Rev. 12/2012

State of Idaho

Ben Ysursa Secretary of State

LOBBYIST	REPORT	FORM
----------	--------	-------------

1	AN	N	[] A	I

7	SE	MT-A	ANI	III	ΑI

Page	of	Page(s)
THIS SPACE	E FOR OFFI	CE USE ONLY

14 JAN 02 PM 02:29

SECRETARY OF STATE STATE OF IDAHO

To Be Filed By: LOBBYISTS L-2 (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 Kent Day 1/2/2014 year ending PO Box 6358 Boise, ID 83707 (Mo.) (Day) (Yr.) 12 31 2013 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 Reimbursed Personal Living and Travel *Total Amount for Item 3, at bottom of page.) 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 five dollars (\$105) for a legislator, other holder of public office, executive officials 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) Liberty Mutual Insurance Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code PO Box 6358 Boise ID 83707 USA Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. 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

Item Subject matter of proposed legislation, the number of the Senate		LEGISLATIVE SUBJECT IDENTIFICATION					
Item 4 Subject (from 17, 228	or Ho the L t Code table)	ect matter of proposed legislate ouse Bill, Resolution or other obbyist was supporting or op Bill, Resolution or Other Legislative Ident. Number S.B. 1165, S.B. 0014 H.B. 0011, H.B. 0194 H.B. 0232, H.B. 0075 H.B. 0198, H.B. 0082	legislative activity in which	Code 01 02 03 04 05 06 07 08 09 10 11 12 13 14	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, municipal		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
Item 5	contra bond l	Fy any rule, ratemaking decisi ct bid or bid process, financia obbyist was supporting or opj	l services agreement or	12 13 14 15 16	taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal	28 29 30 31	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)
None	9			_	nployer No. 1 signature		Date
				Er	nployer No. 3 signature		Date
] Er	nployer No. 4 signature		Date