

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) SAFECO Political Action Committee		2. FEC IDENTIFICATION NUMBER 000034876
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported SAFECO Plaza		
CITY, STATE and ZIP CODE Seattle, WA 98185		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on 11/07/00 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/19/00</u> through <u>11/27/00</u>		
6. (a) Cash on Hand January 1, 19 <u>2000</u>		\$ 58,009.80
(b) Cash on Hand at Beginning of Reporting Period	\$ 24,550.78	
(c) Total Receipts (from Line 19)	\$ 8,595.26	\$ 50,636.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 33,146.04	\$ 108,646.04
7. Total Disbursements (from Line 30)	\$ 7,500.00	\$ 83,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 25,646.04	\$ 25,646.04
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -	For further information contact: Federal Election Commission 898 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -	

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 Neal A. Fuller	Date 12/04/00
Signature of Treasurer <i>Neal A. Fuller</i>	

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

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FEC FORM 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE SAFECO Political Action Committee		REPORT COVERING PERIOD FROM 10/19/00 TO 11/27/00	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	6,463.76	21,494.34	11(a)(i)
ii. Unitemized	2,131.50	29,132.70	11(a)(ii)
iii. Total (add i and ii) >	8,595.26	50,627.04	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, b and c) >	8,595.26	50,627.04	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	9.20	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	8,595.26	50,636.24	19
20. Total Federal Receipts (subtract line 18 from line 19) >	8,595.26	50,636.24	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	7,500.00	83,000.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	7,500.00	83,000.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	7,500.00	83,000.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	8,595.26	50,627.04	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	8,595.26	50,627.04	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >	0	0	37

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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)

SAFECO Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends for Slade Gorton P.O. Box 3348 Bellevue, WA 98009	Election Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) US Senate/WA	10/24/00	2,500.00
B. Full Name, Mailing Address and ZIP Code George Nethercutt Campaign Committee P.O. Box 1925 Spokane, WA 99201	Election Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 05/Washington	10/24/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Hastings Campaign Committee P.O. Box 2926 Pasco, WA 99301	Election Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 04/Washington	10/24/00	1,000.00
D. Full Name, Mailing Address and ZIP Code Brian Kerns Campaign P.O.Box 87 Prairieton, IN 47870	Election Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 07/Indiana	10/24/00	1,000.00
E. Full Name, Mailing Address and ZIP Code Mike Pence Campaign P.O. Box 408 Anderson, IN 46015	Election Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 02/Indiana	10/24/00	1,000.00
F. Full Name, Mailing Address and ZIP Code Jim Cunneen Campaign 5339 Prospect Road San Jose, CA 95129	Election Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 15/California	10/24/00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

7,500.00

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NAME OF COMMITTEE (in Full)

SAFECO POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ABLES, W SCOTT SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	60.00
		Aggregate Year-to-Date > \$	330.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ADAMS, MICHAEL J SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
		Aggregate Year-to-Date > \$	220.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALVES-HOOD, ALISON L SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
		Aggregate Year-to-Date > \$	220.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANDERSON, KEITH R SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
		Aggregate Year-to-Date > \$	220.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANDLER, JAMES A SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	80.00
		Aggregate Year-to-Date > \$	440.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BAILEY, BRUCE G SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
		Aggregate Year-to-Date > \$	220.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BECK, JOHN F SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	80.00
		Aggregate Year-to-Date > \$	440.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2025 RELEASE UNDER E.O. 14176

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NAME OF COMMITTEE (in Full)

SAFECO POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BELLINGHAUSEN, GARY F SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	220.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BERLS, RICHARD R SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	660.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BIERNAT, JAMES D SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	440.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BLAINE, LANNY E SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	220.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BLANK, DOUG SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	220.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BONNETT, LOREN W SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	330.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BORDEN, JAMES D SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	220.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

120 - 0323 - 601 - 1175000

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
SAFECO POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BOSCH, LARRY G SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$ 220.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRUNS, ROBERT B SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$ 220.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BURNETT, JULIE A SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$ 220.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CARDON, JEAN SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$ 220.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CARMODY, JOHN M SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$ 220.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHAMBERS, DONALD T SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$ 220.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CITYBA, RICHARD M. SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	96.92
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$ 533.06		
SUBTOTAL of Receipts This Page (optional)			/
TOTAL This Period (last page this line number only)			/

2025 RELEASE UNDER E.O. 14176

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
5 1 19
FOR LINE NUMBER
11a1

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NAME OF COMMITTEE (in Full)

SAFECO POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOYLE, ELAINE E SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	20.00
Aggregate Year-to-Date > \$		220.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DUCKWORTH, TARA ANN SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	20.00
Aggregate Year-to-Date > \$		220.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EIGST, ROGER H SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	160.00
Aggregate Year-to-Date > \$		880.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ENGLUND, LISBETH A SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	80.00
Aggregate Year-to-Date > \$		440.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ENGLUND, MICHAEL K. SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	40.00
Aggregate Year-to-Date > \$		780.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FLUNKER, BRUCE G SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	60.00
Aggregate Year-to-Date > \$		330.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FULLER, NEAL A SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	20.00
Aggregate Year-to-Date > \$		220.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

200-033-661-1-14-25-27-28

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
6 1 19
FOR LINE NUMBER
11a

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NAME OF COMMITTEE (in full)

SAFECO POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARRISON, JAMES W SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	220.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GOETSCH, RONALD F SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	440.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GRINA, GARY SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	220.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GROPPI, ROBERT J SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	220.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GULIKA, LEMUEL B SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	220.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HALPERTY, JON C SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	220.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HARBN, ROGER F SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	330.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2008-10-28 10:56:11 AM

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

SAFECO POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HARCOURT, JOHN D SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	330.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HARDY, ALAN W SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	220.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HAROLD, JENET I. SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	440.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HICKEN, S VANCE SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	440.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HIGMAN, CHRISTOPHER D SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	330.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HILL, DAVID F SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	330.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HILLS, JOHN S SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	440.00	
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SCHEDULE A

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NAME OF COMMITTEE (in Full)

SAFECO POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENMIR, CLAUDETTE A SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	20.00
	Aggregate Year-to-Date > \$ 220.00		
KIST, MARY F. SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	20.00
	Aggregate Year-to-Date > \$ 220.00		
KOLANKO, JAMES L. SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	20.00
	Aggregate Year-to-Date > \$ 220.00		
KRAFT, DAVID W SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	60.00
	Aggregate Year-to-Date > \$ 330.00		
KUBERRY, WARREN D SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	20.00
	Aggregate Year-to-Date > \$ 220.00		
LACOUR, MARCIA SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	20.00
	Aggregate Year-to-Date > \$ 220.00		
LAUER, DALE F SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	80.00
	Aggregate Year-to-Date > \$ 440.00		

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NAME OF COMMITTEE (in Full)

SAFECO POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LAWSON, RONALD W SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	20.00
Aggregate Year-to-Date > \$		220.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEASE, STEPHEN L SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	100.00
Aggregate Year-to-Date > \$		550.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEBO, WILLIAM T SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	120.00
Aggregate Year-to-Date > \$		660.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LOWBER, H PAUL SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	100.00
Aggregate Year-to-Date > \$		550.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LYON, JAMES W SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	20.00
Aggregate Year-to-Date > \$		220.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MACK, ROBERT O. SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	20.00
Aggregate Year-to-Date > \$		220.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MADDOX JR, HAROLD K SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	60.00
Aggregate Year-to-Date > \$		330.00	

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NAME OF COMMITTEE (in Full)

SAFECO POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MANUEL, STEVEN A SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	220.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MASON, RICK A SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	220.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MC BRIDE, MICHAEL F SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	220.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MC CORMICK, PATRICK B SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	440.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MIKOLAJEWSKI, TIMOTHY A SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	220.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MILLS, RICHARD C SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	220.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MOON, HYON S SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	220.00	

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NAME OF COMMITTEE (in Full)			
SAFECO POLITICAL ACTION COMMITTEE			
A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NTEPHS, AZIKE SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	20.00
	Aggregate Year-to-Date > \$ 220.00		
PAGE, JOHN V SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	80.00
	Aggregate Year-to-Date > \$ 440.00		
PAGOS, GEORGE C SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	80.00
	Aggregate Year-to-Date > \$ 440.00		
PALCISKO, BERNARD J SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	20.00
	Aggregate Year-to-Date > \$ 220.00		
PERUCCA, JAMES H SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	80.00
	Aggregate Year-to-Date > \$ 440.00		
PETERS, MICHAEL C SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	20.00
	Aggregate Year-to-Date > \$ 220.00		
PHELPS JR, WILLIS M SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction	20.00
	Aggregate Year-to-Date > \$ 220.00		
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NAME OF COMMITTEE (in Full)

SAFECO POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PIERSON, ROD A SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction Aggregate Year-to-Date > \$ 440.00	80.00
PRICE, S BLAINE SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction Aggregate Year-to-Date > \$ 220.00	20.00
RAINEY, STEVEN L SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction Aggregate Year-to-Date > \$ 220.00	20.00
REEVES, JOHN E SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction Aggregate Year-to-Date > \$ 660.00	120.00
REYES, DAWN M SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction Aggregate Year-to-Date > \$ 220.00	20.00
RILEY, KELLY J SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction Aggregate Year-to-Date > \$ 330.00	60.00
ROSENFELD, PAUL W SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive	Once per Month Payroll Deduction Aggregate Year-to-Date > \$ 220.00	20.00

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NAME OF COMMITTEE (in Full)

SAFECO POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROUSE, STEPHEN D SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation Insurance Executive Aggregate Year-to-Date > \$ 220.00	Once per Month Payroll Deduction	20.00
RUDDY, JAMES W SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation Insurance Executive Aggregate Year-to-Date > \$ 1,100.00	Once per Month Payroll Deduction	200.00
SAGVOLD, LYNETTE D SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation Insurance Executive Aggregate Year-to-Date > \$ 220.00	Once per Month Payroll Deduction	20.00
SCHRADER, JAMES A SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation Insurance Executive Aggregate Year-to-Date > \$ 220.00	Once per Month Payroll Deduction	20.00
SCHWARTZ, VIVIAN L SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation Insurance Executive Aggregate Year-to-Date > \$ 330.00	Once per Month Payroll Deduction	60.00
SEARLES, JEROLD N SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation Insurance Executive Aggregate Year-to-Date > \$ 330.00	Once per Month Payroll Deduction	60.00
SIMONETTO, MARK J SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation Insurance Executive Aggregate Year-to-Date > \$ 220.00	Once per Month Payroll Deduction	20.00
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NAME OF COMMITTEE (in Full)

SAFECO POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SIMPSON, DAVID M SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	220.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SONDHI, JAY SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	440.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SPAULDING, RONALD SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	220.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVENSON, PAUL A SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	220.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STIEGLER, JAMES C SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	440.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SWEGLE, JAMES H SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	440.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TALBOT, RANDALL H SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	660.00	
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NAME OF COMMITTEE (in Full)

SAFECO POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TAYLOR, M SCOTT SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	220.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TAYLOR, SUE E SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	220.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TEE JR, ROBERT L SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	660.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THORNTON, GREGORY D SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	440.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TIEF, SEAN R SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	220.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TUCKER, MICHAEL R SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	220.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VAUGHT, J MICHAEL SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	117.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	647.24	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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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)

SAFECO POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WHITE, JOHN B SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive Aggregate Year-to-Date > \$ 330.00	Once per Month Payroll Deduction	60.00
WIANECKI, RICHARD J SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive Aggregate Year-to-Date > \$ 220.00	Once per Month Payroll Deduction	20.00
WOLFE, DANIEL E. SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive Aggregate Year-to-Date > \$ 1,100.00	Once per Month Payroll Deduction	200.00
WOODS, DAVID A SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive Aggregate Year-to-Date > \$ 220.00	Once per Month Payroll Deduction	20.00
YELLIN, DALE R SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive Aggregate Year-to-Date > \$ 220.00	Once per Month Payroll Deduction	20.00
YOUNG, RONALD K SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive Aggregate Year-to-Date > \$ 913.88	Once per Month Payroll Deduction	166.16
HENDRIKSON, EDDIE L. SAFECO PLAZA SEATTLE, WA 98185 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	SAFECO Insurance Company Occupation: Insurance Executive Aggregate Year-to-Date > \$ 250.00	Once per Month Payroll Deduction	25.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2003031611 * 4370

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
19 19
FOR LINE NUMBER
11a

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NAME OF COMMITTEE (in Full)

SAFECO POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ZARO, WILLIAM J. SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy Barnes SAFECO PLAZA SEATTLE, WA 98185	SAFECO Insurance Company Occupation Insurance Executive	Once per Month Payroll Deduction	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$	360.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

6,463.76

2025 RELEASE UNDER E.O. 14176

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>12-5-02</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JM</i> PREPARER	<i>12-9-02</i> DATE PREPARED

2002年12月5日