

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Liberty Mutual Insurance Company - PAC

ADDRESS (number and street) 175 Berkeley Street

Check if different than previously reported. (ACC) Boston MA 02117

2. **FEC IDENTIFICATION NUMBER ▼** C00171843 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day **POST-Election** Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 03 / 01 / 2015 through M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Renee Harper

Signature of Treasurer Renee Harper *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 04 / 17 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Liberty Mutual Insurance Company - PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		202101.04
(b) Cash on Hand at Beginning of Reporting Period.....	295255.66	
(c) Total Receipts (from Line 19) .....	43086.19	130340.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	338341.85	332441.85
7. Total Disbursements (from Line 31).....	109100.00	103200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	229241.85	229241.85
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Liberty Mutual Insurance Company - PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23374.08	50602.53
(ii) Unitemized .....	19712.11	79738.28
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	43086.19	130340.81
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	43086.19	130340.81
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	43086.19	130340.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	43086.19	130340.81

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	109100.00	106600.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	-3400.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	109100.00	103200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	109100.00	103200.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	43086.19	130340.81
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	43086.19	130340.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 72
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. James M. McGlennon**  
Full Name (Last, First, Middle Initial)

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Chief Information Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1318.68**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : PR463140413516**

Amount of Each Receipt this Period **439.56**

P/R Deduction (\$219.78 Bi-Weekly)

**B. Terri Campbell**  
Full Name (Last, First, Middle Initial)

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Sr Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **253.86**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : PR463142313516**

Amount of Each Receipt this Period **84.62**

P/R Deduction (\$42.31 Bi-Weekly)

**C. Stephen Whalen**  
Full Name (Last, First, Middle Initial)

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Sr Investment Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **216.54**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : PR463144013516**

Amount of Each Receipt this Period **72.18**

P/R Deduction (\$36.09 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>596.36</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 72
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)  
**A. George S Ryan**

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Sr Tax Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **311.52**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463145813516**

Amount of Each Receipt this Period  
**103.84**

P/R Deduction (\$51.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Julie A Burnett**

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation General Mgr, Small Commercial

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **417.72**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463150213516**

Amount of Each Receipt this Period  
**139.24**

P/R Deduction (\$69.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Jeffrey M Breor**

Mailing Address 1600 N Collins Blvd  
 #2000 3000 4000

City Richardson State TX Zip Code 75080-3591

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Manager II, P/L Agency Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **203.88**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463150313516**

Amount of Each Receipt this Period  
**67.96**

P/R Deduction (\$33.98 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **311.04**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. Israel Abraham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 150 Liberty Way  
 City Dover State NH Zip Code 03820-9320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Sr Director, IT Mkt Apps  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463151813516**  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**B. Hamid Mirza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 157 Berkeley St  
 City Boston State MA Zip Code 02116-5108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Product Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 289.65

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463154113516**  
 Amount of Each Receipt this Period 96.92  
 P/R Deduction (\$48.46 Bi-Weekly)

**C. Kimberly A Haza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 4th Ave Fls 8-18 27-31 & 41  
 City Seattle State WA Zip Code 98154-1119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Senior Product Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 239.28

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463154213516**  
 Amount of Each Receipt this Period 79.76  
 P/R Deduction (\$39.88 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 246.68  
**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial) <b>A. Kris L Hill</b>		Date of Receipt 03 / 31 / 2015 <b>Transaction ID : PR463155813516</b>
Mailing Address 1001 4th Ave Fls 8-18 27-31 & 41		Amount of Each Receipt this Period 82.86
City Seattle	State WA	Zip Code 98154-1119
FEC ID number of contributing federal political committee. C		P/R Deduction (\$41.43 Bi-Weekly)
Name of Employer Liberty Mutual	Occupation Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 248.58	

Full Name (Last, First, Middle Initial) <b>B. Spencer J Donkin</b>		Date of Receipt 03 / 31 / 2015 <b>Transaction ID : PR463156113516</b>
Mailing Address 1615 Murray Canyon Rd Ste 300		Amount of Each Receipt this Period 114.46
City San Diego	State CA	Zip Code 92108-4314
FEC ID number of contributing federal political committee. C		P/R Deduction (\$57.23 Bi-Weekly)
Name of Employer Liberty Mutual	Occupation Reg'l Pres, Business Insurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.38	

Full Name (Last, First, Middle Initial) <b>C. Suzanne M Rapier</b>		Date of Receipt 03 / 31 / 2015 <b>Transaction ID : PR463156913516</b>
Mailing Address 1001 4th Ave Fls 8-18 27-31 & 41		Amount of Each Receipt this Period 70.38
City Seattle	State WA	Zip Code 98154-1119
FEC ID number of contributing federal political committee. C		P/R Deduction (\$35.19 Bi-Weekly)
Name of Employer Liberty Mutual	Occupation Mgr, P/L Service Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.14	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	267.70
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. Judith M Gonsalves**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 157 Berkeley St  
 City Boston State MA Zip Code 02116-5108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Controller-Persl Insurance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 283.26

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463157313516**  
 Amount of Each Receipt this Period 94.42  
 P/R Deduction (\$47.21 Bi-Weekly)

**B. Tyler C Asher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 4th Ave Fls 8-18 27-31 & 41  
 City Seattle State WA Zip Code 98154-1119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Mgr, Distribution Insights  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.79

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463157413516**  
 Amount of Each Receipt this Period 69.24  
 P/R Deduction (\$34.62 Bi-Weekly)

**C. Timothy A Mikolajewski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 4th Ave Fls 8-18 27-31 & 41  
 City Seattle State WA Zip Code 98154-1119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Pres-Liberty Mutual Surety  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 443.94

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463157813516**  
 Amount of Each Receipt this Period 147.98  
 P/R Deduction (\$73.99 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	311.64
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 72  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)  
**A. Michael Hughes**

Mailing Address 157 Berkeley St

City State Zip Code  
Boston MA 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Liberty Mutual President, Business Insurance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1221.78

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 31 / 2015  
**Transaction ID : PR463159513516**

Amount of Each Receipt this Period  
407.26

P/R Deduction (\$203.63 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Julie M Haase**

Mailing Address 157 Berkeley St

City State Zip Code  
Boston MA 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Liberty Mutual CFO, Personal Insurance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 31 / 2015  
**Transaction ID : PR463161013516**

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. John C. Heveran**

Mailing Address 157 Berkeley St

City State Zip Code  
Boston MA 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Liberty Mutual Market CIO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.52

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 31 / 2015  
**Transaction ID : PR463161713516**

Amount of Each Receipt this Period  
153.84

P/R Deduction (\$76.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **661.10**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. Keith D Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2400 Lakeside Blvd  
 Ste 400  
 City Richardson State TX Zip Code 75082-4341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Regional Manager, BI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.98

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463164013516**  
 Amount of Each Receipt this Period 83.66  
 P/R Deduction (\$41.83 Bi-Weekly)

**B. Thomas P. Kalmbach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Berkeley St  
 City Boston State MA Zip Code 02116-3748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.52

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463164313516**  
 Amount of Each Receipt this Period 81.84  
 P/R Deduction (\$40.92 Bi-Weekly)

**C. Lara Sojka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 Berkeley St  
 City Boston State MA Zip Code 02116-5066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Director, Accounting Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.28

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463164513516**  
 Amount of Each Receipt this Period 70.76  
 P/R Deduction (\$35.38 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 236.26  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)  
**A. Roger Robert Grenier**

Mailing Address 10 St James Ave

City Boston State MA Zip Code 02116-3813

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Dir, CAT Research&Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : PR463164913516**

Amount of Each Receipt this Period **70.00**

P/R Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Mojgan Lefebvre**

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Market CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **415.38**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : PR463165013516**

Amount of Each Receipt this Period **138.46**

P/R Deduction (\$69.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Catherine A Pomiecko**

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Manager-Legal Info Systems

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : PR463167613516**

Amount of Each Receipt this Period **85.00**

P/R Deduction (\$42.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **293.46**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)  
**A. Arlene Zalayet**

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation General Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **464.22**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463198713516**

Amount of Each Receipt this Period  
**154.74**

P/R Deduction (\$77.37 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Lawrence McTaggart**

Mailing Address 1 N Franklin Ste 2200

City Chicago State IL Zip Code 60606-3601

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Senior Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.36**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463199913516**

Amount of Each Receipt this Period  
**68.12**

P/R Deduction (\$34.06 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Jennifer Marino**

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Sr Mgr, Employee Culture

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **243.19**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463200613516**

Amount of Each Receipt this Period  
**82.70**

P/R Deduction (\$41.35 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **305.56**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. Cheryl Kingsfield Neal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Berkeley St  
 City Boston State MA Zip Code 02116-3748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation General Mgr, LMB Distribution  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463201013516**  
 Amount of Each Receipt this Period 153.84  
 P/R Deduction (\$76.92 Bi-Weekly)

**B. Diane C Mitchell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 Vantis Ste 130  
 City Aliso Viejo State CA Zip Code 92656-2677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Regional General Manager II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.54

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463201213516**  
 Amount of Each Receipt this Period 68.18  
 P/R Deduction (\$34.09 Bi-Weekly)

**C. Michael Edward Robon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 4th Ave Fls 8-18 27-31 & 41  
 City Seattle State WA Zip Code 98154-1119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Product Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.24

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463201613516**  
 Amount of Each Receipt this Period 108.08  
 P/R Deduction (\$54.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.10
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 72
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. John J McKenna**  
Full Name (Last, First, Middle Initial)  
Mailing Address 225 Borthwick Ave  
City Portsmouth State NH Zip Code 03801-4152  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Liberty Mutual Occupation Chief Info Security Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 323.09

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463205613516**  
Amount of Each Receipt this Period 110.77  
P/R Deduction (\$57.69 Bi-Weekly)

**B. Randall E Kneeland**  
Full Name (Last, First, Middle Initial)  
Mailing Address 157 Berkeley St  
City Boston State MA Zip Code 02116-5108  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Liberty Mutual Occupation Controller-Comml Insurance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 297.72

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463208113516**  
Amount of Each Receipt this Period 99.24  
P/R Deduction (\$49.62 Bi-Weekly)

**C. Edward E Hanlon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 157 Berkeley St  
City Boston State MA Zip Code 02116-5108  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Liberty Mutual Occupation Gen Mgr, Commercial Svc Ops  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 256.08

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463209613516**  
Amount of Each Receipt this Period 85.36  
P/R Deduction (\$42.68 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 295.37  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. J Paul Condrin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 175 Berkeley St  
City Boston State MA Zip Code 02116-5066  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Liberty Mutual Occupation President Commercial Insurance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1335.18

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463209913516**  
Amount of Each Receipt this Period 445.06  
P/R Deduction (\$222.53 Bi-Weekly)

**B. John P Salmon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Liberty Way  
City Dover State NH Zip Code 03820-4597  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Liberty Mutual Occupation Assistant Treasurer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 226.14

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463210513516**  
Amount of Each Receipt this Period 75.38  
P/R Deduction (\$37.69 Bi-Weekly)

**C. John T Cooney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 230 Hanscom Dr  
City Bedford State MA Zip Code 01730-2630  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Liberty Mutual Occupation Director of Aviation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 297.12

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463211313516**  
Amount of Each Receipt this Period 99.04  
P/R Deduction (\$49.52 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 619.48  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 72  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)  
**A. Timothy Guilbert**

Mailing Address 225 Borthwick Ave

City Portsmouth State NH Zip Code 03801-4152

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Market CIO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **821.52**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463211613516**

Amount of Each Receipt this Period  
**273.84**

P/R Deduction (\$136.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Christopher C Conway**

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Financial Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463211713516**

Amount of Each Receipt this Period  
**76.92**

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Mark J Moitoso**

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Gen'l Mgr, Nat'l Casualty

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.48**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463213013516**

Amount of Each Receipt this Period  
**141.16**

P/R Deduction (\$70.58 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **491.92**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. Michael J Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 Berkeley St  
 City Boston State MA Zip Code 02116-5066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Sr Corp Counsel, HO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.26

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463213113516**  
 Amount of Each Receipt this Period 70.42  
 P/R Deduction (\$35.21 Bi-Weekly)

**B. Alan Schlosberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 157 Berkeley St  
 City Boston State MA Zip Code 02116-5108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation President, LM PL Distribution  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1725.96

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463213713516**  
 Amount of Each Receipt this Period 575.32  
 P/R Deduction (\$287.66 Bi-Weekly)

**C. David H Long**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 Berkeley St  
 City Boston State MA Zip Code 02116-5066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Chairman & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1923.12

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463214013516**  
 Amount of Each Receipt this Period 641.04  
 P/R Deduction (\$320.52 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1286.78  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. Grahame K Wells**  
Full Name (Last, First, Middle Initial)

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Sr Corporate Counsel, HO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : PR463218613516**

Amount of Each Receipt this Period **73.84**

P/R Deduction (\$36.92 Bi-Weekly)

**B. Lori L Doyle Place**  
Full Name (Last, First, Middle Initial)

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Assistant General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.52**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : PR463219013516**

Amount of Each Receipt this Period **89.84**

P/R Deduction (\$44.92 Bi-Weekly)

**C. Laurance H Yahia**  
Full Name (Last, First, Middle Initial)

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **519.24**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : PR463219413516**

Amount of Each Receipt this Period **173.08**

P/R Deduction (\$86.54 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>336.76</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 72
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. Hans A Hagen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 157 Berkeley St  
 City Boston State MA Zip Code 02116-5108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Mgr, PAL Field Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 279.24

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463220413516**  
 Amount of Each Receipt this Period 93.08  
 P/R Deduction (\$46.54 Bi-Weekly)

**B. Michael J Fallon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 157 Berkeley St  
 City Boston State MA Zip Code 02116-5108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation CFO, Commercial Insurance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.36

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463222613516**  
 Amount of Each Receipt this Period 108.12  
 P/R Deduction (\$54.06 Bi-Weekly)

**C. Ronald D Ulich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 157 Berkeley St  
 City Boston State MA Zip Code 02116-5108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Manager-Private Equity  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463223613516**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$75.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 351.20  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial) <b>A. Constance Bayne</b>		Date of Receipt 03 / 31 / 2015 <b>Transaction ID : PR463227313516</b>
Mailing Address 9450 Seward Rd		Amount of Each Receipt this Period 107.70
City Fairfield	State OH	Zip Code 45014-5412
FEC ID number of contributing federal political committee. C	Name of Employer Liberty Mutual	Occupation Reg'l Pres, Business Insurance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.10	P/R Deduction (\$53.85 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Gary M Bennett</b>		Date of Receipt 03 / 31 / 2015 <b>Transaction ID : PR463232113516</b>
Mailing Address 150 Motor Parkway Ste 210		Amount of Each Receipt this Period 68.74
City Hauppauge	State NY	Zip Code 11788-5180
FEC ID number of contributing federal political committee. C	Name of Employer Liberty Mutual	Occupation Area Manager, PM
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.22	P/R Deduction (\$34.37 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Paul Mattera</b>		Date of Receipt 03 / 31 / 2015 <b>Transaction ID : PR463233313516</b>
Mailing Address 175 Berkeley St		Amount of Each Receipt this Period 167.12
City Boston	State MA	Zip Code 02116-5066
FEC ID number of contributing federal political committee. C	Name of Employer Liberty Mutual	Occupation Chief Public Affairs Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 501.36	P/R Deduction (\$83.56 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	343.56
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)  
**A. Gary DeGruttola**

Mailing Address 150 Liberty Way

City Dover State NH Zip Code 03820-9320

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Market CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **467.28**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : PR463239113516**

Amount of Each Receipt this Period **155.76**

P/R Deduction (\$77.88 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. David M Carey**

Mailing Address 450 Plymouth Rd  
Ste 400 Interchange Corp Center

City Plymouth Meeting State PA Zip Code 19462-1644

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Manager, Field Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.06**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : PR463241613516**

Amount of Each Receipt this Period **80.02**

P/R Deduction (\$40.01 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**c. Christopher G Cunniff**

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Product Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.90**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : PR463247213516**

Amount of Each Receipt this Period **117.30**

P/R Deduction (\$58.65 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **353.08**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)  
**A. Mary E Connolly**

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Manager, ER & HR Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **258.48**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463250813516**

Amount of Each Receipt this Period  
**86.16**

P/R Deduction (\$43.08 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Maureen McCarthy**

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Manager, WC Field Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **313.86**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463258613516**

Amount of Each Receipt this Period  
**104.62**

P/R Deduction (\$52.31 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Mark A Butler**

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation President, National Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463259513516**

Amount of Each Receipt this Period  
**416.80**

P/R Deduction (\$208.40 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **607.58**

**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)  
**A. Bryan Grimm**

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Product Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1263.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : PR463260513516**

Amount of Each Receipt this Period  
421.16

P/R Deduction (\$210.58 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Dexter R Legg**

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Corp Sec'y&Chief of Staff-CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
369.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : PR463261613516**

Amount of Each Receipt this Period  
123.08

P/R Deduction (\$61.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Candace L Sutcliffe**

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Chief Compliance Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
454.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : PR463265313516**

Amount of Each Receipt this Period  
151.58

P/R Deduction (\$75.79 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	695.82
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 72
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. Helen T Gillcrst**  
Full Name (Last, First, Middle Initial)  
Mailing Address 175 Berkeley St  
City Boston State MA Zip Code 02116-5066  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Liberty Mutual Occupation Mgr Enterprise Legal Services  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 326.10

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463269713516**  
Amount of Each Receipt this Period 108.70  
P/R Deduction (\$54.35 Bi-Weekly)

**B. James F Kelleher**  
Full Name (Last, First, Middle Initial)  
Mailing Address 175 Berkeley St  
City Boston State MA Zip Code 02116-5066  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Liberty Mutual Occupation Chief Legal Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1336.20

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463277713516**  
Amount of Each Receipt this Period 445.40  
P/R Deduction (\$222.70 Bi-Weekly)

**C. Dennis J Langwell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 175 Berkeley St  
City Boston State MA Zip Code 02116-5066  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Liberty Mutual Occupation Chief Financial Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1404.72

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463280013516**  
Amount of Each Receipt this Period 468.24  
P/R Deduction (\$234.12 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1022.34  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial) <b>A. Margaret Dillon</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015
Mailing Address 157 Berkeley St		<b>Transaction ID : PR463280713516</b>
City Boston	State MA	Zip Code 02116-5108
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 326.92	
Name of Employer Liberty Mutual	Occupation Chief Customer Officer	P/R Deduction (\$163.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 980.76	

Full Name (Last, First, Middle Initial) <b>B. Christopher Felton</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015
Mailing Address 157 Berkeley St		<b>Transaction ID : PR463284413516</b>
City Boston	State MA	Zip Code 02116-5108
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 121.16	
Name of Employer Liberty Mutual	Occupation Mgr, Inv Grd Fixed Inc Credit	P/R Deduction (\$60.58 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 363.48	

Full Name (Last, First, Middle Initial) <b>C. Sean B McSweeney</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015
Mailing Address 175 Berkeley St		<b>Transaction ID : PR463287513516</b>
City Boston	State MA	Zip Code 02116-5066
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 142.96	
Name of Employer Liberty Mutual	Occupation Deputy General Counsel	P/R Deduction (\$71.48 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 428.88	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	591.04
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. Mark C Touhey**  
Full Name (Last, First, Middle Initial)

Mailing Address 175 Berkeley St

City	State	Zip Code
Boston	MA	02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Liberty Mutual	Mgr, Compensation & Benefits

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **232.62**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : PR463288213516**

Amount of Each Receipt this Period  

77.54
-------

P/R Deduction (\$38.77 Bi-Weekly)

**B. Charles W Farber**  
Full Name (Last, First, Middle Initial)

Mailing Address 157 Berkeley St

City	State	Zip Code
Boston	MA	02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Liberty Mutual	Managing Dir, Priv Equity

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **232.92**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : PR463288313516**

Amount of Each Receipt this Period  

77.64
-------

P/R Deduction (\$38.82 Bi-Weekly)

**C. Victor A Meintjes**  
Full Name (Last, First, Middle Initial)

Mailing Address 9130 S Dadeland Blvd  
Ste 1705 Two Datan Center

City	State	Zip Code
Miami	FL	33156-7818

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Liberty Mutual	COO, Latin America

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1240.38**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : PR463290013516**

Amount of Each Receipt this Period  

413.46
--------

P/R Deduction (\$206.73 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>568.64</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. Mark A Pare**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 157 Berkeley St  
 City Boston State MA Zip Code 02116-5108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.68

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463290113516**  
 Amount of Each Receipt this Period 78.56  
 P/R Deduction (\$39.28 Bi-Weekly)

**B. Herbert Mitchell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 157 Berkeley St  
 City Boston State MA Zip Code 02116-5108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Mgr, CL Svc & Distribution Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.50

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463290513516**  
 Amount of Each Receipt this Period 77.50  
 P/R Deduction (\$38.75 Bi-Weekly)

**C. Ethan Tarby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 157 Berkeley St  
 City Boston State MA Zip Code 02116-5108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Product Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.24

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463297013516**  
 Amount of Each Receipt this Period 83.08  
 P/R Deduction (\$41.54 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	239.14
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. Robert D Blauvelt**  
Full Name (Last, First, Middle Initial)

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Mgr, Invest Grade Fixed Income

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **426.90**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : PR463297513516**

Amount of Each Receipt this Period **142.30**

P/R Deduction (\$71.15 Bi-Weekly)

**B. Karen L Whiteknact**  
Full Name (Last, First, Middle Initial)

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Manager, Enterprise Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **373.27**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : PR463300813516**

Amount of Each Receipt this Period **125.00**

P/R Deduction (\$62.50 Bi-Weekly)

**C. Timothy Sweeney**  
Full Name (Last, First, Middle Initial)

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation President Personal Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1430.76**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : PR463303113516**

Amount of Each Receipt this Period **476.92**

P/R Deduction (\$238.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **744.22**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)  
**A. Angela B Taylor**

Mailing Address 6Th and Chestnut Sts - 150 S I  
Ste 500

City Philadelphia State PA Zip Code 19106

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Reg Mgr-Enterprise Legal Svcs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
373.80

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : PR463306613516**

Amount of Each Receipt this Period  
124.60

P/R Deduction (\$62.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Christopher L Peirce**

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation President Global Specialty

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1357.98

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : PR463310713516**

Amount of Each Receipt this Period  
452.66

P/R Deduction (\$226.33 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Demetrios Fifis**

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Managing Dir, Private Equity

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.76

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : PR463311413516**

Amount of Each Receipt this Period  
76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 654.18

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 72  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)  
**A. Melanie M Foley**

Mailing Address 175 Berkeley St

City State Zip Code  
 Boston MA 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Liberty Mutual Chief HR & Admin Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1432.56

Date of Receipt  
 03 / 31 / 2015  
**Transaction ID : PR463318513516**

Amount of Each Receipt this Period  
 477.52

P/R Deduction (\$238.76 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Steven Zagoren**

Mailing Address 175 Berkeley St

City State Zip Code  
 Boston MA 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Liberty Mutual Director, Finance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 382.50

Date of Receipt  
 03 / 31 / 2015  
**Transaction ID : PR463319013516**

Amount of Each Receipt this Period  
 127.50

P/R Deduction (\$63.75 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Stephen J McAnena**

Mailing Address 222 Berkeley St

City State Zip Code  
 Boston MA 02116-3748

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Liberty Mutual Pres, Liberty Mutual Benefits

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1363.38

Date of Receipt  
 03 / 31 / 2015  
**Transaction ID : PR463321613516**

Amount of Each Receipt this Period  
 454.46

P/R Deduction (\$227.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1059.48

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 72  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)  
**A. Kristen M Bessette**

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation SBU Chief Actuary

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **432.72**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : PR463322513516**

Amount of Each Receipt this Period  
**144.24**

P/R Deduction (\$72.12 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. A Alexander Fontanes**

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation President, LM Investments

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **951.96**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : PR463324213516**

Amount of Each Receipt this Period  
**317.32**

P/R Deduction (\$158.66 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. William M Lynch**

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation State Public Affairs Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : PR463326913516**

Amount of Each Receipt this Period  
**79.34**

P/R Deduction (\$39.67 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **540.90**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 OF 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)  
**A. Douglas J Wood**

Mailing Address 100 Liberty Way

City Dover	State NH	Zip Code 03820-4597
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FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual	Occupation Chief Actuary
------------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
202.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : PR463327013516**

Amount of Each Receipt this Period  
67.44

P/R Deduction (\$33.72 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Richard P Quinlan**

Mailing Address 175 Berkeley St

City Boston	State MA	Zip Code 02116-5066
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FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual	Occupation Deputy General Counsel
------------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
429.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : PR463327413516**

Amount of Each Receipt this Period  
143.16

P/R Deduction (\$71.58 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**c. Deborah S McGonigle**

Mailing Address 157 Berkeley St

City Boston	State MA	Zip Code 02116-5108
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FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual	Occupation Chief Marketing Officer
------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
276.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : PR463332113516**

Amount of Each Receipt this Period  
92.30

P/R Deduction (\$46.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	302.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. Brian M OConnor**  
Full Name (Last, First, Middle Initial)

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Mgr, Claims Field Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **611.52**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : PR463337413516**

Amount of Each Receipt this Period **203.84**

P/R Deduction (\$101.92 Bi-Weekly)

**B. David E Eaglen**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 Federal St  
Ste 310 One Northshore Center

City Pittsburgh State PA Zip Code 15212-5700

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Director, Broker Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **297.12**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : PR463338913516**

Amount of Each Receipt this Period **99.04**

P/R Deduction (\$49.52 Bi-Weekly)

**C. Ronald H Robertson Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 222 Berkeley St

City Boston State MA Zip Code 02116-3748

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Manager-Corp Internal Audit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **415.38**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : PR463351813516**

Amount of Each Receipt this Period **138.46**

P/R Deduction (\$69.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **441.34**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)  
**A. Deborah L Michel**

Mailing Address 27201 Bella Vista Pkwy

City Warrenville State IL Zip Code 60555-1619

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Gen'l Mgr, Nat'l Casualty

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **471.36**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : PR463357513516**

Amount of Each Receipt this Period **157.12**

P/R Deduction (\$78.56 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Neal R Zonfrelli**

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Product Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **234.00**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : PR463359113516**

Amount of Each Receipt this Period **78.00**

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Erin Bellott**

Mailing Address 222 Berkeley St

City Boston State MA Zip Code 02116-3748

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Chief Product & UW Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.38**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : PR463359913516**

Amount of Each Receipt this Period **78.46**

P/R Deduction (\$39.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **313.58**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. David M Digan**  
Full Name (Last, First, Middle Initial)

Mailing Address 222 Berkeley St

City Boston State MA Zip Code 02116-3748

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Manager, Talent Acquisition

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **317.52**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463362013516**

Amount of Each Receipt this Period  
**105.84**

P/R Deduction (\$52.92 Bi-Weekly)

**B. Michael Ray Christiansen**  
Full Name (Last, First, Middle Initial)

Mailing Address 62 Maple Ave

City Keene State NH Zip Code 03431-1625

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Reg'l Pres, Business Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463367213516**

Amount of Each Receipt this Period  
**143.66**

P/R Deduction (\$71.83 Bi-Weekly)

**C. Matthew T Hayden**  
Full Name (Last, First, Middle Initial)

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Chief Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **244.62**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463369013516**

Amount of Each Receipt this Period  
**81.54**

P/R Deduction (\$40.77 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>331.04</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)  
**A. Brian Levy**

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Mgr, Talent Acq & Analytics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.22**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463377313516**

Amount of Each Receipt this Period  
**98.46**

P/R Deduction (\$49.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. John M Watkins**

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Manager Complex Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **244.62**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463380913516**

Amount of Each Receipt this Period  
**81.54**

P/R Deduction (\$40.77 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. James Warren Luce**

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation CUO, Commercial Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463381113516**

Amount of Each Receipt this Period  
**75.80**

P/R Deduction (\$37.90 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **255.80**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)  
**A. Michael Grove**

Mailing Address 157 Berkeley St

City Boston	State MA	Zip Code 02116-5108
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FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual	Occupation Senior Product Manager
------------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : PR463382813516**

Amount of Each Receipt this Period  
73.84

P/R Deduction (\$36.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. James D Purvis**

Mailing Address 157 Berkeley St

City Boston	State MA	Zip Code 02116-5108
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual	Occupation Mgr, Marketing Strategy & Ops
------------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
289.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : PR463383013516**

Amount of Each Receipt this Period  
96.66

P/R Deduction (\$48.33 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. James P McKenney**

Mailing Address 157 Berkeley St

City Boston	State MA	Zip Code 02116-5108
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual	Occupation Product Manager
------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
226.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : PR463389513516**

Amount of Each Receipt this Period  
75.58

P/R Deduction (\$37.79 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	246.08
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 72
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. Helen E O'Rourke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 Berkeley St  
 City Boston State MA Zip Code 02116-5066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Deputy General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.70

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463392813516**  
 Amount of Each Receipt this Period 85.02  
 P/R Deduction (\$38.88 Bi-Weekly)

**B. Patricia L. Pelletier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 Berkeley St  
 City Boston State MA Zip Code 02116-5066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Sr Tax Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 276.90

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463393513516**  
 Amount of Each Receipt this Period 92.30  
 P/R Deduction (\$46.15 Bi-Weekly)

**C. John D Doyle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 Berkeley St  
 City Boston State MA Zip Code 02116-5066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation CFO, International  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 757.87

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463395713516**  
 Amount of Each Receipt this Period 263.84  
 P/R Deduction (\$165.58 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	441.16
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. Bhasker Natarajan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 Berkeley St  
 City Boston State MA Zip Code 02116-5066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation COO, Large Emerging Markets  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 710.76

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463401813516**  
 Amount of Each Receipt this Period 236.92  
 P/R Deduction (\$118.46 Bi-Weekly)

**B. Alison B. Erbig**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 Berkeley St  
 City Boston State MA Zip Code 02116-5066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation SVP & Comptroller, Corp Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.10

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463402213516**  
 Amount of Each Receipt this Period 67.70  
 P/R Deduction (\$58.08 Bi-Weekly)

**C. Christopher Capone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 157 Berkeley St  
 City Boston State MA Zip Code 02116-5108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Mgr, Partner Distribution  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 281.52

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463403913516**  
 Amount of Each Receipt this Period 93.84  
 P/R Deduction (\$46.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	398.46
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 72
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial) <b>A. Kevin A Cormier</b>			Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2015 <b>Transaction ID : PR463404913516</b>
Mailing Address 62 Maple Ave			Amount of Each Receipt this Period 78.14
City Keene	State NH	Zip Code 03431-1625	P/R Deduction (\$47.42 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer Liberty Mutual Occupation Senior Managing Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 217.70		

Full Name (Last, First, Middle Initial) <b>B. Luciano Suzuki</b>			Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2015 <b>Transaction ID : PR463405513516</b>
Mailing Address 175 Berkeley St			Amount of Each Receipt this Period 230.20
City Boston	State MA	Zip Code 02116-5066	P/R Deduction (\$115.10 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer Liberty Mutual Occupation COO, Asia Pacific		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.60		

Full Name (Last, First, Middle Initial) <b>C. Robert Keith Dixon</b>			Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2015 <b>Transaction ID : PR463406913516</b>
Mailing Address 175 Berkeley St			Amount of Each Receipt this Period 100.00
City Boston	State MA	Zip Code 02116-5066	P/R Deduction (\$50.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer Liberty Mutual Occupation Assumed Reinsurance Und Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	408.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. Steven Paul Weiss**  
Full Name (Last, First, Middle Initial)

Mailing Address One Riverway  
Ste 400

City Houston State TX Zip Code 77056-1933

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Sr Underwriting Exec I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.38

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : PR463411413516**

Amount of Each Receipt this Period  
78.46

P/R Deduction (\$39.23 Bi-Weekly)

**B. William Gaines**  
Full Name (Last, First, Middle Initial)

Mailing Address 2100 W Walnut Hill Lane  
Ste 100

City Irving State TX Zip Code 75038-4400

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation National Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.06

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : PR463413413516**

Amount of Each Receipt this Period  
72.02

P/R Deduction (\$36.01 Bi-Weekly)

**C. Robert M O'Neil**  
Full Name (Last, First, Middle Initial)

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : PR463415613516**

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.48

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. Trinidad Flores**  
Full Name (Last, First, Middle Initial)  
Mailing Address 157 Berkeley St  
City Boston State MA Zip Code 02116-5108  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Liberty Mutual Occupation Mgr Shared Service Ops  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **203.10**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : PR463415713516**  
Amount of Each Receipt this Period **67.70**  
P/R Deduction (\$33.85 Bi-Weekly)

**B. Tyree Wayne Harris**  
Full Name (Last, First, Middle Initial)  
Mailing Address 157 Berkeley St  
City Boston State MA Zip Code 02116-5108  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Liberty Mutual Occupation Chief Product Officer  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **415.38**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : PR463422813516**  
Amount of Each Receipt this Period **138.46**  
P/R Deduction (\$69.23 Bi-Weekly)

**C. Edmund C. Kenealy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 175 Berkeley St  
City Boston State MA Zip Code 02116-5066  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Liberty Mutual Occupation Deputy General Counsel  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **389.53**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : PR463423613516**  
Amount of Each Receipt this Period **140.81**  
P/R Deduction (\$65.07 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **346.97**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)  
**A. Sheila Finnerty**

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Mgr, Non Inv Grade Fxd Income

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **444.24**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463424413516**

Amount of Each Receipt this Period  
**148.08**

P/R Deduction (\$74.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Richard E Meuret**

Mailing Address 2400 Lakeside Blvd Ste 400

City Richardson State TX Zip Code 75082-4341

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Reg'l Pres, Business Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.46**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463425013516**

Amount of Each Receipt this Period  
**86.82**

P/R Deduction (\$43.41 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Roxanne E. Martinez**

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Chief Talent Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **419.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463432313516**

Amount of Each Receipt this Period  
**140.38**

P/R Deduction (\$70.19 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>375.28</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)  
**A. Russell Murphy**

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Mgr Corp Risk Strategy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **207.24**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463433113516**

Amount of Each Receipt this Period  
**69.08**

P/R Deduction (\$34.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Honore J Fallon**

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation GM, Compl & Emerg Risks Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **281.25**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463433513516**

Amount of Each Receipt this Period  
**31.25**

P/R Deduction (\$31.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Mark W Cressey**

Mailing Address 225 Borthwick Ave

City Portsmouth State NH Zip Code 03801-4152

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation General Manager Infrastructure

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **414.92**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : PR463433913516**

Amount of Each Receipt this Period  
**140.68**

P/R Deduction (\$72.12 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>241.01</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. Francis John Hyatt**  
Full Name (Last, First, Middle Initial)

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Mgr, Enterprise Talent&HR Svcs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **483.00**

Date of Receipt  
**03 / 31 / 2015**

**Transaction ID : PR463434013516**

Amount of Each Receipt this Period  
**161.54**

P/R Deduction (\$80.77 Bi-Weekly)

**B. Jonathon Jay Grayson**  
Full Name (Last, First, Middle Initial)

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Sr Mgr, Customer Loyalty Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.17**

Date of Receipt  
**03 / 31 / 2015**

**Transaction ID : PR463434313516**

Amount of Each Receipt this Period  
**91.78**

P/R Deduction (\$45.89 Bi-Weekly)

**C. Frank W Robinson**  
Full Name (Last, First, Middle Initial)

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation CFO, Global Specialty

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.52**

Date of Receipt  
**03 / 31 / 2015**

**Transaction ID : PR463434513516**

Amount of Each Receipt this Period  
**153.84**

P/R Deduction (\$76.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **407.16**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. Matthew D Nickerson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 4th Ave  
 Fls 8-18 27-31 & 41  
 City Seattle State WA Zip Code 98154-1119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation President, Safeco Insurance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.76

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463434813516**  
 Amount of Each Receipt this Period 75.92  
 P/R Deduction (\$37.96 Bi-Weekly)

**B. David P Blessing**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 157 Berkeley St  
 City Boston State MA Zip Code 02116-5108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation CUO, Commercial Insurance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 327.72

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463436113516**  
 Amount of Each Receipt this Period 109.24  
 P/R Deduction (\$54.62 Bi-Weekly)

**C. Michele V McCormick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 Berkeley St  
 City Boston State MA Zip Code 02116-5066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Sr Corp Counsel, HO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 206.34

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463437313516**  
 Amount of Each Receipt this Period 68.78  
 P/R Deduction (\$34.39 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	253.94
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 OF 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)  
**A. J Eric Brosius**

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Corporate Actuary & Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1202.64

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : PR463438913516**

Amount of Each Receipt this Period  
400.88

P/R Deduction (\$200.44 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Tracy A Ryan**

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Chief Product Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
908.52

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : PR463442813516**

Amount of Each Receipt this Period  
302.84

P/R Deduction (\$151.42 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Gary J Ostrow**

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Director-Corporate Taxation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
492.72

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : PR463444813516**

Amount of Each Receipt this Period  
164.24

P/R Deduction (\$82.12 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	867.96
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 72
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. James M Hinchley**  
Full Name (Last, First, Middle Initial)

Mailing Address 157 Berkeley St

City Boston	State MA	Zip Code 02116-5108
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual	Occupation General Mgr, Regional Cos
------------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **493.26**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : PR463445213516**

Amount of Each Receipt this Period  

164.42
--------

P/R Deduction (\$82.21 Bi-Weekly)

**B. Robert J Maloney**  
Full Name (Last, First, Middle Initial)

Mailing Address 157 Berkeley St

City Boston	State MA	Zip Code 02116-5108
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual	Occupation Sr Manager, Sales & Service
------------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **328.86**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : PR463450113516**

Amount of Each Receipt this Period  

109.62
--------

P/R Deduction (\$54.81 Bi-Weekly)

**C. Thais S.E. Kirschner**  
Full Name (Last, First, Middle Initial)

Mailing Address 1221 Brickell Ave  
Ste 820

City Miami	State FL	Zip Code 33131-3260
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual	Occupation Manager, Field Ops
------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.55**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : PR463450713516**

Amount of Each Receipt this Period  

84.62
-------

P/R Deduction (\$42.31 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>358.66</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 OF 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)  
**A. Edward J Gramer**

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Mgr, Global Best Prac & Innov

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1618.56

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : PR463450813516**

Amount of Each Receipt this Period  
539.52

P/R Deduction (\$269.76 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. William Taylor**

Mailing Address 701 Route 73 S  
Ste 201 Marlton Executive Park

City Marlton State NJ Zip Code 08053-4144

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Mgr, Claims Practices-PAL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
206.28

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : PR463452113516**

Amount of Each Receipt this Period  
68.76

P/R Deduction (\$34.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Peter Sullivan**

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Mgr, International Fxd Income

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
242.30

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : PR463457013516**

Amount of Each Receipt this Period  
96.92

P/R Deduction (\$48.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 705.20

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. Karen Victoria Morton Grooms**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 Berkeley St  
 City Boston State MA Zip Code 02116-5066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Deputy General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 309.24

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463459013516**  
 Amount of Each Receipt this Period 103.08  
 P/R Deduction (\$51.54 Bi-Weekly)

**B. Denis McCarthy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 Water St 23rd Flr  
 City New York State NY Zip Code 10041-0024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Sr Underwriting Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 217.20

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463459713516**  
 Amount of Each Receipt this Period 72.40  
 P/R Deduction (\$36.20 Bi-Weekly)

**C. Peter Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 Berkeley St  
 City Boston State MA Zip Code 02116-5066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Mgr, Center of Excellence  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.38

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR463464113516**  
 Amount of Each Receipt this Period 88.46  
 P/R Deduction (\$44.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 263.94  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)  
**A. Elena Raffensperger**

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Sr Tax Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **244.62**

Date of Receipt  
 03 / 31 / 2015  
**Transaction ID : PR463466413516**

Amount of Each Receipt this Period  
**81.54**

P/R Deduction (\$40.77 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. John Sheldon Peters**

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Gen'l Mgr, Comm'l Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **511.74**

Date of Receipt  
 03 / 31 / 2015  
**Transaction ID : PR465706213516**

Amount of Each Receipt this Period  
**170.58**

P/R Deduction (\$85.29 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Glenn T Shapiro**

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty Mutual Occupation Chief Claims Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **557.88**

Date of Receipt  
 03 / 31 / 2015  
**Transaction ID : PR466039813516**

Amount of Each Receipt this Period  
**185.96**

P/R Deduction (\$92.98 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>438.08</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 OF 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. Benedikt R Sander**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 157 Berkeley St  
 City Boston State MA Zip Code 02116-5108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Product Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 286.14

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR466164213516**  
 Amount of Each Receipt this Period 95.38  
 P/R Deduction (\$47.69 Bi-Weekly)

**B. Marc B Orloff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 157 Berkeley St  
 City Boston State MA Zip Code 02116-5108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Division General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 282.12

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR466378513516**  
 Amount of Each Receipt this Period 94.04  
 P/R Deduction (\$47.02 Bi-Weekly)

**C. Timothy R. Kania**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 Water St  
 23rd Flr  
 City New York State NY Zip Code 10041-0024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Sr Underwriting Exec II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 467.40

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR466915213516**  
 Amount of Each Receipt this Period 155.80  
 P/R Deduction (\$77.90 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	345.22
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)  
**A. Michael T. Finnegan**

Mailing Address 600 Summer St  
Ste 601

City State Zip Code  
Stamford CT 06901-4404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Liberty Mutual General Mgr, LM Reinsurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**392.28**

Date of Receipt  
**03 / 31 / 2015**

**Transaction ID : PR467138213516**

Amount of Each Receipt this Period  
**130.76**

P/R Deduction (\$65.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Kelly A Fusner**

Mailing Address One S Wacker Dr  
Ste 2200

City State Zip Code  
Chicago IL 60606-4689

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Liberty Mutual Sr Underwriting Exec II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**301.62**

Date of Receipt  
**03 / 31 / 2015**

**Transaction ID : PR467170213516**

Amount of Each Receipt this Period  
**100.54**

P/R Deduction (\$50.27 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Ashish Pant**

Mailing Address 135 Commerce Way

City State Zip Code  
Portsmouth NH 03801-3243

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Liberty Mutual Senior Architect

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**617.22**

Date of Receipt  
**03 / 31 / 2015**

**Transaction ID : PR467291613516**

Amount of Each Receipt this Period  
**205.74**

P/R Deduction (\$102.87 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>437.04</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. Paul Ivanovskis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 157 Berkeley St  
City Boston State MA Zip Code 02116-5108  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Liberty Mutual Occupation SBU Chief Actuary  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 363.48

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR467354113516**  
Amount of Each Receipt this Period 121.16  
P/R Deduction (\$60.58 Bi-Weekly)

**B. Mark J. Kirby**  
Full Name (Last, First, Middle Initial)  
Mailing Address 225 Borthwick Ave  
City Portsmouth State NH Zip Code 03801-4152  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Liberty Mutual Occupation Chief Technology Officer, IT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 413.95

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR467932113516**  
Amount of Each Receipt this Period 139.71  
P/R Deduction (\$71.15 Bi-Weekly)

**C. Anurag Bairathi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 157 Berkeley St  
City Boston State MA Zip Code 02116-5108  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Liberty Mutual Occupation Mgr, Claims Planning & Strat  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 239.04

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR508238413516**  
Amount of Each Receipt this Period 79.68  
P/R Deduction (\$39.84 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 340.55  
**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

**A. Steven Colin Dowling**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 15th St NW  
 Ste 250  
 City Washington State DC Zip Code 20005-2333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Federal Public Affairs Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 441.36

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR583312713516**  
 Amount of Each Receipt this Period 147.12  
 P/R Deduction (\$73.56 Bi-Weekly)

**B. Viji Rangaswami**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 15th St NW  
 Ste 250  
 City Washington State DC Zip Code 20005-2333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Occupation Intl Fed Public Affairs Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 03 / 31 / 2015  
**Transaction ID : PR632003813516**  
 Amount of Each Receipt this Period 115.38  
 P/R Deduction (\$57.69 Bi-Weekly)

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	262.50
<b>TOTAL</b> This Period (last page this line number only).....▶	23374.08

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)

**A. National Republican Senatorial Committee**

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

**National Republican Senatorial Committee**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : 6860921**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. People for Patty Murray**

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement

011

Candidate Name

**Patty Murray**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : 6860922**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Schock For Congress**

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement  
Void

011

Candidate Name

**Rep. Aaron Schock**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : 6860923**

Amount of Each Disbursement this Period

2500.00

Void

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)

**A. Duffy for Congress**

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sean Duffy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	1			2	0	1	5		

**Transaction ID : 6860924**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Larson for Congress**

Mailing Address PO Box 479

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**John Larson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	1			2	0	1	5		

**Transaction ID : 6860925**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Huizenga for Congress**

Mailing Address 441 Williams Court

City Zeeland State MI Zip Code 49464

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**William Huizenga**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	1			2	0	1	5		

**Transaction ID : 6860929**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)

**A. Royce Campaign Committee**

Mailing Address PO Box 2525

City Orange State CA Zip Code 92859

Purpose of Disbursement

011

Candidate Name

**Edward Royce**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 40

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

**Transaction ID : 6860931**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Dold for Congress**

Mailing Address PO Box 8145

City Northfield State IL Zip Code 60093

Purpose of Disbursement

011

Candidate Name

**Robert Dold**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

**Transaction ID : 6860933**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Stivers for Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

011

Candidate Name

**Steve Stivers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

**Transaction ID : 6860934**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Jeb Hensarling**

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement

011

Candidate Name

**Thomas Hensarling**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : 6860935**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Crenshaw For Congress Campaign**

Mailing Address 7235 Bonneval Road  
Suite 210

City Jacksonville State FL Zip Code 32256

Purpose of Disbursement

011

Candidate Name

**Rep. Ander Crenshaw**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 04

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : 6860936**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Steve Fincher For Congress**

Mailing Address PO Box 11153

City Jackson State TN Zip Code 38308

Purpose of Disbursement

011

Candidate Name

**Rep. Stephen Fincher**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 08

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : 6860938**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)

### A. Friends of Pat Toomey

Mailing Address 2720 Jordan Road

City Orefield State PA Zip Code 18069

Purpose of Disbursement

011

Candidate Name

**Patrick Toomey**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

**Transaction ID : 6860940**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### B. Poliquin For Congress

Mailing Address PO Box 50

City Oakland State ME Zip Code 04963

Purpose of Disbursement

011

Candidate Name

**Rep. Bruce Poliquin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

**Transaction ID : 6860942**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### C. Dold for Congress

Mailing Address PO Box 8145

City Northfield State IL Zip Code 60093

Purpose of Disbursement

011

Candidate Name

**Robert Dold**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

**Transaction ID : 6860943**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)

### A. Friends of Frank Guinta

Mailing Address PO Box 877

City Manchester State NH Zip Code 03105

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Frank Guinta**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2015

**Transaction ID : 6860944**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

### B. Friends Of Mia Love

Mailing Address PO Box 255

City Riverton State UT Zip Code 84065

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Mia Love**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: UT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2015

**Transaction ID : 6860947**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

### C. Friends Of Mia Love

Mailing Address PO Box 255

City Riverton State UT Zip Code 84065

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Mia Love**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: UT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2015

**Transaction ID : 6860949**

Amount of Each Disbursement this Period

1500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)

**A. French Hill For Arkansas**

Mailing Address PO Box 7841

City Little Rock State AR Zip Code 72217

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. French Hill**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

**Transaction ID : 6860951**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Votetiption.Com**

Mailing Address PO Box 1582

City Cortez State CO Zip Code 81321

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Scott Tipton**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

**Transaction ID : 6860953**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Pittenger For Congress Llc**

Mailing Address PO Box 11207

City Charlotte State NC Zip Code 28220

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Robert Pittenger**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

**Transaction ID : 6860954**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)

**A. Poliquin For Congress**

Mailing Address PO Box 50

City State Zip Code  
Oakland ME 04963

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

**Rep. Bruce Poliquin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : 6860956**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Duffy for Congress**

Mailing Address PO Box 538

City State Zip Code  
Wausau WI 54402

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

**Sean Duffy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : 6860957**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Becerra For Congress**

Mailing Address P.O. Box 71584

City State Zip Code  
Los Angeles CA 90071

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

**Rep. Xavier Becerra**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : 6860958**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)

**A. Crowley for Congress**

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement

011

Candidate Name

**Joseph Crowley**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : 6860959**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Kind for Congress Committee**

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Candidate Name

**Ron Kind**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WI District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : 6860960**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

011

Candidate Name

**Rep. Mike Thompson**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : 6860961**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial) <b>A. Tony Cardenas For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2015	
Mailing Address 3700 Wilshire Blvd Suite 1050-B		<b>Transaction ID : 6860963</b>  Amount of Each Disbursement this Period 2500.00	
City Los Angeles	State CA		Category/ Type 011
Zip Code 90010	Purpose of Disbursement		
Candidate Name <b>Rep. Tony Cardenas</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA	District: 29		

Full Name (Last, First, Middle Initial) <b>B. Blumenthal For Connecticut</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2015	
Mailing Address 777 Summer Street Ste 103 C/O Cacace Tusch & Santagata		<b>Transaction ID : 6860965</b>  Amount of Each Disbursement this Period 2600.00	
City Stamford	State CT		Category/ Type 011
Zip Code 06901	Purpose of Disbursement		
Candidate Name <b>Sen. Richard Blumenthal</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CT	District:		

Full Name (Last, First, Middle Initial) <b>C. Huizenga for Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2015	
Mailing Address 441 Williams Court		<b>Transaction ID : 6860966</b>  Amount of Each Disbursement this Period 2500.00	
City Zeeland	State MI		Category/ Type 011
Zip Code 49464	Purpose of Disbursement		
Candidate Name <b>William Huizenga</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MI	District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)

**A. Levin For Congress**

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

011

Candidate Name  
**Rep. Sander Levin**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

Transaction ID : **6860967**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Moulton For Congress Committee**

Mailing Address PO Box 2013

City Salem State MA Zip Code 01970

Purpose of Disbursement

011

Candidate Name  
**Seth Moulton**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MA District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

Transaction ID : **6860968**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. Stephen F. Lynch for Congress Committee**

Mailing Address 105 Farragut Road

City South Boston State MA Zip Code 02127

Purpose of Disbursement

011

Candidate Name  
**Stephen Lynch**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MA District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

Transaction ID : **6860969**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Sherrod Brown**

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Sherrod Brown**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

**Transaction ID : 6860972**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Blaine for Congress**

Mailing Address PO Box 125

City Holts Summit State MO Zip Code 65043

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**W. Blaine Luetkemeyer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

**Transaction ID : 6860973**

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Liberty Project**

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Liberty Project**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

**Transaction ID : 6860974**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6	0	0	0	0	0
---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

6	0	0	0	0	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)

**A. Civic Alliance for a Sound Economy**

Mailing Address 1301 5th Avenue, Suite 2500

City State Zip Code  
Seattle WA 98101

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

**Transaction ID : 6860975**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Majority Committee**

Mailing Address PO Box 10134

City State Zip Code  
Bakersfield CA 93389

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

**Transaction ID : 6860981**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Holding onto Oregon's Priorities**

Mailing Address PO Box 3314

City State Zip Code  
Portland OR 97208

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

**Transaction ID : 6860987**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	1	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)

**A. Personal Insurance Federation Political Action Com**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

Mailing Address 1201 K Street, Suite 950

**Transaction ID : 6861179**

City Sacramento State CA Zip Code 95814

Amount of Each Disbursement this Period

10000.00
----------

Purpose of Disbursement

011
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Schock For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Mailing Address PO Box 10555

**Transaction ID : 6905371**

City Peoria State IL Zip Code 61612

Amount of Each Disbursement this Period

-2500.00
----------

Purpose of Disbursement  
Void - Schock For Congress

011
Category/Type

Candidate Name

**Rep. Aaron Schock**

Office Sought:  House  Senate  President  
State: IL District: 18

Disbursement For: 2016  Primary  General  Other (specify) ▼

Void - Schock For Congress

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00
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**TOTAL** This Period (last page this line number only)..... ▶

109100.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Liberty Mutual Insurance Company - PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Dow Constantine**

Mailing Address P.O. Box 16285

City State Zip Code  
Seattle WA 98116

Purpose of Disbursement  
James Constantine, LOCAL WA

011

Candidate Name

**James Dow Constantine**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2015

**Transaction ID : 6860971**

Amount of Each Disbursement this Period

500.00

James Constantine, LOCAL WA

Full Name (Last, First, Middle Initial)

**B. Cliff Bentz for State Representative**

Mailing Address 89 SW Third Avenue

City State Zip Code  
Ontario OR 97914

Purpose of Disbursement  
Void - Cliff Bentz for State Representative

011

Candidate Name

**OR Rep. Cliff Bentz**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 23 / 2015

**Transaction ID : 6905370**

Amount of Each Disbursement this Period

-500.00

Void - Cliff Bentz for State Representative

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

**TOTAL** This Period (last page this line number only)..... ▶

0.00