
| *When t   | he number o        | f employers you s                       | не теро       | rting for requires mu                 | dtiple L-2 fo            | orms to be  | e file   | d a tot        | al amount for all c | imployers sh | ould be  | entered                | on Page 1.   |  |
|   |                    |   |               | of more than one f                    | undred do                | llars (\$1  | 00)      | for a          | legislator, other   | holder of p  | oublic c | office, e              | xecutive o   | flicials and   |
| Item-   | member(s           | s) of their house                       | hold.         |                                       |                          | Γ   |          | _              | Names of            | Legislators  | Public   | and Ex                 | cutive Offic | inte   |
| 2   | Date               |   |               | Place                                 |                          | An  | ทองก     |                |                     | and Househ   |          |                        |              |  |
|   |                    |   |               |                                       |                          |   |          |                |                     |              |          |                        |              |  |
|   |                    |   |               |                                       |                          |   |          |                |                     |              |          |                        |              |  |
|   |                    |   |               |                                       |                          |   |          |                |                     |              |          |                        |              |  |
|   |                    |   |               |                                       |                          |   | 1        |                |                     |              |          |                        |              |  |
|   |                    |   |               |                                       |                          |   |          |                |                     |              |          |                        |              |  |
|   | Continued on       | attached page(s)                        |               |                                       |                          |   |          |                |                     |              |          |                        |              |  |
|   |                    | INST                                    | RUCT          | TIONS                                 |                          |   | Ite<br>3 | m              | Eir                 | ployer(s) N  | aine(s)  | and Add                | ress(cs)     |  |
|   |                    | 1.101                                   |               |                                       |                          |   |          | ا<br>انا       | andu Mutual I       | naurana      |          |                        |              |  |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code                             |                    |   |               |                                       |                          | No. 1 Liberty Mutual Insurance P.O. Box 6358, Boise, ID 83707 |          |                |                     |              |          |                        |              |  |
| Filin   | g deadiin <b>e</b> |   |               | within fifteen (15 of the past month. |                          | ne i  | No. 2    |                |                     |              |          |                        |              |  |
| TOE   | E FILED V          | VITH:                                   |               |                                       |                          |   |          |                |                     |              |          |                        |              |  |
| , -   |                    | B                                       | n Ysu         |                                       |                          | ٢   | No. 3    |                |                     |              |          |                        |              |  |
| Secretary of State PO Box 83720   |                    |   |               |                                       |                          | -   |          |                |                     |              |          |                        |              |  |
|   | Phor               |   |               | 20-0080<br>Fax: (208) 334-27:         | <b>2</b> 2               | 1   | No, 4    |                |                     |              |          |                        |              |  |
| Phone: (208) 334-2852 Fax: (208) 334-2282   |                    |   |               |                                       |                          |   |          |                |                     |              |          |                        |              | The same of the sa |

| Sub         | ject matter of proposed legislat  | ion, the number of the Senato                                | LEGISLATIVE SUBJECT IDENTIFICATION                   |  |  |  |  |  |  |
|-------------|---|--|--|--|--|--|--|--|--|
| Item   or l | louse Bill, Resolution or other<br>Lobbyist was supporting or op                    | legislative activity in which                                | Code 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 | Subject Agriculture, horticulture, furning, 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, cumpaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, indereal Government, indereal Government, special districts Government, state   | Code<br>17<br>18<br>19<br>20<br>21<br>22<br>23<br>24<br>25<br>26<br>27<br>28<br>29<br>30 | 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, new spaper, power, CATV, gas Other (please specify) |  |  |  |
| bid o       | ify any rule, ratemaking decisi<br>r bid process, financial services<br>r opposing. | on, procurement, contract,<br>s or bond lobbyist was support | 1 (  | CERTIFICATION: I hereby certify correct statement in accordance with Carly Republic Control of the Carly Republic Control of t |  |  |  |  |  |