## EPORT FORM



## State of Idaho

Ben Ysursa Secretary of State

| CORRAIST MONTHLY REPORT | I, C |
|-------------------------|------|
|-------------------------|------|

To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page 1 of 2 Page(s) THIS SPACE FOR OFFICE USE ONLY

|   |                         |                               |           |  |                           |                |  |                |  | 404 1977                                 | 10 P      | 1:2        | 2        |
|---|-------------------------|-------------------------------|-----------|--|---------------------------|----------------|--|----------------|--|--|-----------|------------|----------|
|   |                         | pe or print clear             |           |  |                           |                |  |                |  | Sansa                                    |           | _          |          |
| See instructions at bottom of page  Lobbyist's name and permanent business address                        |                         |                               |           |  |                           | Da             | Date prepared Period co                |                |  | vered                                    |           |            |          |
| Ji  | m Werbec                | kes                           |           |  |                           |                |  |                |  | OWNE                                     | 1         | month en   | ding     |
| 9   | 790 Gatew               | ay Drive, Su                  | ite 100   | )                                      |                           |                |  |                | 4/0/000  | \ <del></del>                            |           | -<br>      |          |
| R   | eno, Neva               | da 86521                      |           |  |                           |                | 1                                      |                | 4/6/2007   |  | (Mo.)     | (Day)      | (Yr.)    |
|   |                         |                               |           |  |                           |                |  |                |  |  | 03        | 31         | 2007     |
| Item<br>1   | Total                   | s of all reportal             | ole expe  | enditures made o                       | r incurre                 | ed by Lob      | byist or                               | by             | Lobbyist's Empl                                  | loyer on behalf o                        | of Lobbyi | st's Emplo | yer.     |
|   | Category of E           |                               | *To       | tal Amount for                         |                           |                |  |                | uted by each emp                                 | loyer (Identify e                        | mployers, | under      |          |
| Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported |                         | 1                             |           | Employer No. 1                         |                           |                |  |                |  |  |           |            |          |
|   |                         |                               | 1         |  |                           | Employer No. 2 |  | Employer No. 3 |  | Employer No. 4                           |           |            |          |
|   | ainment<br>ınd Refreshm | ent                           | \$        | 0.00                                   | \$                        | 0.             | 00                                     | \$_            |  | \$                                       |           | 3          |          |
| Living  | Accommoda               | tions                         |           | 0.00                                   |                           | 0.             | 00                                     |                |  |  |           |            |          |
| Adver   |                         |                               |           | 0.00                                   |                           | 0.             | 00                                     |                |  |  |           |            |          |
| Travel  |                         |                               |           | 0.00                                   |                           | 0.             | 00                                     |                |  |  |           |            |          |
| Teleph  | ione                    |                               |           | 0.00                                   |                           | 0.             | 00                                     |                |  |  |           |            |          |
|   | Expenses or S           | Services                      |           | 0.00                                   |                           | 0.             | 00                                     |                |  |  |           |            |          |
|   |                         |                               |           |  |                           |                |  |                |  |  |           | ****       |          |
|   |                         | Total                         | \$        | 0.00                                   | s                         | 0.             | 00                                     | \$             |  | \$                                       | s         | 3          |          |
|   |                         |                               |           | ······································ | _                         | •              | _                                      | _              | 10   |  |           |            |          |
| *Wher   |                         |                               |           | porting for require                    |                           |                |  |                | <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del> |  |           |            | on Page  |
| Item<br>2   |                         | of each expending             | ture of 1 | nore than fifty do                     | ollars (\$5               |                | egislato<br>mount                      | r, ot          |  | blic office, and e<br>lators, Public and |           |            | in Group |
|   | Date                    |                               |           |  |                           | <del>  ^</del> | mount                                  |                | Trumes of Eegis.                                 | iators, radice and                       | DACCULIVE | Officials  | п отопр  |
|   |                         |                               | None      | this Period                            |                           |                |  |                |  |  |           |            |          |
|   |                         |                               |           |  |                           |                |  |                |  |  |           |            |          |
|   |                         |                               |           |  |                           |                |  |                |  |  |           |            |          |
|   |                         |                               |           |  |                           |                |  |                |  |  |           |            |          |
|   |                         |                               |           |  |                           |                |  |                |  |  |           |            |          |
|   |                         |                               |           |  |                           |                |  |                |  |  |           |            |          |
|   | Continued on            | attached page(s)              |           |  |                           |                | •                                      |                |  |  |           |            |          |
| INSTRUCTIONS  |                         |                               |           |  |                           | Iten<br>3      | Item 3 Employer(s) Name(s) and Address |                |  | ess(es)                                  |           |            |          |
|   |                         |                               |           |  | Employers Insurance Group |                |  |                |  |  |           |            |          |
| Who should file this form: Any lobbyist registered under Section  |                         |                               |           |  |                           | No. 1          | 7770 Gateway Dirve, Suite 100          |                |  |  |           |            |          |
| 67-6617 Idaho Code  |                         |                               |           |  |                           | igg            | Reno, Nevada 86521                     |                |  |  |           |            |          |
|   |                         | : Monthly repties of the past |           | ue within ten (1                       | 0) days                   | of the         | No. 2                                  |                |  |  |           |            |          |
| TO BE FILED WITH:   |                         |                               |           |  |                           |                |  |                |  |  |           |            |          |
| Ben Ysursa<br>Secretary of State  |                         |                               |           |  | No. 3                     |                |  |                |  |  |           |            |          |
| PO Box 83720  |                         |                               |           |  |                           |                |  |                |  |  |           |            |          |

No. 4

Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282

| Item<br>4               |   |   | money or other tangible or intangible, Public or Executive Official.                 |   |  |   |
|-------------------------|---|---|--|---|--|---|
|                         | Date  Subject mal                       | Amount  | None this perio  | me of Legislator, Public or Executive Off  d  LEGISLATIVE SUB   |  |   |
| Subject (from the North | the Lobbyis<br>Code Bill<br>table) Legi | ill, Resolution or other<br>st was supporting or og<br>, Resolution or Other<br>slative Ident. Number | legislative activity in which oposing.  Appropriation Bill Number and Section Number | Code Subject  01 Agriculture, horticulture, farming, and livestock  02 Amusements, games, athletics and sports  03 Banking, finance, credit and investments  04 Children, minors, youth, senior citizens  05 Church and religion  06 Consumer affairs  07 Ecology, environment, pollution, conservation, zoning, land and water use  08 Education  09 Elections, campaigns, voting, political parties  10 Equal rights, civil rights, minority affairs  11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds  12 Government, county  13 Government, rederal  14 Government, municipal  15 Government, special districts  16 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, newspaper, power, CATV, gas Other (please specify) |
|                         |   | ocess, financial service  | ision, procurement, contract,<br>es or bond lobbyist was                             | CERTIFICATION: I hereby certify correct statement in accordance w   |  |   |