



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Liberty Mutual Insurance Company - PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		315531.51
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	80264.99									
(c) Total Receipts (from Line 19) .....	14014.24	304465.16								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	94279.23	619996.67								
7. Total Disbursements (from Line 31) .....	49500.00	575217.44								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	44779.23	44779.23								
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**

Write or Type Committee Name  
Liberty Mutual Insurance Company - PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

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	9178.51	124345.23
(i) Itemized (use Schedule A) .....	4835.73	176357.59
(ii) Unitemized .....	14014.24	300702.82
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	14014.24	300702.82
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	3762.34
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 Transfer (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)) .....	14014.24	304465.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14014.24	304465.16

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	1775.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	1775.25
22. Transfers to Affiliated/Other Party Committees.....	1500.00	22625.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	45000.00	517000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	917.19
(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	917.19
29. Other Disbursements.....	3000.00	32900.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	49500.00	575217.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	49500.00	575217.44

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	14014.24	300702.82
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	917.19
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14014.24	299785.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1775.25
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	1775.25

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 143
	<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

Full Name (Last, First, Middle Initial) <b>A. William Adams</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 12 Capitol Circle		<b>Transaction ID: 200610181436-FD-930</b>	
City State Zip Code Rochester NH 03867-4335	Amount of Each Receipt this Period 12.33		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Technologist, Sys.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.78		

Full Name (Last, First, Middle Initial) <b>B. William Adams</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 15710 Wildrye Drive		<b>Transaction ID: 200610181436-FD-1385</b>	
City State Zip Code Westfield IN 46074-9094	Amount of Each Receipt this Period 10.62		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Operations Manager, I/S		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.86		

Full Name (Last, First, Middle Initial) <b>C. Barry Adamson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 49 Trail Edge Circle		<b>Transaction ID: 200610181436-FD-417</b>	
City State Zip Code Powell OH 43065-9464	Amount of Each Receipt this Period 15.46		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Division Underwriting Mgr., Cm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 321.44		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	38.41
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 143
	<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.</b> Kristen Albright		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 77 Freeman Road		<b>Transaction ID:</b> 200610181436-FD-815	
City Charlton	State MA	Amount of Each Receipt this Period 21.35	
Zip Code 01507-1374		Transaction ID: 200610181436-FD-815	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.35	
Name of Employer Liberty Mutual	Occupation Chief Actuary	Amount of Each Receipt this Period 21.35	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 438.73	Amount of Each Receipt this Period 21.35	

Full Name (Last, First, Middle Initial) <b>B.</b> Carlos Alicea		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 4498 Denker Drive		<b>Transaction ID:</b> 200610181436-FD-825	
City Pleasanton	State CA	Amount of Each Receipt this Period 9.65	
Zip Code 94588-3924		Transaction ID: 200610181436-FD-825	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.65	
Name of Employer Liberty Mutual	Occupation Regional Undwrtg Mgr., Cm	Amount of Each Receipt this Period 9.65	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.27	Amount of Each Receipt this Period 9.65	

Full Name (Last, First, Middle Initial) <b>C.</b> Gregory Allard		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 77 Hollow Road		<b>Transaction ID:</b> 200610181436-FD-306	
City Stony Brook	State NY	Amount of Each Receipt this Period 49.85	
Zip Code 11790-1833		Transaction ID: 200610181436-FD-306	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 49.85	
Name of Employer Liberty Mutual	Occupation General Attorney	Amount of Each Receipt this Period 49.85	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1031.73	Amount of Each Receipt this Period 49.85	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.85
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	80.85

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 143
	<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.</b> Donald Allison		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2294 Hilton Head Road		<b>Transaction ID:</b> 200610181436-FD-1062	
City State Zip Code Chula Vista CA 91915-1210	Amount of Each Receipt this Period 10.85		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Mgr. li, Agency Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.17		

Full Name (Last, First, Middle Initial) <b>B.</b> Marilyn Anaya		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 833 Noble Avenue Apt. A		<b>Transaction ID:</b> 200610181436-FD-1555	
City State Zip Code Bronx NY 10473-4107	Amount of Each Receipt this Period 14.14		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Lead Accountant-Liu		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 293.58		

Full Name (Last, First, Middle Initial) <b>C.</b> Thomas Andersen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 925 Southwest Westwood Drive		<b>Transaction ID:</b> 200610181436-FD-1091	
City State Zip Code Portland OR 97239-2744	Amount of Each Receipt this Period 11.16		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Resident Attorney I, Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.56		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	36.15
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 143
	<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. Douglas Anderson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 311 Calloway Court		<b>Transaction ID: 200610181436-FD-639</b>	
City State Zip Code Poplar Grove Towns IL 61065-7800	Amount of Each Receipt this Period 15.81		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Regional Claims Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.34		

Full Name (Last, First, Middle Initial) <b>B. Jennifer Anderson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 56 Linden Lane		<b>Transaction ID: 200610181436-FD-214</b>	
City State Zip Code Hanover MA 02339-3301	Amount of Each Receipt this Period 15.95		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Sr. Mktg. Comm Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 331.80		

Full Name (Last, First, Middle Initial) <b>C. Mark Anderson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1405 Blackstone Place		<b>Transaction ID: 200610181436-FD-1327</b>	
City State Zip Code Loveland OH 45140-5835	Amount of Each Receipt this Period 12.89		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Mgr., Field Claims Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.21		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	44.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 143
	<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. Tod Anderson</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 34 Sprucetop Drive		<b>Transaction ID: 200610181436-FD-411</b>	
City State Zip Code Mahopac NY 10541-7002	Amount of Each Receipt this Period 10.62		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Division Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.62		

Full Name (Last, First, Middle Initial) <b>B. Jack Armstrong</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 116 Sherwood Drive		<b>Transaction ID: 200610181436-FD-873</b>	
City State Zip Code North Andover MA 01845-3254	Amount of Each Receipt this Period 21.63		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Sr. Regulatory Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 448.21		

Full Name (Last, First, Middle Initial) <b>C. Judith Arnost</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 29 Paddock Lane		<b>Transaction ID: 200610181436-FD-838</b>	
City State Zip Code North Andover MA 01845-6311	Amount of Each Receipt this Period 20.11		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Mgr. Compliance Assess & Rptg		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 417.62		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	52.36
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 143
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Ashwood Mailing Address 8162 Buena Vista Drive City State Zip Code Denver NC 28037-7301 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> 200610181436-FD-662 Amount of Each Receipt this Period 11.08
Name of Employer: Liberty Mutual Occupation: Sr. Account Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 232.68		

<b>B.</b> Full Name (Last, First, Middle Initial) Daniel Azrin Mailing Address 20 Webster Street Unit 403 City State Zip Code Brookline MA 02446-4964 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> 200610181436-FD-978 Amount of Each Receipt this Period 16.62
Name of Employer: Liberty Mutual Occupation: Sr. Invest Analyst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 342.51		

<b>C.</b> Full Name (Last, First, Middle Initial) Daniel Baker Mailing Address 18 Laurel Heights City State Zip Code Fitzwilliam NH 03447-3371 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> 200610181436-FD-1268 Amount of Each Receipt this Period 17.13
Name of Employer: Liberty Mutual Occupation: Mgr., Customer Accounting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 353.15		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	44.83
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 143
	<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.** Full Name (Last, First, Middle Initial)  
John Barbour

Mailing Address 5 Smith Park Lane

City State Zip Code  
Durham NH 03824-2701

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

Name of Employer Occupation  
Liberty Mutual Program Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 216.86

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-2

Amount of Each Receipt this Period  
10.37

**B.** Full Name (Last, First, Middle Initial)  
Terry Bashline

Mailing Address 5210 Glenburn Drive

City State Zip Code  
Pittsburgh PA 15236-2323

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

Name of Employer Occupation  
Liberty Mutual Resident Attorney I, Field

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 203.49

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-478

Amount of Each Receipt this Period  
9.69

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

Mailing Address 53 Gale Road

City State Zip Code  
Hampton NH 03842-1013

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

Name of Employer Occupation  
Liberty Mutual C.O.O. & Manager-Individual Life

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 946.61

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-985

Amount of Each Receipt this Period  
45.69

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	65.75
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 143
	<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.</b> Larry Becker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 13735 Northwest Bridle Lane		<b>Transaction ID:</b> 200610181436-FD-1424
City State Zip Code Portland OR 97229-3602	Amount of Each Receipt this Period 35.69	
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Mutual	Occupation Mgr., P&C Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 738.71	

Full Name (Last, First, Middle Initial) <b>B.</b> Douglas Bennett		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 2525 North Nelson Street		<b>Transaction ID:</b> 200610181436-FD-1578
City State Zip Code Arlington VA 22207-5029	Amount of Each Receipt this Period 115.38	
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Mutual	Occupation Assistant General Counsel, Ho	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2305.69	

Full Name (Last, First, Middle Initial) <b>C.</b> Melvyn Berger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 251 Mill Street		<b>Transaction ID:</b> 200610181436-FD-1365
City State Zip Code Newton MA 02460-2438	Amount of Each Receipt this Period 17.54	
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Mutual	Occupation Sbu Marketing Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.28	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	168.61
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 143
	<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. Lori Bernier</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 3 Winterberry Lane		<b>Transaction ID: 200610181436-FD-205</b>	
City North Hampton	State NH	Amount of Each Receipt this Period 16.15	
Zip Code 03862-2054		Amount of Each Receipt this Period 16.15	
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Project Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.05		

Full Name (Last, First, Middle Initial) <b>B. David Berube</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 17 Arrowwood Drive		<b>Transaction ID: 200610181436-FD-1568</b>	
City Cromwell	State CT	Amount of Each Receipt this Period 20.77	
Zip Code 06416-1201		Amount of Each Receipt this Period 20.77	
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Regional Medical Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 428.12		

Full Name (Last, First, Middle Initial) <b>C. Peter Birkey</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 42 Serenade Park		<b>Transaction ID: 200610181436-FD-1579</b>	
City North Easton	State MA	Amount of Each Receipt this Period 57.69	
Zip Code 02356-2758		Amount of Each Receipt this Period 57.69	
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Mgr., Risk Mgmt. Lib Int & Pe		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.71		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	94.61
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 143
	<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.</b> Robert Birtel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 4501 Orleans Boulevard		<b>Transaction ID:</b> 200610181436-FD-1554
City State Zip Code Jefferson LA 70121-1223	Amount of Each Receipt this Period 24.69	
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Mutual	Occupation Regional General Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 505.96	

Full Name (Last, First, Middle Initial) <b>B.</b> Joseph Black		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 11 Old Nourse Street		<b>Transaction ID:</b> 200610181436-FD-94
City State Zip Code Westborough MA 01581-3554	Amount of Each Receipt this Period 14.32	
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Mutual	Occupation Resident Attorney I, Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 299.88	

Full Name (Last, First, Middle Initial) <b>C.</b> Robert Blauvelt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 52 Whittier Road		<b>Transaction ID:</b> 200610181436-FD-406
City State Zip Code Needham MA 02492-4532	Amount of Each Receipt this Period 49.52	
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Mutual	Occupation Mng Dir., Fixed Income P&C Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1029.84	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	88.53
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 143
	<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. Denise Block</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 16 Appleway		<b>Transaction ID: 200610181436-FD-504</b>	
City Stratham	State NH	Amount of Each Receipt this Period 12.73	
Zip Code 03885-2503		Transaction ID: 200610181436-FD-504	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.73	
Name of Employer Liberty Mutual	Occupation Sr. Dir., Development Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 258.98		

Full Name (Last, First, Middle Initial) <b>B. Robert Blomberg</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 31 Wanders Drive		<b>Transaction ID: 200610181436-FD-268</b>	
City Hingham	State MA	Amount of Each Receipt this Period 23.59	
Zip Code 02043-3456		Transaction ID: 200610181436-FD-268	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.59	
Name of Employer Liberty Mutual	Occupation Manager-Workers Comp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 492.66		

Full Name (Last, First, Middle Initial) <b>C. Sherry Bohn</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 304 W Fairmont		<b>Transaction ID: 200610181436-FD-438</b>	
City New Castle	State PA	Amount of Each Receipt this Period 10.21	
Zip Code 16105-1912		Transaction ID: 200610181436-FD-438	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.21	
Name of Employer Liberty Mutual	Occupation Project Leader-Special Proj		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.54		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	46.53
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	46.53



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 143
	<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.</b> Warren Boise		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 75 Mann's Drive		<b>Transaction ID:</b> 200610181436-FD-1510
City Hanover	State MA	Zip Code 02339-1559
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 17.31
Name of Employer Liberty Mutual	Occupation Senior Tax Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 363.51	

Full Name (Last, First, Middle Initial) <b>B.</b> Richard Bouchard		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 11628 Parks Farm Lane		<b>Transaction ID:</b> 200610181436-FD-1258
City Charlotte	State NC	Zip Code 28277-5608
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 16.66
Name of Employer Liberty Mutual	Occupation Mgr., Field Claims Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.99	

Full Name (Last, First, Middle Initial) <b>C.</b> Dwight Bowie		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address PO Box 1076		<b>Transaction ID:</b> 200610181436-FD-1290
City Keene	State NH	Zip Code 03431-1076
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 29.42
Name of Employer Liberty Mutual	Occupation Pres. & C.E.O., Peerless	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 609.77	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	63.39
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 143
	<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. Elaine Brady</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 17 Heritage Lane		<b>Transaction ID: 200610181436-FD-232</b>	
City Lynnfield	State MA	Amount of Each Receipt this Period 14.27	
Zip Code 01940-2506			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Sr. Corporate Counsel, Ho		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.61		

Full Name (Last, First, Middle Initial) <b>B. Marvin Braxton</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1485 Paseo De Las Flores		<b>Transaction ID: 200610181436-FD-1459</b>	
City Encinitas	State CA	Amount of Each Receipt this Period 10.91	
Zip Code 92024-2364			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Regional Mgr. Iii		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.50		

Full Name (Last, First, Middle Initial) <b>C. Michael Brewer</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 12012 Pine Top Street		<b>Transaction ID: 200610181436-FD-1288</b>	
City Parker	State CO	Amount of Each Receipt this Period 15.66	
Zip Code 80138-8694			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Mgr., Field Claims Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.41		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	40.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 143						
	(check only one)							
	<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

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

Full Name (Last, First, Middle Initial) <b>A. Carl Brigada</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 205 Fw Hartford Drive		<b>Transaction ID: 200610181436-FD-159</b>	
City State Zip Code Portsmouth NH 03801-5888	Amount of Each Receipt this Period 14.30		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Managing Consultant, Environ.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 298.20		

Full Name (Last, First, Middle Initial) <b>B. Robert Brisee</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address #29 Cobblestone Road		<b>Transaction ID: 200610181436-FD-267</b>	
City State Zip Code Glastonbury CT 06033-2505	Amount of Each Receipt this Period 9.75		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Operations Support Mgr.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.39		

Full Name (Last, First, Middle Initial) <b>C. J. Eric Brosius</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address PO Box 532		<b>Transaction ID: 200610181436-FD-495</b>	
City State Zip Code Needham Heights MA 02494-0011	Amount of Each Receipt this Period 24.08		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Manager-Domestic Reinsurance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.02		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	48.13
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 143
	<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. David Buonviri</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 27005 Northeast 194th Avenue		<b>Transaction ID: 200610181436-FD-517</b>	
City State Zip Code Battle Ground WA 98604-6939	Amount of Each Receipt this Period 19.85		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation President, Cascade		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 411.18		

Full Name (Last, First, Middle Initial) <b>B. Thomas Burke</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 19 Lee Road		<b>Transaction ID: 200610181436-FD-338</b>	
City State Zip Code Somers NY 10589-2603	Amount of Each Receipt this Period 19.10		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Resident Attorney I, Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.14		

Full Name (Last, First, Middle Initial) <b>C. Mark Butler</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1N230 Partridge Drive		<b>Transaction ID: 200610181436-FD-728</b>	
City State Zip Code Wheaton IL 60188-4528	Amount of Each Receipt this Period 42.85		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation General Manager, Field Ops, Nm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 893.34		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	81.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 143
	<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.</b> Joseph Caffrey		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 30 South Lenox Street		<b>Transaction ID:</b> 200610181436-FD-139
City Worcester State MA Zip Code 01602-2522	Amount of Each Receipt this Period 11.04	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual Occupation Counsel, Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

Full Name (Last, First, Middle Initial) <b>B.</b> George Cagliuso		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 9 Noel Street		<b>Transaction ID:</b> 200610181436-FD-138
City Hampton State NH Zip Code 03842-2067	Amount of Each Receipt this Period 9.95	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual Occupation Operations Manager, I/S		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.85	

Full Name (Last, First, Middle Initial) <b>C.</b> Frederick Calcinari		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 210 South Road		<b>Transaction ID:</b> 200610181436-FD-984
City Kensington State NH Zip Code 03833-6702	Amount of Each Receipt this Period 10.23	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual Occupation Frontline Manager, I/S		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	31.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 143
	<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. Catherine Cannon</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address # 204 1650 Eighth Avenue		<b>Transaction ID: 200610181436-FD-1015</b>	
City State Zip Code San Diego CA 92101-2864		Amount of Each Receipt this Period 10.31	
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual		Occupation Counsel, Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 214.34	

Full Name (Last, First, Middle Initial) <b>B. David Carey</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 5105 Redfield Road		<b>Transaction ID: 200610181436-FD-270</b>	
City State Zip Code Doylestown PA 18902-6106		Amount of Each Receipt this Period 22.02	
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual		Occupation C.O.O., Liberty Mutual Surety	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 458.64	

Full Name (Last, First, Middle Initial) <b>C. Deborah Carrow</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 42 Normandy Road		<b>Transaction ID: 200610181436-FD-346</b>	
City State Zip Code Lexington MA 02421-7828		Amount of Each Receipt this Period 44.13	
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual		Occupation Manager-Real Estate & Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 915.88	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	76.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 143
	<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. Kevin Carson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2 Drinkwater Road		<b>Transaction ID: 200610181436-FD-482</b>	
City State Zip Code Exeter NH 03833-4601	Amount of Each Receipt this Period 15.46		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Product Director li, Cm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.25		

Full Name (Last, First, Middle Initial) <b>B. Douglas Cauti</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address One Russett Hill Road		<b>Transaction ID: 200610181436-FD-460</b>	
City State Zip Code Sherborn MA 01770-1225	Amount of Each Receipt this Period 20.24		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Chief Und Officer, Products		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 422.80		

Full Name (Last, First, Middle Initial) <b>C. Jeffrey Chase</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 8 Snowbird Lane		<b>Transaction ID: 200610181436-FD-14</b>	
City State Zip Code York ME 03909-1366	Amount of Each Receipt this Period 11.10		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Operations Manager, I/S		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.42		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	46.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 143
	<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.** Full Name (Last, First, Middle Initial)  
Robert Chizmadia

Mailing Address 63 River Street

City Wellesley State MA Zip Code 02481-2001

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

Name of Employer Liberty Mutual Occupation Regional Underwriting Mgr., Nm

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.40

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 6

Transaction ID: 200610181436-FD-291

Amount of Each Receipt this Period  
 10.49

**B.** Full Name (Last, First, Middle Initial)  
Li-Chuan Chou

Mailing Address 42 Cambridge Road

City Bedford State NH Zip Code 03110-4307

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

Name of Employer Liberty Mutual Occupation Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 301.56

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 6

Transaction ID: 200610181436-FD-1558

Amount of Each Receipt this Period  
 14.56

**C.** Full Name (Last, First, Middle Initial)  
Wanchin Chou

Mailing Address 252 Lexington Drive

City Newton State MA Zip Code 02466-1217

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

Name of Employer Liberty Mutual Occupation Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 356.52

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 6

Transaction ID: 200610181436-FD-1552

Amount of Each Receipt this Period  
 17.97

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	43.02
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 143
	<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.</b> Anthony Cirignano		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 41 Lindenwood Road		<b>Transaction ID:</b> 200610181436-FD-152	
City State Zip Code Stoneham MA 02180-2349	Amount of Each Receipt this Period 29.85		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Manager-Benefits		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 622.51		

Full Name (Last, First, Middle Initial) <b>B.</b> John Clifford		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 49 Dickinson Road		<b>Transaction ID:</b> 200610181436-FD-1271	
City State Zip Code Keene NH 03431-5102	Amount of Each Receipt this Period 12.85		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Regional Mgr. li		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 268.45		

Full Name (Last, First, Middle Initial) <b>C.</b> Nancy Cobb		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 305 Center Hill Road		<b>Transaction ID:</b> 200610181436-FD-976	
City State Zip Code Centreville DE 19807-1119	Amount of Each Receipt this Period 31.92		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Resident Attorney I, Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 663.32		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	74.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 26 / 143</span>
	(check only one)
<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"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 4 Freedom Way

City State Zip Code  
Walpole MA 02081-2288

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

Name of Employer Occupation  
Liberty Mutual General Manager, Business Mkt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 871.71

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-771

Amount of Each Receipt this Period  
41.83

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

Mailing Address 50 Forge Road

City State Zip Code  
Sharon MA 02067-2882

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

Name of Employer Occupation  
Liberty Mutual Regional Underwriting Mgr., Nm

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.74

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-154

Amount of Each Receipt this Period  
11.37

**C.** Full Name (Last, First, Middle Initial)  
J. Paul Condrin

Mailing Address 12 Snows Hill Lane

City State Zip Code  
Dover MA 02030-2457

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

Name of Employer Occupation  
Liberty Mutual President-Personal Markets

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2672.18

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-57

Amount of Each Receipt this Period  
128.85

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>182.05</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 143
	<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.** Full Name (Last, First, Middle Initial)  
Christopher Conway

Mailing Address 53 Riverside Drive

City State Zip Code  
Reading MA 01867-3513

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 ▼  
436.94

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-61

Amount of Each Receipt this Period  
21.00

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

Mailing Address 785 Whisper Woods Drive

City State Zip Code  
Lakeland FL 33813-5649

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

Name of Employer Liberty Mutual Occupation Financial Officer li Am

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
369.34

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-1269

Amount of Each Receipt this Period  
9.16

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

Mailing Address 5 Blueberry Path

City State Zip Code  
Acton MA 01720-4919

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 ▼  
826.56

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-106

Amount of Each Receipt this Period  
39.81

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	69.97
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 143
	<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.</b> John Corlett		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 10318 Rowlock Way		<b>Transaction ID:</b> 200610181436-FD-712	
City State Zip Code Parker CO 80134-9577	Amount of Each Receipt this Period 11.95		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Regional Sales Mgr., Bm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 248.99		

Full Name (Last, First, Middle Initial) <b>B.</b> Elizabeth Cosgrove		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 22 Gale Road		<b>Transaction ID:</b> 200610181436-FD-817	
City State Zip Code Hampton NH 03842-1013	Amount of Each Receipt this Period 37.69		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Manager-Bus. Dvlpt Ind. Life		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 786.10		

Full Name (Last, First, Middle Initial) <b>C.</b> Roland Cote		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 31 Frank's Way		<b>Transaction ID:</b> 200610181436-FD-54	
City State Zip Code Epping NH 03042-1916	Amount of Each Receipt this Period 10.15		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Mgr. of Mass Mktg. Und & Admin		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.05		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	59.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 143
	<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. Jack Cox</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 264 Renfrew Street		<b>Transaction ID: 200610181436-FD-466</b>	
City State Zip Code Arlington MA 02476-7350	Amount of Each Receipt this Period 13.67		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Compliance Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.07		

Full Name (Last, First, Middle Initial) <b>B. Mark Cressey</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 14 Blueberry Pine Drive		<b>Transaction ID: 200610181436-FD-51</b>	
City State Zip Code Kennebunk ME 04043-6137	Amount of Each Receipt this Period 25.96		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Market C.I.O.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 533.89		

Full Name (Last, First, Middle Initial) <b>C. Michele Cudemo</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 212 Glenfield Road		<b>Transaction ID: 200610181436-FD-464</b>	
City State Zip Code North Attleboro MA 02760-3948	Amount of Each Receipt this Period 21.69		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Manager-H.R. & Admin Svcs.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 449.05		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	61.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 143
	<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.</b> Christopher Cunniff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address One Rizoli Circle		<b>Transaction ID:</b> 200610181436-FD-72	
City Franklin	State MA	Amount of Each Receipt this Period 21.92	
Zip Code 02038-3346			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Chief Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 449.82		

Full Name (Last, First, Middle Initial) <b>B.</b> William Cupelo		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 4 Newell Drive		<b>Transaction ID:</b> 200610181436-FD-279	
City Franklin	State MA	Amount of Each Receipt this Period 13.72	
Zip Code 02038-1599			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Sr. Corporate Counsel, Ho		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.11		

Full Name (Last, First, Middle Initial) <b>C.</b> John Cusolito		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 8 Greenbrook Road		<b>Transaction ID:</b> 200610181436-FD-113	
City South Hamilton	State MA	Amount of Each Receipt this Period 15.87	
Zip Code 01982-2505			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Manager-External Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.54		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	51.51
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 31 / 143</span>
	(check only one)
	<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. Timothy Daily</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 6114 Double Eagle Court		<b>Transaction ID: 200610181436-FD-1537</b>	
City State Zip Code Parkville MO 64152-4970	Amount of Each Receipt this Period 15.01		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Operations Manager, I/S		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.82		

Full Name (Last, First, Middle Initial) <b>B. Richard Dapra</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 5 Chipping Campden		<b>Transaction ID: 200610181436-FD-955</b>	
City State Zip Code Farmington CT 06032-1526	Amount of Each Receipt this Period 36.92		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Manager-H.R. Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 772.10		

Full Name (Last, First, Middle Initial) <b>C. John DeCosta</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 7 Bartlett Place		<b>Transaction ID: 200610181436-FD-117</b>	
City State Zip Code Walpole MA 02081-1926	Amount of Each Receipt this Period 17.54		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 362.67		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	69.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 143
	<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. Gary DeGruttola</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1 Roy Drive		<b>Transaction ID: 200610181436-FD-479</b>	
City Hudson	State NH	Amount of Each Receipt this Period 46.92	
Zip Code 03051-3539			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation General Mgr., Pm Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 969.22		

Full Name (Last, First, Middle Initial) <b>B. David Deitz</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 26 King Philip Road		<b>Transaction ID: 200610181436-FD-1434</b>	
City Sharon	State MA	Amount of Each Receipt this Period 24.81	
Zip Code 02067-2982			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Medical Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 508.32		

Full Name (Last, First, Middle Initial) <b>C. Anne Delaney</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 27 Langdale Drive		<b>Transaction ID: 200610181436-FD-1110</b>	
City Hampton	State NH	Amount of Each Receipt this Period 35.83	
Zip Code 03842-1924			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Manager-Admin, Indiv Life		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.68		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	107.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 143		
	<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

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

Full Name (Last, First, Middle Initial) <b>A. Kristin Denison</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 3 Long Cove Drive		<b>Transaction ID: 200610181436-FD-244</b>	
City State Zip Code Old Orchard Beach ME 04064-4116	Amount of Each Receipt this Period 11.69		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Mgr., Pers Mkt Sys. Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.05		

Full Name (Last, First, Middle Initial) <b>B. Michael Derrick</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 7627 Dunbridge Drive		<b>Transaction ID: 200610181436-FD-638</b>	
City State Zip Code Odessa FL 33556-2259	Amount of Each Receipt this Period 5.89		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Sr. Trial Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.52		

Full Name (Last, First, Middle Initial) <b>C. Mark DesRochers</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 8 Phyllis Avenue		<b>Transaction ID: 200610181436-FD-116</b>	
City State Zip Code Burlington MA 01803-1603	Amount of Each Receipt this Period 21.92		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Product Manager, Pm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.54		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	39.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 143
	<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. Full Name (Last, First, Middle Initial) Margaret Dillon Mailing Address 14 Barnstable Road City Norfolk State MA Zip Code 02056-1816 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> 200610181436-FD-803 Amount of Each Receipt this Period 38.46
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 ▼ 786.10		

B. Full Name (Last, First, Middle Initial) Michael DiRusso Mailing Address PO Box 487 26 Church Street City Spofford State NH Zip Code 03462-0487 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> 200610181436-FD-1276 Amount of Each Receipt this Period 18.85
Name of Employer Liberty Mutual Occupation Mgr., Legal/General Counsel Am Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 391.44		

C. Full Name (Last, First, Middle Initial) Jeffrey Donahue Mailing Address 8 Piscassic Street City Newmarket State NH Zip Code 03857-1111 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> 200610181436-FD-180 Amount of Each Receipt this Period 12.96
Name of Employer Liberty Mutual Occupation Senior Business Analyst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 356.41		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.27
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 143
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Donlevie Mailing Address 6 Oak Lane City State Zip Code <u>Stratham</u> <u>NH</u> <u>03885-2345</u> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 200610181436-FD-407 Amount of Each Receipt this Period <table border="1"> <tr> <td style="text-align: right;">34.23</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	6	34.23
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	3		2	0	0	6														
34.23																							
Name of Employer Occupation Liberty Mutual Mgr. Clms, Complex & Emerg. Risk Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <table border="1"> <tr> <td style="text-align: right;">713.44</td> </tr> </table>		713.44																					
713.44																							

<b>B.</b> Full Name (Last, First, Middle Initial) George Doonan Mailing Address 124 Windy Row City State Zip Code <u>Peterborough</u> <u>NH</u> <u>03458-2012</u> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 200610181436-FD-594 Amount of Each Receipt this Period <table border="1"> <tr> <td style="text-align: right;">40.15</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	6	40.15
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	3		2	0	0	6														
40.15																							
Name of Employer Occupation Liberty Mutual Financial Officer Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <table border="1"> <tr> <td style="text-align: right;">830.27</td> </tr> </table>		830.27																					
830.27																							

<b>C.</b> Full Name (Last, First, Middle Initial) John Downing Mailing Address 86 Green Street City State Zip Code <u>Medfield</u> <u>MA</u> <u>02052-1714</u> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 200610181436-FD-105 Amount of Each Receipt this Period <table border="1"> <tr> <td style="text-align: right;">15.17</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	6	15.17
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	3		2	0	0	6														
15.17																							
Name of Employer Occupation Liberty Mutual Manager-Admin Svcs. Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <table border="1"> <tr> <td style="text-align: right;">314.58</td> </tr> </table>		314.58																					
314.58																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>89.55</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 143
	<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.</b> John Doyle		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 7 Candlewood Lane		<b>Transaction ID:</b> 200610181436-FD-1193	
City Southborough	State MA	Amount of Each Receipt this Period 30.58	
Zip Code 01772-1980		Transaction ID: 200610181436-FD-1193	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.58	
Name of Employer Liberty Mutual	Occupation Comptroller, Corp Financial		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 634.06		

Full Name (Last, First, Middle Initial) <b>B.</b> Susan Doyle		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2359 Woodglen Court		<b>Transaction ID:</b> 200610181436-FD-1586	
City Aurora	State IL	Amount of Each Receipt this Period 40.77	
Zip Code 60502-9406		Transaction ID: 200610181436-FD-1586	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.77	
Name of Employer Liberty Mutual	Occupation General Manager-Field Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Lori Doyle Place		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 15 Longmeadow Road		<b>Transaction ID:</b> 200610181436-FD-230	
City Wellesley	State MA	Amount of Each Receipt this Period 26.25	
Zip Code 02482-7330		Transaction ID: 200610181436-FD-230	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.25	
Name of Employer Liberty Mutual	Occupation Assistant General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 541.59		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	97.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	97.60

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 143
	<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.</b> Thomas Driscoll		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 2 Snowcrest Run		<b>Transaction ID:</b> 200610181436-FD-107
City North Reading	State MA	Zip Code 01864-2975
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 14.73
Name of Employer Liberty Mutual	Occupation Gen Manager-Invol Mkt Svcs.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.44	

Full Name (Last, First, Middle Initial) <b>B.</b> Gregory Dumke		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 52 Parish Pathe		<b>Transaction ID:</b> 200610181436-FD-734
City Marshfield	State MA	Zip Code 02050-2128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 14.93
Name of Employer Liberty Mutual	Occupation Exec. Portfolio Underwriter	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.17	

Full Name (Last, First, Middle Initial) <b>C.</b> James DuPont		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 1 Packer Brook Road		<b>Transaction ID:</b> 200610181436-FD-248
City Redding	State CT	Zip Code 06896-2121
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.58
Name of Employer Liberty Mutual	Occupation Division General Mgr.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 404.74	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	49.24
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 143
	<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. David Dworz</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 4 Homestead Road		<b>Transaction ID: 200610181436-FD-1207</b>	
City State Zip Code Marblehead MA 01945-1123	Amount of Each Receipt this Period 26.54		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation G.M., Compl & Emerg. Risks Claims		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 547.61		

Full Name (Last, First, Middle Initial) <b>B. David Eaglen</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1189 Woodhill Drive		<b>Transaction ID: 200610181436-FD-469</b>	
City State Zip Code Gibsonia PA 15044-9231	Amount of Each Receipt this Period 46.73		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation General Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 972.44		

Full Name (Last, First, Middle Initial) <b>C. Daniel Eckerson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 33 Sandy Brook Drive		<b>Transaction ID: 200610181436-FD-258</b>	
City State Zip Code Durham NH 03824-3137	Amount of Each Receipt this Period 25.96		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Mgr. Infrastructure Sftwr. & Svs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 537.11		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	99.23
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 143
	<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. Donna Eged</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1540 Richlawn Drive		<b>Transaction ID: 200610181436-FD-1257</b>	
City State Zip Code Brentwood TN 37027-8686	Amount of Each Receipt this Period 18.46		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Regional Mgr. li		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 386.05		

Full Name (Last, First, Middle Initial) <b>B. Joseph Eichten</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 3645 Great Oaks Circle		<b>Transaction ID: 200610181436-FD-1239</b>	
City State Zip Code Eagan MN 55123-2427	Amount of Each Receipt this Period 14.65		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Bond Manager lii		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.64		

Full Name (Last, First, Middle Initial) <b>C. Garnet Elliott</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 420 S Saddlebrook Circle		<b>Transaction ID: 200610181436-FD-808</b>	
City State Zip Code Chester Springs PA 19425-2331	Amount of Each Receipt this Period 10.07		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Manager-Operations & Admin		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.28		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	43.18
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 143
	<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.</b> Frederick Eromin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 84 Highland Avenue		<b>Transaction ID:</b> 200610181436-FD-209	
City Arlington	State MA	Zip Code 02476-7839	Amount of Each Receipt this Period 10.46
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Counsel, Ho		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.99		

Full Name (Last, First, Middle Initial) <b>B.</b> Honore Fallon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 139 School Street		<b>Transaction ID:</b> 200610181436-FD-32	
City Belmont	State MA	Zip Code 02478-3015	Amount of Each Receipt this Period 52.88
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Mgr., Exclusive Agency Mgmt.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1105.16		

Full Name (Last, First, Middle Initial) <b>C.</b> Michael Fallon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2 Sweetwater Avenue		<b>Transaction ID:</b> 200610181436-FD-183	
City Bedford	State MA	Zip Code 01730-1106	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Director, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.78		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	93.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 143
	<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. David Falvo</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 15 Dumbarton Oaks		<b>Transaction ID: 200610181436-FD-237</b>	
City Stratham	State NH	Amount of Each Receipt this Period 11.03	
Zip Code 03885-2149			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Operations Manager, I/S		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.85		

Full Name (Last, First, Middle Initial) <b>B. Charles Farber</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 162 Cypress Street		<b>Transaction ID: 200610181436-FD-870</b>	
City Brookline	State MA	Amount of Each Receipt this Period 24.59	
Zip Code 02445-6767			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Managing Dir., Private Equity		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 509.18		

Full Name (Last, First, Middle Initial) <b>C. Christopher Felton</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 8 Butler Road		<b>Transaction ID: 200610181436-FD-835</b>	
City Mendon	State MA	Amount of Each Receipt this Period 22.50	
Zip Code 01756-1335			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Sr. Invest Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	58.12
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 143
	<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. Mark Fiebrink</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address One Corporate Drive Suite 710		<b>Transaction ID: 200610181436-FD-1334</b>	
City State Zip Code Wausau WI 54401-1724	Amount of Each Receipt this Period 64.62		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation General Manager, Wcim		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1335.46		

Full Name (Last, First, Middle Initial) <b>B. Daniel Flynn</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 27 Choate Lane		<b>Transaction ID: 200610181436-FD-1547</b>	
City State Zip Code Ipswich MA 01938-3012	Amount of Each Receipt this Period 22.35		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Dir., Agency Sales Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 467.74		

Full Name (Last, First, Middle Initial) <b>C. Edmund Flynn</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 202 W Brookline Street Apt. #2		<b>Transaction ID: 200610181436-FD-924</b>	
City State Zip Code Boston MA 02118-1231	Amount of Each Receipt this Period 17.02		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Sr. Internal Audit Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.94		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	103.99
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 143
	<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. Melanie Foley</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 444 Winter Street		<b>Transaction ID: 200610181436-FD-961</b>	
City Walpole	State MA	Amount of Each Receipt this Period 20.19	
Zip Code 02081-1036			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Mgr., Direct Marketing & Dracs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.94		

Full Name (Last, First, Middle Initial) <b>B. Robert Foley</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 47 North Mill Street		<b>Transaction ID: 200610181436-FD-1561</b>	
City Hopkinton	State MA	Amount of Each Receipt this Period 17.94	
Zip Code 01748-4601			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Manager Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.15		

Full Name (Last, First, Middle Initial) <b>C. A. Alexander Fontanes</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 18 Clark Road		<b>Transaction ID: 200610181436-FD-366</b>	
City Hingham	State MA	Amount of Each Receipt this Period 150.00	
Zip Code 02043-1902			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Chief Investment Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3109.61		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	188.13
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 143
	<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. Edward Ford</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 43 Larchwood Drive		<b>Transaction ID: 200610181436-FD-932</b>	
City State Zip Code Cambridge MA 02138-4638	Amount of Each Receipt this Period 31.41		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Manager & Chief Actuary, Intl.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 654.78		

Full Name (Last, First, Middle Initial) <b>B. Donald Frette</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 9684 Brook Hill Court		<b>Transaction ID: 200610181436-FD-1340</b>	
City State Zip Code Lone Tree CO 80124-5431	Amount of Each Receipt this Period 31.54		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Pres. & C.E.O., Colorado Casualty		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 642.95		

Full Name (Last, First, Middle Initial) <b>C. Robert Gaffney</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 5 Devonshires Court		<b>Transaction ID: 200610181436-FD-1613</b>	
City State Zip Code Blue Bell PA 19422-2560	Amount of Each Receipt this Period 53.85		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation President, Lm Alternative Mkts		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.75		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	116.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 45 / 143
	<input checked="" 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. Gregory Getting</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1808 Concord Drive		<b>Transaction ID: 200610181436-FD-1171</b>	
City State Zip Code Flower Mound TX 75022-4463	Amount of Each Receipt this Period 11.87		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Mgr., Comml Accounts		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 248.64		

Full Name (Last, First, Middle Initial) <b>B. Michael Gilbert</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 11130 Cobia Place		<b>Transaction ID: 200610181436-FD-1295</b>	
City State Zip Code Noblesville IN 46060-6052	Amount of Each Receipt this Period 18.18		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Operations Manager, I/S		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.31		

Full Name (Last, First, Middle Initial) <b>C. Helen Gillcrst</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 246 Beacon Street		<b>Transaction ID: 200610181436-FD-511</b>	
City State Zip Code Boston MA 02116-1215	Amount of Each Receipt this Period 23.08		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Mgr. Enterprise Legal Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 476.56		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	53.13
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 143
	<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.</b> Joseph Gilles		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 9 Freedom Trail		<b>Transaction ID:</b> 200610181436-FD-656
City Medway	State MA	Zip Code 02053-6160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.89
Name of Employer Liberty Mutual	Occupation Mgr. Comm'l Lines, Agency Mkts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 896.63	

Full Name (Last, First, Middle Initial) <b>B.</b> Scott Goodby		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 41 West Shore Drive		<b>Transaction ID:</b> 200610181436-FD-229
City Marblehead	State MA	Zip Code 01945-1257
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 88.46
Name of Employer Liberty Mutual	Occupation General Mgr., Agency Markets	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1844.22	

Full Name (Last, First, Middle Initial) <b>C.</b> Everardo Goyanes		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address #302 221 Columbus Avenue		<b>Transaction ID:</b> 200610181436-FD-1210
City Boston	State MA	Zip Code 02116-4894
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.38
Name of Employer Liberty Mutual	Occupation President, Liberty Energy Corp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1157.66	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	186.73
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 47 / 143</span>
	(check only one)
<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"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<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. Edward Gramer</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 31 Centre Street		<b>Transaction ID: 200610181436-FD-1444</b>	
City State Zip Code Dover MA 02030-2205	Amount of Each Receipt this Period 18.08		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Manager-Claims		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 358.88		

Full Name (Last, First, Middle Initial) <b>B. Gary Gregg</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 82 Parkwood Drive		<b>Transaction ID: 200610181436-FD-172</b>	
City State Zip Code Milton MA 02186-5230	Amount of Each Receipt this Period 135.58		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation President- Lm Agency Markets		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2820.23		

Full Name (Last, First, Middle Initial) <b>C. Mark Gregson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1313 Shinnecock Lane		<b>Transaction ID: 200610181436-FD-402</b>	
City State Zip Code Fort Mill SC 29715-7764	Amount of Each Receipt this Period 24.62		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Division Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 519.63		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	178.28
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 143
	<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. Timothy Grieve</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 743 Rock Elm Court		<b>Transaction ID: 200610181436-FD-568</b>	
City Millersville	State MD	Amount of Each Receipt this Period 13.68	
Zip Code 21108-2430			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Prop Loss Spec Iii, Pm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.60		

Full Name (Last, First, Middle Initial) <b>B. Bryan Grimm</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 296 Bacon Street		<b>Transaction ID: 200610181436-FD-490</b>	
City Natick	State MA	Amount of Each Receipt this Period 31.73	
Zip Code 01760-2047			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Chief Underwriting Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00		

Full Name (Last, First, Middle Initial) <b>C. Timothy Guilbert</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 33 Holmgren Road		<b>Transaction ID: 200610181436-FD-59</b>	
City Stratham	State NH	Amount of Each Receipt this Period 35.38	
Zip Code 03885-2535			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Chief Info. Officer, Int'l		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 734.37		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 143
	<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.** Full Name (Last, First, Middle Initial)  
Michael Gwozdz

Mailing Address 99 Fisher Street

City State Zip Code  
Medway MA 02053-2246

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

Name of Employer Occupation  
Liberty Mutual Regional Underwriting Mgr., Nm

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 208.11

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-90

Amount of Each Receipt this Period  
10.02

**B.** Full Name (Last, First, Middle Initial)  
Renee Harper

Mailing Address 41 Angelica Drive

City State Zip Code  
Framingham MA 01701-3643

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

Name of Employer Occupation  
Liberty Mutual Assistant Controller li

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 333.55

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-839

Amount of Each Receipt this Period  
16.02

**C.** Full Name (Last, First, Middle Initial)  
Eugene Harris

Mailing Address 18 Holbrook Street

City State Zip Code  
Foxborough MA 02035-1256

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

Name of Employer Occupation  
Liberty Mutual Assistant Controller li

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-88

Amount of Each Receipt this Period  
14.42

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	40.46
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 143
	<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.** Full Name (Last, First, Middle Initial)  
Patrick Hasson

Mailing Address 132 Ellis Road

City State Zip Code  
Havertown PA 19083-1109

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

Name of Employer Liberty Mutual Occupation Sr. Trial Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 239.75

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-424

Amount of Each Receipt this Period  
11.63

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

Mailing Address 63 Audubon Drive

City State Zip Code  
Walpole MA 02081-2721

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 ▼ 478.17

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-1051

Amount of Each Receipt this Period  
23.08

**C.** Full Name (Last, First, Middle Initial)  
Paula Hays

Mailing Address 23 Braddock Park, Unit 1

City State Zip Code  
Boston MA 02116-5826

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

Name of Employer Liberty Mutual Occupation Manager, Personal Lines

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 786.10

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-1591

Amount of Each Receipt this Period  
37.69

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	72.40
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 143
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Kevin Heffernan		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 199 John Wise Avenue		<b>Transaction ID:</b> 200610181436-FD-898	
City State Zip Code Essex MA 01929-1064	Amount of Each Receipt this Period 15.32		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Director-Leasing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 316.89		

Full Name (Last, First, Middle Initial) <b>B.</b> Richard Heidt		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 74 Schanda Drive		<b>Transaction ID:</b> 200610181436-FD-262	
City State Zip Code Newmarket NH 03857-2151	Amount of Each Receipt this Period 15.58		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Mgr., Pers Mkt Sys. Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.90		

Full Name (Last, First, Middle Initial) <b>C.</b> William Herr		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 64 Highridge Road		<b>Transaction ID:</b> 200610181436-FD-1253	
City State Zip Code Bellingham MA 02019-1870	Amount of Each Receipt this Period 21.35		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Chief Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.26		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	52.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 143
	<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. Ricky Hodges</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 205 East Hooker Street		<b>Transaction ID: 200610181436-FD-1292</b>	
City State Zip Code Bartow FL 33830-5620	Amount of Each Receipt this Period 37.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Pres. & C.E.O., Summit		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 771.33		

Full Name (Last, First, Middle Initial) <b>B. James Hoffert</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 3108 Warwick Drive		<b>Transaction ID: 200610181436-FD-1186</b>	
City State Zip Code Weston WI 54476-5683	Amount of Each Receipt this Period 37.31		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Assistant General Counsel, Ho		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.78		

Full Name (Last, First, Middle Initial) <b>C. Paul Horgan</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 11 Michael Lane		<b>Transaction ID: 200610181436-FD-134</b>	
City State Zip Code Mansfield MA 02048-2870	Amount of Each Receipt this Period 29.59		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Chief Und Officer, Division		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 611.31		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	104.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 143
	<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.</b> Barbara Howe		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 5116 Northeast Halsey		<b>Transaction ID:</b> 200610181436-FD-774	
City Portland	State OR	Zip Code 97213-2716	Amount of Each Receipt this Period 10.73
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Manager Iii, Cmc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.66		

Full Name (Last, First, Middle Initial) <b>B.</b> Gary Hubbard		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 90 Southwest 68th Avenue		<b>Transaction ID:</b> 200610181436-FD-1027	
City Portland	State OR	Zip Code 97225-6175	Amount of Each Receipt this Period 15.23
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation General Sales Mgr., Lnw		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 317.66		

Full Name (Last, First, Middle Initial) <b>C.</b> Francis Hucks		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address PO Box 249		<b>Transaction ID:</b> 200610181436-FD-1540	
City Benton	State PA	Zip Code 17814-0249	Amount of Each Receipt this Period 14.88
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Sr. Surety Counsel Ii		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.42		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	40.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 143
	<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. Michael Huston</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 510 43rd Street		<b>Transaction ID: 200610181436-FD-1443</b>	
City State Zip Code Des Moines IA 50312-2406	Amount of Each Receipt this Period 15.66		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.56		

Full Name (Last, First, Middle Initial) <b>B. Francis Hyatt</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 4065 Crestwood Drive		<b>Transaction ID: 200610181436-FD-60</b>	
City State Zip Code Wausau WI 54403-8125	Amount of Each Receipt this Period 21.81		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Mgr., Staff Operations & H.R.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 447.51		

Full Name (Last, First, Middle Initial) <b>C. Alphonso Ibrahim</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1480 Stock Grange Drive		<b>Transaction ID: 200610181436-FD-1055</b>	
City State Zip Code Downingtown PA 19335-5101	Amount of Each Receipt this Period 9.75		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Counsel, Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.88		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	47.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 143
	<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. George Ihle</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 186 Deerwood Lane		<b>Transaction ID: 200610181436-FD-327</b>	
City State Zip Code Grand Island NY 14072-3306		Amount of Each Receipt this Period 15.32	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Liberty Mutual Sales Representative			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.67	

Full Name (Last, First, Middle Initial) <b>B. Maria Izquierdo</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 41 George Hill Road		<b>Transaction ID: 200610181436-FD-538</b>	
City State Zip Code Grafton MA 01519-1417		Amount of Each Receipt this Period 17.02	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Liberty Mutual Manager-Wc Claims			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 352.59	

Full Name (Last, First, Middle Initial) <b>C. Timothy Jackson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 489 Waubensee Circle		<b>Transaction ID: 200610181436-FD-1150</b>	
City State Zip Code Oswego IL 60543-8728		Amount of Each Receipt this Period 16.38	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Liberty Mutual Mgr., Comml Accounts			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 343.98	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	48.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 143
	<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.</b> Karl Jacobson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 794 East Seventh Street Unit # L		<b>Transaction ID:</b> 200610181436-FD-121	
City State Zip Code South Boston MA 02127-4384		Amount of Each Receipt this Period 37.50	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Liberty Mutual General Manager-Loss Prev			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 787.50	

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Jacobson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 592 Belle Meade Farm Drive		<b>Transaction ID:</b> 200610181436-FD-1339	
City State Zip Code Loveland OH 45140-7302		Amount of Each Receipt this Period 13.35	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Liberty Mutual Mgr., PI Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 276.85	

Full Name (Last, First, Middle Initial) <b>C.</b> James Jakobek		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 50 Burr Drive		<b>Transaction ID:</b> 200610181436-FD-143	
City State Zip Code Needham MA 02492-2779		Amount of Each Receipt this Period 80.77	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Liberty Mutual Manager-Fixed Income (P&C Ops)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1675.94	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	131.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 143
	(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"/> 15
<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) <b>A. Deborah Jaquith</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address Apt. 22B 1 Avery Street		<b>Transaction ID: 200610181436-FD-1117</b>	
City Boston	State MA	Amount of Each Receipt this Period 18.10	
Zip Code 02111-1025		Amount of Each Receipt this Period 18.10	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.10	
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 ▼ 372.12	

Full Name (Last, First, Middle Initial) <b>B. Julia Johnson</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 67 Gale Road		<b>Transaction ID: 200610181436-FD-575</b>	
City Hampton	State NH	Amount of Each Receipt this Period 11.37	
Zip Code 03842-1013		Amount of Each Receipt this Period 11.37	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.37	
Name of Employer Liberty Mutual		Occupation Mgr., Medical Svcs. Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 238.77	

Full Name (Last, First, Middle Initial) <b>C. Michael Johnson</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 96 Magnolia Road		<b>Transaction ID: 200610181436-FD-66</b>	
City Swampscott	State MA	Amount of Each Receipt this Period 10.10	
Zip Code 01907-2224		Amount of Each Receipt this Period 10.10	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.10	
Name of Employer Liberty Mutual		Occupation Counsel, Ho	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.88	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	39.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	39.57

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 143
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Karen Kallander Mailing Address 5 Crownridge Road City Westborough State MA Zip Code 01581-3203 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> 200610181436-FD-130 Amount of Each Receipt this Period 17.54
Name of Employer: Liberty Mutual Occupation: Controller Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 364.28		

<b>B.</b> Full Name (Last, First, Middle Initial) Danya Kazakovich Mailing Address 88 Waltham Street #6 City Boston State MA Zip Code 02118-3630 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> 200610181436-FD-806 Amount of Each Receipt this Period 9.94
Name of Employer: Liberty Mutual Occupation: Chief Und Officer, Division Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.80		

<b>C.</b> Full Name (Last, First, Middle Initial) Michael Kazmierczak Mailing Address 17 Pondview Drive City Dover State NH Zip Code 03820-4483 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> 200610181436-FD-607 Amount of Each Receipt this Period 14.57
Name of Employer: Liberty Mutual Occupation: Mgr., Production Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 305.97		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	42.05
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 143
	<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.</b> James Kelleher		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 17 Hillcrest Road		<b>Transaction ID:</b> 200610181436-FD-95
City Belmont	State MA	Zip Code 02478-2953
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 61.92
Name of Employer Liberty Mutual	Occupation Deputy General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1284.22	

Full Name (Last, First, Middle Initial) <b>B.</b> Diana Kelly		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 62 Nh Route 119 West		<b>Transaction ID:</b> 200610181436-FD-1274
City Fitzwilliam	State NH	Zip Code 03447-3321
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.49
Name of Employer Liberty Mutual	Occupation Mgr., Claims Sys. & Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.47	

Full Name (Last, First, Middle Initial) <b>C.</b> Kelly Kendall		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 153 Elmwood Road		<b>Transaction ID:</b> 200610181436-FD-1064
City Swampscott	State MA	Zip Code 01907-2033
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.37
Name of Employer Liberty Mutual	Occupation Regional Underwriting Mgr., Nm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.20	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	87.78
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 143
	<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. David Kenepp</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 22 Wendell Road Extension		<b>Transaction ID: 200610181436-FD-496</b>	
City State Zip Code Nahant MA 01908-1129	Amount of Each Receipt this Period 15.52		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Manager-Regulatory Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.28		

Full Name (Last, First, Middle Initial) <b>B. Deborah Kenney</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 5810 Masters Court		<b>Transaction ID: 200610181436-FD-390</b>	
City State Zip Code Charlotte NC 28226-8046	Amount of Each Receipt this Period 13.74		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Regional Sales Mgr., Bm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.16		

Full Name (Last, First, Middle Initial) <b>C. Gary Kentner</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 11669 Northwest Vallevue Court		<b>Transaction ID: 200610181436-FD-782</b>	
City State Zip Code Portland OR 97229-5075	Amount of Each Receipt this Period 11.15		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Mgr., Claims		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.56		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	40.41
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 143
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Paul Kimball		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 16 Princeton Road		<b>Transaction ID:</b> 200610181436-FD-75	
City Burlington	State MA	Zip Code 01803-2325	Amount of Each Receipt this Period 13.81
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 284.34		

<b>B.</b> Full Name (Last, First, Middle Initial) David Klossner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2909 Winding Trail		<b>Transaction ID:</b> 200610181436-FD-361	
City Valrico	State FL	Zip Code 33594-7919	Amount of Each Receipt this Period 9.98
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Regional Claims Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.50		

<b>C.</b> Full Name (Last, First, Middle Initial) Louis Knecht		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 91 Birchwood Park Drive		<b>Transaction ID:</b> 200610181436-FD-609	
City Jericho	State NY	Zip Code 11753-2258	Amount of Each Receipt this Period 32.89
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Regional General Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 686.63		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	56.68
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 143
	<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.</b> Randall Kneeland		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 68 Longwood Road		<b>Transaction ID:</b> 200610181436-FD-42	
City Reading	State MA	Zip Code 01867-2223	Amount of Each Receipt this Period 17.88
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Director, Accounting Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 371.49		

Full Name (Last, First, Middle Initial) <b>B.</b> George Kramer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 41 Coventry Road		<b>Transaction ID:</b> 200610181436-FD-350	
City Atkinson	State NH	Zip Code 03811-2552	Amount of Each Receipt this Period 12.12
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Manager, Liu I/S		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.53		

Full Name (Last, First, Middle Initial) <b>C.</b> Beth Kreidenweis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2854 Evergreen Drive		<b>Transaction ID:</b> 200610181436-FD-1314	
City Springfield	State OH	Zip Code 45504-4112	Amount of Each Receipt this Period 15.08
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Mgr., Admin Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.84		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	45.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 143
	<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.</b> Jim Kreinbrink		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 5926 Flatwoods Manor Circle		Transaction ID: 200610181436-FD-561	
City State Zip Code Lithia FL 33547-5000	Amount of Each Receipt this Period 10.92		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Home Office Lp Ops Mgr.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.54		

Full Name (Last, First, Middle Initial) <b>B.</b> Kenneth Krobert		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 72 Coronado Avenue		Transaction ID: 200610181436-FD-676	
City State Zip Code Kenner LA 70065-3133	Amount of Each Receipt this Period 14.12		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Counsel, Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.54		

Full Name (Last, First, Middle Initial) <b>C.</b> Joseph Labute		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 5932 Franklin Trail		Transaction ID: 200610181436-FD-1332	
City State Zip Code Liberty Township OH 45011-1252	Amount of Each Receipt this Period 10.52		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Consultant, CI Underwriting Am		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.99		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	35.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 143
	(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"/> 15
<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) <b>A.</b> Christine Lahey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 12 Gilbert Street		<b>Transaction ID:</b> 200610181436-FD-987	
City State Zip Code North Andover MA 01845-2308	Amount of Each Receipt this Period 21.06		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Manager Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 436.78		

Full Name (Last, First, Middle Initial) <b>B.</b> Dennis Langwell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 7 Jackson Circle		<b>Transaction ID:</b> 200610181436-FD-233	
City State Zip Code Franklin MA 02038-3373	Amount of Each Receipt this Period 207.69		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4280.71		

Full Name (Last, First, Middle Initial) <b>C.</b> Ralph Laspina		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 301 Castlestone Lane		<b>Transaction ID:</b> 200610181436-FD-1289	
City State Zip Code Matthews NC 28104-7238	Amount of Each Receipt this Period 17.98		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Mgr., Company Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 376.11		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	246.73
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 143
	<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. Richard Lassow</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 9 Bear Path		<b>Transaction ID: 200610181436-FD-828</b>	
City State Zip Code Hampton NH 03842-1300	Amount of Each Receipt this Period 13.15		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Associate Actuary, Life		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.15		

Full Name (Last, First, Middle Initial) <b>B. Caren Latona</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 117 Fringetree Drive		<b>Transaction ID: 200610181436-FD-391</b>	
City State Zip Code West Chester PA 19380-7334	Amount of Each Receipt this Period 18.46		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Regional Sales Mgr., Bm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 382.27		

Full Name (Last, First, Middle Initial) <b>C. Gregory Lazar</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 12 Captain Parker Drive		<b>Transaction ID: 200610181436-FD-131</b>	
City State Zip Code Lee NH 03824-6569	Amount of Each Receipt this Period 11.47		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Manager-Special Projects		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.21		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	43.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 143
	<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.</b> Stephen Leavitt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 8 Greybird Farm Circle		<b>Transaction ID:</b> 200610181436-FD-539	
City State Zip Code Exeter NH 03833-4200	Amount of Each Receipt this Period 17.13		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Mgr., Systems Int & Devl		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.73		

Full Name (Last, First, Middle Initial) <b>B.</b> Alan Ledbetter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 69 Bishops Forest Drive		<b>Transaction ID:</b> 200610181436-FD-967	
City State Zip Code Waltham MA 02452-8802	Amount of Each Receipt this Period 39.58		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Chief Underwriting Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 818.72		

Full Name (Last, First, Middle Initial) <b>C.</b> Amy Leddy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 32 Hallett Hill Road		<b>Transaction ID:</b> 200610181436-FD-156	
City State Zip Code Weston MA 02493-1753	Amount of Each Receipt this Period 29.69		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Manager-Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 623.49		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	86.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 143
	<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. Dexter Legg</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 846 Middle Street		<b>Transaction ID: 200610181436-FD-222</b>	
City Portsmouth	State NH	Amount of Each Receipt this Period 33.85	
Zip Code 03801-5022			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Secretary & Asst. To C.E.O.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.07		

Full Name (Last, First, Middle Initial) <b>B. John Lemire</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 95 Linden Road		<b>Transaction ID: 200610181436-FD-197</b>	
City Hampton Falls	State NH	Amount of Each Receipt this Period 10.38	
Zip Code 03844-2035			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Mgr., Grp Mkt Svc. & Admin Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 217.98		

Full Name (Last, First, Middle Initial) <b>C. Joseph Lesko</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 615 Park Ridge Drive		<b>Transaction ID: 200610181436-FD-1545</b>	
City Mount Airy	State MD	Amount of Each Receipt this Period 18.12	
Zip Code 21771-2812			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Regional Mgr. Ii		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.52		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	62.35
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 143
	<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.</b> Kathleen Lienhard		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 16 Brittany Lane		<b>Transaction ID:</b> 200610181436-FD-129	
City Barrington	State NH	Zip Code 03825-3737	Amount of Each Receipt this Period 15.81
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Mgr., Claims Examining		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 317.98		

Full Name (Last, First, Middle Initial) <b>B.</b> John Lippincott		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 338 Highland Street		<b>Transaction ID:</b> 200610181436-FD-1044	
City Weston	State MA	Zip Code 02493-2627	Amount of Each Receipt this Period 17.31
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Manager-Non Inv Grade Bonds		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 432.71		

Full Name (Last, First, Middle Initial) <b>C.</b> Irma Lockridge		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 670 Ridgemont Place		<b>Transaction ID:</b> 200610181436-FD-1599	
City Highlands Ranch	State CO	Zip Code 80126-5583	Amount of Each Receipt this Period 13.27
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Manager Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.97		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	46.39
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 143
	<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.** Full Name (Last, First, Middle Initial)  
David Long

Mailing Address 23 Hawthorne Drive

City State Zip Code  
Medfield MA 02052-1408

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

Name of Employer Liberty Mutual Occupation President-Commercial Markets

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2456.72

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

Transaction ID: 200610181436-FD-80

Amount of Each Receipt this Period  
120.19

**B.** Full Name (Last, First, Middle Initial)  
Edward Lopes

Mailing Address 32 Tracy Beth Drive

City State Zip Code  
North Attleboro MA 02760-4335

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

Name of Employer Liberty Mutual Occupation Sr. Internal Audit Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 366.24

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

Transaction ID: 200610181436-FD-241

Amount of Each Receipt this Period  
17.71

**C.** Full Name (Last, First, Middle Initial)  
Michael Lucas

Mailing Address 12445 Cirrus Drive

City State Zip Code  
Fishers IN 46037-7529

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

Name of Employer Liberty Mutual Occupation Mgr., School Lines Am

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 338.38

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

Transaction ID: 200610181436-FD-1307

Amount of Each Receipt this Period  
16.45

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	154.35
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 70 / 143
	<input checked="" 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

Full Name (Last, First, Middle Initial) <b>A.</b> Charles Lundeen		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2405 Northeast 357th Avenue		<b>Transaction ID:</b> 200610181436-FD-769	
City State Zip Code Washougal WA 98671-8295	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Regional General Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 313.48		

Full Name (Last, First, Middle Initial) <b>B.</b> John Lux		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 3335 Excalibur Avenue		<b>Transaction ID:</b> 200610181436-FD-738	
City State Zip Code Westlake OH 44145-6750	Amount of Each Receipt this Period 9.97		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Sr. Account Representative I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.37		

Full Name (Last, First, Middle Initial) <b>C.</b> Joanne Lynch		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address #2 114 High Street		<b>Transaction ID:</b> 200610181436-FD-163	
City State Zip Code Charlestown MA 02129-3020	Amount of Each Receipt this Period 10.08		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Sr. Mgr., Financial Analysis		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.32		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	35.05
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 143
	<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.** Full Name (Last, First, Middle Initial)  
William Lynch

Mailing Address 10 Dorset Road

City Belmont State MA Zip Code 02478-2113

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

Name of Employer Liberty Mutual Occupation Sr. Regulatory Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 254.59

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-992

Amount of Each Receipt this Period  
12.31

**B.** Full Name (Last, First, Middle Initial)  
Patrick Lyons

Mailing Address 65 Dowling Lane

City Marlborough State MA Zip Code 01752-1744

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

Name of Employer Liberty Mutual Occupation Market Segment Mgr., Property

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 337.29

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-1209

Amount of Each Receipt this Period  
16.69

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

Mailing Address 8 Winnecunnet Way

City South Easton State MA Zip Code 02375-1465

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

Name of Employer Liberty Mutual Occupation Regional General Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 748.44

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-136

Amount of Each Receipt this Period  
36.15

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	65.15
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 72 / 143</span>
	(check only one)
<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"/>	<input type="checkbox"/> 15
<input type="checkbox"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<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. Dennis Maher</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 14 Samuel Gamwell Road		<b>Transaction ID: 200610181436-FD-122</b>	
City State Zip Code Northborough MA 01532-2290	Amount of Each Receipt this Period 10.91		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Counsel, Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.38		

Full Name (Last, First, Middle Initial) <b>B. Joseph Maher</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 713 Woodland Avenue		<b>Transaction ID: 200610181436-FD-945</b>	
City State Zip Code Norristown PA 19403-4421	Amount of Each Receipt this Period 12.91		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Sr. Account Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 271.11		

Full Name (Last, First, Middle Initial) <b>C. Barbara Mahoney</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 100 Argilla Road		<b>Transaction ID: 200610181436-FD-436</b>	
City State Zip Code Andover MA 01810-4730	Amount of Each Receipt this Period 57.69		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Sr. Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1156.94		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	81.51
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 143
	<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.</b> Lynne Maloney		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 72 Dimmock Street		<b>Transaction ID:</b> 200610181436-FD-64	
City State Zip Code Quincy MA 02169-1946	Amount of Each Receipt this Period 14.94		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Mgr.-Product Devl & Mktg.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.72		

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Maloney		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 35 Harmony Trail		<b>Transaction ID:</b> 200610181436-FD-344	
City State Zip Code Hopedale MA 01747-1432	Amount of Each Receipt this Period 13.69		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Manager-Affinity Mktg. Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 283.99		

Full Name (Last, First, Middle Initial) <b>C.</b> Christopher Mansfield		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 50 Woodleigh Road		<b>Transaction ID:</b> 200610181436-FD-76	
City State Zip Code Dedham MA 02026-3116	Amount of Each Receipt this Period 115.38		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2389.38		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	144.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 / 143
	(check only one)	
<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. Richard Marko</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 99-50 Florence Street		<b>Transaction ID: 200610181436-FD-401</b>	
City State Zip Code Chestnut Hill MA 02467-1930	Amount of Each Receipt this Period 18.85		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Manager, Cm Strategic Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.83		

Full Name (Last, First, Middle Initial) <b>B. Adrian Marshall</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 3349 Cranmore Chase		<b>Transaction ID: 200610181436-FD-474</b>	
City State Zip Code Marietta GA 30066-4792	Amount of Each Receipt this Period 11.65		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Sr. Account Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.92		

Full Name (Last, First, Middle Initial) <b>C. Paul Mattera</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 16 Fuller Avenue		<b>Transaction ID: 200610181436-FD-190</b>	
City State Zip Code Swampscott MA 01907-2111	Amount of Each Receipt this Period 48.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 995.05		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	78.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 143
	<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.** Full Name (Last, First, Middle Initial)  
David May

Mailing Address 158 South Street

City State Zip Code  
Hingham MA 02043-4616

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

Name of Employer Occupation  
Liberty Mutual Manager of Service Operation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 244.37

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-510

Amount of Each Receipt this Period  
11.77

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

Mailing Address 4 Squibnocket Road  
16320 Crown Arbor Way, #202

City State Zip Code  
Franklin MA 02038-1408

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

Name of Employer Occupation  
Liberty Mutual President, Lib Hospitality Grp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 294.49

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-298

Amount of Each Receipt this Period  
14.14

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

Mailing Address 3 Taft Circle

City State Zip Code  
Winchester MA 01890-3721

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

Name of Employer Occupation  
Liberty Mutual Sbu Marketing Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 352.59

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-1004

Amount of Each Receipt this Period  
17.04

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	42.95
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 143
	<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.</b> Kathleen McGrath		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 31 Eastland Terrace		<b>Transaction ID:</b> 200610181436-FD-861	
City Haverhill	State MA	Zip Code 01830-2841	Amount of Each Receipt this Period 11.75
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Counsel, Ho		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.97		

Full Name (Last, First, Middle Initial) <b>B.</b> Stuart McGuigan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 74 Agamenticus Avenue		<b>Transaction ID:</b> 200610181436-FD-1566	
City Cape Neddick	State ME	Zip Code 03902-7105	Amount of Each Receipt this Period 90.38
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Chief Information Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1871.10		

Full Name (Last, First, Middle Initial) <b>C.</b> Pamela McIntyre		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 17 Ridgeway Road		<b>Transaction ID:</b> 200610181436-FD-187	
City North Reading	State MA	Zip Code 01864-3158	Amount of Each Receipt this Period 18.28
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Sr. Invest Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.88		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	120.41
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 77 / 143
	<input checked="" 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.** Full Name (Last, First, Middle Initial)  
John McKenna

Mailing Address 21 Alder Creek Lane

City State Zip Code  
Rochester NH 03867-1707

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

Name of Employer Occupation  
Liberty Mutual Manager, Info. Systems

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
449.96

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-6

Amount of Each Receipt this Period  
21.69

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

Mailing Address 575 Northfield Road

City State Zip Code  
Lunenburg MA 01462-1727

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

Name of Employer Occupation  
Liberty Mutual Financial Officer

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
253.61

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-1467

Amount of Each Receipt this Period  
12.46

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

Mailing Address 2439 Southwest Vacuna Street

City State Zip Code  
Portland OR 97219-8912

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

Name of Employer Occupation  
Liberty Mutual Financial Officer Iii, Am

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
686.56

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-790

Amount of Each Receipt this Period  
33.08

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	67.23
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 143
	<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. James McLaughlin</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1420 Tamarack Way		<b>Transaction ID: 200610181436-FD-484</b>	
City State Zip Code Alpharetta GA 30005-3719	Amount of Each Receipt this Period 17.93		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Resident Attorney I, Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 376.53		

Full Name (Last, First, Middle Initial) <b>B. James McMackin</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 758 Webster Street		<b>Transaction ID: 200610181436-FD-188</b>	
City State Zip Code Needham MA 02492-3143	Amount of Each Receipt this Period 14.55		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Market Financial Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.66		

Full Name (Last, First, Middle Initial) <b>C. Ian McNeil</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 5052 Jade Court		<b>Transaction ID: 200610181436-FD-1105</b>	
City State Zip Code Chino Hills CA 91709-4902	Amount of Each Receipt this Period 23.88		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Regional General Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 489.37		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	56.36
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 143
	<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.</b> Sean McSweeney		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 6 Taggart Court		<b>Transaction ID:</b> 200610181436-FD-740
City Ashland	State MA	Zip Code 01721-1099
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 49.04
Name of Employer Liberty Mutual	Occupation Deputy General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1009.61	

Full Name (Last, First, Middle Initial) <b>B.</b> Joseph Meagher		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 55 Windsor Court		<b>Transaction ID:</b> 200610181436-FD-1403
City Keene	State NH	Zip Code 03431-1733
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.25
Name of Employer Liberty Mutual	Occupation Mgr., Am Claims Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 402.22	

Full Name (Last, First, Middle Initial) <b>C.</b> Brian Melas		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 43 Essex Street		<b>Transaction ID:</b> 200610181436-FD-879
City Wenham	State MA	Zip Code 01984-1711
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 43.08
Name of Employer Liberty Mutual	Occupation Manager-Commercial Mkts Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 887.44	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	111.37
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 143
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> William Mersch		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 24 Hawtree Way		<b>Transaction ID:</b> 200610181436-FD-1121
City Groton	State MA	Zip Code 01450-1482
FEC ID number of contributing federal political committee.	C	
Name of Employer Liberty Mutual	Occupation Manager-H.R. & Admin Svcs.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 788.76	
		Amount of Each Receipt this Period 37.88

Full Name (Last, First, Middle Initial) <b>B.</b> Benjamin Mesick		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 11 Cargill Road		<b>Transaction ID:</b> 200610181436-FD-1006
City Cumberland	State RI	Zip Code 02864-6143
FEC ID number of contributing federal political committee.	C	
Name of Employer Liberty Mutual	Occupation Director of Curriculum Dvlp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.58	
		Amount of Each Receipt this Period 15.98

Full Name (Last, First, Middle Initial) <b>C.</b> Katherine Mezzanotte		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 221 Huntsman Lane		<b>Transaction ID:</b> 200610181436-FD-1069
City Blue Bell	State PA	Zip Code 19422-2819
FEC ID number of contributing federal political committee.	C	
Name of Employer Liberty Mutual	Occupation Sr. Trial Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.27	
		Amount of Each Receipt this Period 11.48

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	65.34
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 143
	<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. Deborah Michel</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 114 Alisma Court		<b>Transaction ID: 200610181436-FD-1172</b>	
City State Zip Code San Ramon CA 94582-9153	Amount of Each Receipt this Period 21.41		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Division General Mgr.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 443.87		

Full Name (Last, First, Middle Initial) <b>B. Dorothy Mobley</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 10 Van Buren Avenue		<b>Transaction ID: 200610181436-FD-314</b>	
City State Zip Code Albany NY 12205-5219	Amount of Each Receipt this Period 12.99		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Regional Service Mgr., Pm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.53		

Full Name (Last, First, Middle Initial) <b>C. Mark Moitoso</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 23 Squier Drive		<b>Transaction ID: 200610181436-FD-63</b>	
City State Zip Code North Hampton NH 03862-2247	Amount of Each Receipt this Period 24.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation General Mgr.-Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 493.50		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	58.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 143
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Frederick Moore		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 30 Evergreen Farms Road		<b>Transaction ID:</b> 200610181436-FD-1576	
City Scarborough	State ME	Amount of Each Receipt this Period 12.06	
Zip Code 04074-8376			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Resident Attorney I, Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.25		

<b>B.</b> Full Name (Last, First, Middle Initial) John Moore		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 102 Avalon Court		<b>Transaction ID:</b> 200610181436-FD-660	
City Canton	State GA	Amount of Each Receipt this Period 11.60	
Zip Code 30115-6420			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Managing Consultant Iii, Cm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.20		

<b>C.</b> Full Name (Last, First, Middle Initial) Roy Morell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 52 Saltwind Drive		<b>Transaction ID:</b> 200610181436-FD-198	
City Hanover	State MA	Amount of Each Receipt this Period 15.00	
Zip Code 02339-2846			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Chief Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 309.61		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	38.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 143
	<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.** Full Name (Last, First, Middle Initial)  
Raquel Morgan

Mailing Address 6709 Paces Ferry Lane

City State Zip Code  
Charlotte NC 28226-7790

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

Name of Employer Occupation  
Liberty Mutual Mgr., Am Company Marketing

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 204.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-1376

Amount of Each Receipt this Period  
9.83

**B.** Full Name (Last, First, Middle Initial)  
Gregory Morzano

Mailing Address 107 Love Lane

City State Zip Code  
Weston MA 02493-1113

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

Name of Employer Occupation  
Liberty Mutual Mgr. Liberty Energy Corporation

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 370.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-1352

Amount of Each Receipt this Period  
17.88

**C.** Full Name (Last, First, Middle Initial)  
Robert Moynihan

Mailing Address 53 Sandybrook Drive

City State Zip Code  
Durham NH 03824-3137

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

Name of Employer Occupation  
Liberty Mutual Manager Iv, Cmc

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 205.45

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-104

Amount of Each Receipt this Period  
9.86

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>37.57</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 143
	<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.</b> Carl Mueller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 37 Annetta Road		<b>Transaction ID:</b> 200610181436-FD-860	
City State Zip Code Ashland MA 01721-2301	Amount of Each Receipt this Period 15.52		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Manager-Internal Communication		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.28		

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Muleski		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 9 Lamplight Circle		<b>Transaction ID:</b> 200610181436-FD-718	
City State Zip Code Natick MA 01760-3148	Amount of Each Receipt this Period 63.46		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Corporate Actuary & Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1315.16		

Full Name (Last, First, Middle Initial) <b>C.</b> Timothy Mulloy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 66 E Waukau Avenue		<b>Transaction ID:</b> 200610181436-FD-1185	
City State Zip Code Oshkosh WI 54902-7253	Amount of Each Receipt this Period 47.31		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Division General Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 993.82		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	126.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 143
	<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.** Full Name (Last, First, Middle Initial)  
Patrick Murphy

Mailing Address 3926 Columbia Street

City State Zip Code  
Des Moines IA 50313-3648

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

Name of Employer Occupation  
Liberty Mutual Mgr., Field Claims Ops

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 334.39

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-1404

Amount of Each Receipt this Period  
16.23

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

Mailing Address 230 Winter Street

City State Zip Code  
Norwell MA 02061-1404

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

Name of Employer Occupation  
Liberty Mutual Director, Product Research

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 218.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-1575

Amount of Each Receipt this Period  
11.15

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

Mailing Address 14 Granite Street

City State Zip Code  
Hopkinton MA 01748-2300

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

Name of Employer Occupation  
Liberty Mutual Regional Claims Manager, Pm

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 228.83

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-449

Amount of Each Receipt this Period  
11.09

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	38.47
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 143
	<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. Stephen Myers</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 98 Garsoe Drive		<b>Transaction ID: 200610181436-FD-1266</b>	
City Portland	State ME	Amount of Each Receipt this Period 17.08	
Zip Code 04103-2168		Amount of Each Receipt this Period 17.08	
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Regional Mgr. I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 353.85		

Full Name (Last, First, Middle Initial) <b>B. Scott Names</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 3107 Sandgate Court		<b>Transaction ID: 200610181436-FD-1160</b>	
City Weston	State WI	Amount of Each Receipt this Period 10.52	
Zip Code 54476-5686		Amount of Each Receipt this Period 10.52	
FEC ID number of contributing federal political committee. C			
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 ▼ 215.11		

Full Name (Last, First, Middle Initial) <b>C. George Neale</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 88 Wharf Street Unit 305		<b>Transaction ID: 200610181436-FD-1519</b>	
City Milton	State MA	Amount of Each Receipt this Period 31.85	
Zip Code 02186-3434		Amount of Each Receipt this Period 31.85	
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation General Manager-Claims		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 655.90		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	59.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 143
	<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.</b> Douglas Nelson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 9 Loeffler Lane		<b>Transaction ID:</b> 200610181436-FD-272	
City Medfield	State MA	Amount of Each Receipt this Period 56.92	
Zip Code 02052-3140			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation General Manager, National Mkt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1173.83		

Full Name (Last, First, Middle Initial) <b>B.</b> Nancy Newmister		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 14210 Plantation Park Boulevard #1221		<b>Transaction ID:</b> 200610181436-FD-1490	
City Charlotte	State NC	Amount of Each Receipt this Period 11.30	
Zip Code 28277-2269			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Mgr., Company Uw Comm'l		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.15		

Full Name (Last, First, Middle Initial) <b>C.</b> Matthew Nickerson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 14084 Goodall Road		<b>Transaction ID:</b> 200610181436-FD-123	
City Lake Oswego	State OR	Amount of Each Receipt this Period 22.69	
Zip Code 97034-2046			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Pres. & C.E.O., Lnw		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.44		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.91
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 143
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Niebel Mailing Address 6157 Wingstem Street City Westerville State OH Zip Code 43082-8008 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> 200610181436-FD-497 Amount of Each Receipt this Period 29.81
Name of Employer: Liberty Mutual Occupation: Regional Mgr. li Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 565.79		

<b>B.</b> Full Name (Last, First, Middle Initial) Kathleen Nomicos Mailing Address 78 Crestview Road City Belmont State MA Zip Code 02478-2108 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> 200610181436-FD-184 Amount of Each Receipt this Period 34.15
Name of Employer: Liberty Mutual Occupation: Mgr., Uw Strategy & Q.A. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 706.93		

<b>C.</b> Full Name (Last, First, Middle Initial) Patrick O Connor Mailing Address 23 Smith Road City Hopkinton State MA Zip Code 01748-2574 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> 200610181436-FD-1175 Amount of Each Receipt this Period 11.12
Name of Employer: Liberty Mutual Occupation: Manager-Property Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 228.55		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	75.08
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 143
	<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.</b> William O'Connell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 26 Wendell Park		<b>Transaction ID:</b> 200610181436-FD-201	
City Milton	State MA	Zip Code 02186-3118	Amount of Each Receipt this Period 29.65
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Assistant General Counsel, Ho		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 616.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Brian O'Connor		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 22 Ekser Lane		<b>Transaction ID:</b> 200610181436-FD-499	
City Attleboro	State MA	Zip Code 02703-5599	Amount of Each Receipt this Period 20.39
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Claims Product Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 422.80		

Full Name (Last, First, Middle Initial) <b>C.</b> Charles O'Connor		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 3 Embassy Lane		<b>Transaction ID:</b> 200610181436-FD-382	
City Andover	State MA	Zip Code 01810-5705	Amount of Each Receipt this Period 13.04
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Mgr., a/L Claims		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.23		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	63.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 143		
	<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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Jeffrey O'Connor		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 12116 Oakcrest Estates Court		<b>Transaction ID:</b> 200610181436-FD-724	
City State Zip Code Saint Louis MO 63128-2158	Amount of Each Receipt this Period 11.59		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Regional General Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.24		

Full Name (Last, First, Middle Initial) <b>B.</b> Mary O'Donoghue		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 25 Nash Street		<b>Transaction ID:</b> 200610181436-FD-1011	
City State Zip Code Westboro MA 01581-3630	Amount of Each Receipt this Period 17.16		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Manager-Medical Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 357.35		

Full Name (Last, First, Middle Initial) <b>C.</b> Robert O'Neil		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 49 Linden Street		<b>Transaction ID:</b> 200610181436-FD-1357	
City State Zip Code North Attleboro MA 02760-4201	Amount of Each Receipt this Period 19.71		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Investment Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.80		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	48.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 143
	<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.</b> William Olafsson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1215 Winton Street		<b>Transaction ID:</b> 200610181436-FD-1165	
City Wausau	State WI	Zip Code 54403-3283	Amount of Each Receipt this Period 10.13
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Sr. Corp Counsel, Ho		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.07		

Full Name (Last, First, Middle Initial) <b>B.</b> Marvin Olinde		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2915 Valcour Aime		<b>Transaction ID:</b> 200610181436-FD-670	
City Baton Rouge	State LA	Zip Code 70820-4426	Amount of Each Receipt this Period 17.32
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Resident Attorney I, Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.08		

Full Name (Last, First, Middle Initial) <b>C.</b> Gary Ostrow		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 10 Wadsworth Way		<b>Transaction ID:</b> 200610181436-FD-1081	
City Sharon	State MA	Zip Code 02067-2763	Amount of Each Receipt this Period 47.69
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Director-Corporate Taxation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 980.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 143
	<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.</b> Mark Pare		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 5 Donovan Drive		<b>Transaction ID:</b> 200610181436-FD-886	
City Bedford	State MA	Amount of Each Receipt this Period 20.77	
Zip Code 01730-1151		FEC ID number of contributing federal political committee. C	
Name of Employer Liberty Mutual	Occupation Sr. Invest Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 410.67			

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Pare		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 14 Birnum Woods Road		<b>Transaction ID:</b> 200610181436-FD-34	
City Stratham	State NH	Amount of Each Receipt this Period 15.89	
Zip Code 03885-2204		FEC ID number of contributing federal political committee. C	
Name of Employer Liberty Mutual	Occupation Mgr., Business Systems Projects	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 333.69			

Full Name (Last, First, Middle Initial) <b>C.</b> Michael Parker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 42W546 Eagle Court		<b>Transaction ID:</b> 200610181436-FD-1149	
City Saint Charles	State IL	Amount of Each Receipt this Period 16.42	
Zip Code 60175-8239		FEC ID number of contributing federal political committee. C	
Name of Employer Liberty Mutual	Occupation Division General Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 339.22			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	53.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 143
	<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.** Full Name (Last, First, Middle Initial)  
Dean Parmer

Mailing Address 1 Ezras Way

City State Zip Code  
Dover NH 03820-5504

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

Name of Employer Occupation  
Liberty Mutual Mgr., Portfolio Analysis, Pm

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 283.29

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-483

Amount of Each Receipt this Period  
13.49

**B.** Full Name (Last, First, Middle Initial)  
Himanshu Patel

Mailing Address 1267 Hamilton Lane

City State Zip Code  
Naperville IL 60540-8377

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

Name of Employer Occupation  
Liberty Mutual Manager-Regional Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 490.07

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-904

Amount of Each Receipt this Period  
23.85

**C.** Full Name (Last, First, Middle Initial)  
Randy Paul

Mailing Address 1034 Penniman Drive

City State Zip Code  
El Dorado Hills CA 95762-5210

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

Name of Employer Occupation  
Liberty Mutual Regional Claims Manager, Pm

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 354.95

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-368

Amount of Each Receipt this Period  
17.71

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	55.05
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 143
	<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. Michael Peak</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 6407 Price Lane		<b>Transaction ID: 200610181436-FD-1335</b>	
City State Zip Code Louisville KY 40229-1629	Amount of Each Receipt this Period 12.31		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Senior Consultant - Cm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.92		

Full Name (Last, First, Middle Initial) <b>B. Dean Peasley</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 9 Bradford Terrace Unit 3		<b>Transaction ID: 200610181436-FD-1374</b>	
City State Zip Code Brookline MA 02446-6036	Amount of Each Receipt this Period 11.15		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Manager, Internet Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.69		

Full Name (Last, First, Middle Initial) <b>C. Michael Pecchio</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2021 Bloomsbury Run		<b>Transaction ID: 200610181436-FD-974</b>	
City State Zip Code Heathrow FL 32746-1997	Amount of Each Receipt this Period 18.36		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Manager-Direct Response Mktg.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 381.29		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	41.82
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 95 / 143
	(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"/> 15
<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) <b>A.</b> Christopher Peirce		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 66 Pine Bough Avenue		<b>Transaction ID:</b> 200610181436-FD-878	
City State Zip Code North Attleboro MA 02760-4669	Amount of Each Receipt this Period 23.08		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 415.17		

Full Name (Last, First, Middle Initial) <b>B.</b> Patricia Pelletier		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 49 Ortins Road		<b>Transaction ID:</b> 200610181436-FD-1453	
City State Zip Code Hamilton MA 01982-1430	Amount of Each Receipt this Period 21.58		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Director of Federal Taxation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 443.45		

Full Name (Last, First, Middle Initial) <b>C.</b> Melanie Pennington		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 10365 Southwest Day Road		<b>Transaction ID:</b> 200610181436-FD-855	
City State Zip Code Sherwood OR 97140-9525	Amount of Each Receipt this Period 12.31		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Senior Company Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.78		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	56.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 143
	<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.** Full Name (Last, First, Middle Initial)  
George Perotta

Mailing Address 48 Grand Boulevard

City State Zip Code  
Scarsdale NY 10583-5219

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

Name of Employer Occupation  
Liberty Mutual Financial Officer-Liu

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 327.95

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-1534

Amount of Each Receipt this Period  
15.77

**B.** Full Name (Last, First, Middle Initial)  
Eric Peterson

Mailing Address 61 Mohawk Lane

City State Zip Code  
Brentwood NH 03833-6427

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

Name of Employer Occupation  
Liberty Mutual Operations Manager, I/S

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 207.48

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-1421

Amount of Each Receipt this Period  
10.02

**C.** Full Name (Last, First, Middle Initial)  
Dennis Piatt

Mailing Address 4649 Cardinal Drive

City State Zip Code  
Mount Carmel OH 45244-1140

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

Name of Employer Occupation  
Liberty Mutual Team Leader, CI Underwrtg Am

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.83

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-1405

Amount of Each Receipt this Period  
9.70

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	35.49
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 143
	<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.</b> Donald Pickens		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 418 East Street		<b>Transaction ID:</b> 200610181436-FD-921	
City Dedham	State MA	Amount of Each Receipt this Period 40.00	
Zip Code 02026-3058			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Chief Underwriting Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 829.22		

Full Name (Last, First, Middle Initial) <b>B.</b> Christopher Piela		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 37 Berkshire Street		<b>Transaction ID:</b> 200610181436-FD-1222	
City Norfolk	State MA	Amount of Each Receipt this Period 22.62	
Zip Code 02056-1942			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Mgr., Field Operations Analysis		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.32		

Full Name (Last, First, Middle Initial) <b>C.</b> Arthur Pilley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2502 Strawberry Lane		<b>Transaction ID:</b> 200610181436-FD-541	
City Wausau	State WI	Amount of Each Receipt this Period 11.46	
Zip Code 54401-7592			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Chief Examiner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.30		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	74.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 143
	<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.** Full Name (Last, First, Middle Initial)  
David Pitts

Mailing Address 17 Westridge Drive

City State Zip Code  
Hampton NH 03842-1154

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

Name of Employer Occupation  
Liberty Mutual Manager-Claims Field Svcs.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 411.11

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-754

Amount of Each Receipt this Period  
19.79

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

Mailing Address 8 Beechwood Drive

City State Zip Code  
Strafford NH 03884-6802

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

Name of Employer Occupation  
Liberty Mutual Associate Actuary, Life

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 200.83

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-939

Amount of Each Receipt this Period  
9.71

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

Mailing Address 9 Chestnut Street

City State Zip Code  
Natick MA 01760-2818

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

Name of Employer Occupation  
Liberty Mutual Manager-Legal Info. Systems

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 642.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-20

Amount of Each Receipt this Period  
31.15

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.65
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 143
	<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

Full Name (Last, First, Middle Initial) <b>A. Debra Pooley</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 9 Fontainebleau Drive		<b>Transaction ID: 200610181436-FD-912</b>	
City <b>Hingham</b>	State <b>MA</b>	Amount of Each Receipt this Period 19.68	
Zip Code <b>02043-2907</b>		FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 408.19			

Full Name (Last, First, Middle Initial) <b>B. Joseph Poplaski</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 24 Orchard Drive		<b>Transaction ID: 200610181436-FD-1033</b>	
City <b>North Reading</b>	State <b>MA</b>	Amount of Each Receipt this Period 12.41	
Zip Code <b>01864-2436</b>		FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Liberty Mutual	Occupation Chief Actuary	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 257.53			

Full Name (Last, First, Middle Initial) <b>C. Anthony Puccio</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 77 Carriage Drive		<b>Transaction ID: 200610181436-FD-1096</b>	
City <b>Warwick</b>	State <b>RI</b>	Amount of Each Receipt this Period 20.31	
Zip Code <b>02886-0173</b>		FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Liberty Mutual	Occupation Manager-Compensation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 418.95			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	52.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 143
	<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. Richard Quinlan</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 17 Myers Farm Road		<b>Transaction ID: 200610181436-FD-1197</b>	
City State Zip Code Hingham MA 02043-3182	Amount of Each Receipt this Period 43.54		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Deputy General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 905.73		

Full Name (Last, First, Middle Initial) <b>B. Lee Rabkin</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 9 Hawthorne Place #16N		<b>Transaction ID: 200610181436-FD-11</b>	
City State Zip Code Boston MA 02114-2331	Amount of Each Receipt this Period 14.18		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Sr. Corporate Counsel, Ho		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.21		

Full Name (Last, First, Middle Initial) <b>C. David Radakovich</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 14 Bermuda Dunes Court		<b>Transaction ID: 200610181436-FD-450</b>	
City State Zip Code Frisco TX 75034-6827	Amount of Each Receipt this Period 18.46		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Division General Mgr.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 379.61		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	76.18
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 143
	<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.** Full Name (Last, First, Middle Initial)  
Thomas Ramey

Mailing Address 975 Memorial Drive  
Apt. 510

City State Zip Code  
Cambridge MA 02138-5793

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

Name of Employer Occupation  
Liberty Mutual President-Liberty Internationa

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2840.39

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-513

Amount of Each Receipt this Period  
136.54

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

Mailing Address 23550 Southwest Newland Road

City State Zip Code  
Wilsonville OR 97070-6702

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

Name of Employer Occupation  
Liberty Mutual Manager, Info. Technology

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 248.01

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-1426

Amount of Each Receipt this Period  
12.35

**C.** Full Name (Last, First, Middle Initial)  
Henry Rauch

Mailing Address 47 Russett Hill Road

City State Zip Code  
Sherborn MA 01770-1225

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

Name of Employer Occupation  
Liberty Mutual Sr. Invest Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 499.66

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-1061

Amount of Each Receipt this Period  
24.23

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	173.12
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 102 / 143
	(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"/> 15
<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) <b>A.</b> Joshua Raymond		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 8 Rhodes Circle		<b>Transaction ID:</b> 200610181436-FD-1375
City Brentwood	State NH	Zip Code 03833-6534
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.42
Name of Employer Liberty Mutual	Occupation Manager, Comml Mkt Finl Svcs.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 424.83	

Full Name (Last, First, Middle Initial) <b>B.</b> Richard Rey		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 13 Crystal Drive		<b>Transaction ID:</b> 200610181436-FD-91
City Franklin	State MA	Zip Code 02038-1565
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 11.05
Name of Employer Liberty Mutual	Occupation Regional Underwriting Mgr., Nm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 232.05	

Full Name (Last, First, Middle Initial) <b>C.</b> Maureen Riley		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 34 Dean Road		<b>Transaction ID:</b> 200610181436-FD-841
City Wayland	State MA	Zip Code 01778-5025
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.36
Name of Employer Liberty Mutual	Occupation General Manager-Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 401.73	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	50.83
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 143
	<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. Robert Ring</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2866 Kinnett Drive, Southwest		<b>Transaction ID: 200610181436-FD-1151</b>	
City Lilburn	State GA	Amount of Each Receipt this Period 24.04	
Zip Code 30047-5744			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Division Und Mgr., Property		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 502.18		

Full Name (Last, First, Middle Initial) <b>B. Daniel Rioux</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1 Coach Road		<b>Transaction ID: 200610181436-FD-200</b>	
City North Attleboro	State MA	Amount of Each Receipt this Period 17.88	
Zip Code 02760-2752			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Mgr. Liberty Energy Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.16		

Full Name (Last, First, Middle Initial) <b>C. Nancy Roberts</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 93 Walker Lane		<b>Transaction ID: 200610181436-FD-150</b>	
City Fremont	State NH	Amount of Each Receipt this Period 15.04	
Zip Code 03044-3527			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Associate Actuary, Life		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 313.81		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	56.96
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 143
	<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. Ronald Robertson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 42 Forge Road		<b>Transaction ID: 200610181436-FD-801</b>	
City State Zip Code Sharon MA 02067-2882	Amount of Each Receipt this Period 43.08		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Manager-Corp Internal Audit		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 883.12		

Full Name (Last, First, Middle Initial) <b>B. Mark Robinson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 896 McKenzie Stat Drive		<b>Transaction ID: 200610181436-FD-1199</b>	
City State Zip Code Lisle IL 60532-5810	Amount of Each Receipt this Period 9.98		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Exec. Portfolio Underwriter		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.36		

Full Name (Last, First, Middle Initial) <b>C. William Robinson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2106 Griffith Road		<b>Transaction ID: 200610181436-FD-1272</b>	
City State Zip Code Monroe NC 28112-8833	Amount of Each Receipt this Period 10.33		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.75		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	63.39
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 143
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Paul Rodliff Mailing Address 57 Angela Way City West Barnstable State MA Zip Code 02668-1200 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> 200610181436-FD-224 Amount of Each Receipt this Period 46.92
Name of Employer: Liberty Mutual Occupation: General Manager-Claims Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 974.54		

<b>B.</b> Full Name (Last, First, Middle Initial) Timothy Rose Mailing Address 46 Northgate Road City Wellesley State MA Zip Code 02481-1135 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> 200610181436-FD-451 Amount of Each Receipt this Period 27.41
Name of Employer: Liberty Mutual Occupation: President-Liberty Property Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 570.61		

<b>C.</b> Full Name (Last, First, Middle Initial) Anthony Rotondi Mailing Address 50 Country Farm Road City East Bridgewater State MA Zip Code 02333-1656 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> 200610181436-FD-472 Amount of Each Receipt this Period 15.02
Name of Employer: Liberty Mutual Occupation: Director-Partnership Group Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 310.59		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>89.35</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 / 143
	<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.</b> Richard Rotters		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 4925 Marlos Drive		<b>Transaction ID:</b> 200610181436-FD-536
City State Zip Code Marietta GA 30066-6919	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 15.12
Name of Employer Liberty Mutual	Occupation Manager-Claims Field Inv Svcs.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 314.44	

Full Name (Last, First, Middle Initial) <b>B.</b> Victor Rouse		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 10041 Bauer Road		<b>Transaction ID:</b> 200610181436-FD-725
City State Zip Code Saint Louis MO 63128-3210	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 10.65
Name of Employer Liberty Mutual	Occupation Counsel, Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.18	

Full Name (Last, First, Middle Initial) <b>C.</b> Gary Royal		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 9 Morning Glory Circle		<b>Transaction ID:</b> 200610181436-FD-1174
City State Zip Code Westford MA 01886-2056	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 15.58
Name of Employer Liberty Mutual	Occupation Division Und Mgr., Property	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.57	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	41.35
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 143
	<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.</b> Thomas Rudder		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 4 Southwest Circle		<b>Transaction ID:</b> 200610181436-FD-40	
City Sudbury	State MA	Zip Code 01776-2944	Amount of Each Receipt this Period 22.69
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation General Manager-Field Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 469.49		

Full Name (Last, First, Middle Initial) <b>B.</b> James Ruiz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 6209 West 77th Street		<b>Transaction ID:</b> 200610181436-FD-1019	
City Los Angeles	State CA	Zip Code 90045-1643	Amount of Each Receipt this Period 19.13
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Resident Attorney I, Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 397.67		

Full Name (Last, First, Middle Initial) <b>C.</b> Richard Rusch		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 7260 Southwest 164th Terrace		<b>Transaction ID:</b> 200610181436-FD-591	
City Beaverton	State OR	Zip Code 97007-6374	Amount of Each Receipt this Period 23.32
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Mgr., Lp & Audit		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 473.97		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	65.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 108 / 143
	(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"/> 15
<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) <b>A.</b> Steven Rusconi		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 111 Whipple Street		<b>Transaction ID:</b> 200610181436-FD-167	
City State Zip Code South Weymouth MA 02190-1715	Amount of Each Receipt this Period 13.43		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Sr. Corporate Counsel, Ho		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 279.16		

Full Name (Last, First, Middle Initial) <b>B.</b> Tracy Ryan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 860 East 4th Street		<b>Transaction ID:</b> 200610181436-FD-849	
City State Zip Code South Boston MA 02127-3222	Amount of Each Receipt this Period 10.82		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation G.M. - Ups Dedicated Unit		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.21		

Full Name (Last, First, Middle Initial) <b>C.</b> John Salmon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 33 Frost Drive		<b>Transaction ID:</b> 200610181436-FD-87	
City State Zip Code Durham NH 03824-3107	Amount of Each Receipt this Period 18.23		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 376.39		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	42.48
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 109 / 143</span>
	(check only one)
	<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. John Sampieri</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 30 Eleanor Street		<b>Transaction ID: 200610181436-FD-171</b>	
City State Zip Code North Dartmouth MA 02747-1921	Amount of Each Receipt this Period 9.90		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Manager-Legal Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.50		

Full Name (Last, First, Middle Initial) <b>B. Michael Samsel</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 18128 Courtney Breeze Way		<b>Transaction ID: 200610181436-FD-1178</b>	
City State Zip Code Tampa FL 33647-2288	Amount of Each Receipt this Period 11.89		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Mgr., Claim Intake Centers		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.80		

Full Name (Last, First, Middle Initial) <b>C. Diane Samuelian</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 49 Van Ness Road		<b>Transaction ID: 200610181436-FD-228</b>	
City State Zip Code Belmont MA 02478-3404	Amount of Each Receipt this Period 10.76		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Reg. Bus. Opers Analyst Pm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.93		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	32.55
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 / 143
	<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. Peter Sandberg</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 32 Dunklee Street		<b>Transaction ID: 200610181436-FD-276</b>	
City State Zip Code Concord NH 03301-3558	Amount of Each Receipt this Period 11.10		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Operations Manager, I/S		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.88		

Full Name (Last, First, Middle Initial) <b>B. Francis Sangiacomo</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2518 Daylily Court		<b>Transaction ID: 200610181436-FD-1601</b>	
City State Zip Code Westfield IN 46074-8783	Amount of Each Receipt this Period 13.10		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Mgr. li, CI Line Uw		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 274.40		

Full Name (Last, First, Middle Initial) <b>C. John Sasien</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 20 Brittany Lane		<b>Transaction ID: 200610181436-FD-27</b>	
City State Zip Code Barrington NH 03825-3737	Amount of Each Receipt this Period 13.27		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Regional Undwrtg Mgr., Cm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.07		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	37.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 143
	<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.</b> Helen E. R. Sayles		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 95 Lanes End		<b>Transaction ID:</b> 200610181436-FD-747	
City Concord	State MA	Amount of Each Receipt this Period 76.92	
Zip Code 01742-1500			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Manager-H.R. & Admin		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1595.16		

Full Name (Last, First, Middle Initial) <b>B.</b> Lisa Scannell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 24 Channel Street		<b>Transaction ID:</b> 200610181436-FD-1481	
City Hull	State MA	Amount of Each Receipt this Period 17.88	
Zip Code 02045-1006			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Manager-Communications Supp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.48		

Full Name (Last, First, Middle Initial) <b>C.</b> Jean Scarrow		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 11 Maple Avenue		<b>Transaction ID:</b> 200610181436-FD-377	
City Newton	State MA	Amount of Each Receipt this Period 36.12	
Zip Code 02458-1917			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation General Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.40		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	130.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 143
	<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. Cathleen Scerbo</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 35 Winterberry Lane		<b>Transaction ID: 200610181436-FD-990</b>	
City Stratham	State NH	Amount of Each Receipt this Period 14.78	
Zip Code 03885-2472			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Operations Manager, I/S		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.53		

Full Name (Last, First, Middle Initial) <b>B. Alan Schlemmer</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 3 Blueberry Lane		<b>Transaction ID: 200610181436-FD-632</b>	
City Londonderry	State NH	Amount of Each Receipt this Period 15.94	
Zip Code 03053-3640			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Manager-Liability, Pm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.26		

Full Name (Last, First, Middle Initial) <b>C. Alan Schlosberg</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 275 Beverly Road		<b>Transaction ID: 200610181436-FD-89</b>	
City Chestnut Hill	State MA	Amount of Each Receipt this Period 23.65	
Zip Code 02467-3158			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Product Manager, Pm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 487.76		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	54.37
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 143
	<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. Wendy Schultz</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 42 Ross Road		<b>Transaction ID: 200610181436-FD-571</b>	
City Durham	State NH	Amount of Each Receipt this Period 10.02	
Zip Code 03824-4219			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Operations Manager, I/S		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.76		

Full Name (Last, First, Middle Initial) <b>B. Peggy Scott</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 7 Cherrywood Circle		<b>Transaction ID: 200610181436-FD-791</b>	
City Andover	State MA	Amount of Each Receipt this Period 13.34	
Zip Code 01810-3285			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Mgr., Project & Planning Mgmt.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 278.46		

Full Name (Last, First, Middle Initial) <b>C. William Scott</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address PO Box 93		<b>Transaction ID: 200610181436-FD-355</b>	
City North Marshfield	State MA	Amount of Each Receipt this Period 9.87	
Zip Code 02059-0093			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Regional Underwriting Mgr., Nm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.68		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	33.23
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 143
	<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.** Full Name (Last, First, Middle Initial)  
Mark Sidney

Mailing Address 20 Cortland Drive Extension

City State Zip Code  
Sharon MA 02067

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

Name of Employer Liberty Mutual Occupation General Manager-Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 644.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-715

Amount of Each Receipt this Period  
31.00

**B.** Full Name (Last, First, Middle Initial)  
Mark Simmonds

Mailing Address 392 Dalewood Drive

City State Zip Code  
Orinda CA 94563-1216

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

Name of Employer Liberty Mutual Occupation Director, State Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 417.13

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-1553

Amount of Each Receipt this Period  
20.22

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

Mailing Address 19507 Forest Timbers Circle

City State Zip Code  
Humble TX 77346-1961

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

Name of Employer Liberty Mutual Occupation Division Und Mgr., Property

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 317.24

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-1164

Amount of Each Receipt this Period  
15.23

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	66.45
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 115 / 143
	(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"/> 15
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 130 Country Squire Drive		<b>Transaction ID:</b> 200610181436-FD-1063	
City Fayetteville State GA Zip Code 30215-2407		Amount of Each Receipt this Period 12.94	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual Occupation Senior Consultant - Cm			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 271.18	

<b>B.</b> Full Name (Last, First, Middle Initial) Jeffrey Spoor		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 3373 Cape Hatteras Drive		<b>Transaction ID:</b> 200610181436-FD-789	
City Eugene State OR Zip Code 97408-9245		Amount of Each Receipt this Period 18.65	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual Occupation Manager, Am Product			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 359.73	

<b>C.</b> Full Name (Last, First, Middle Initial) Diane St Germain		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 48 Winnipesaukee Drive		<b>Transaction ID:</b> 200610181436-FD-637	
City Wolfeboro State NH Zip Code 03894-4354		Amount of Each Receipt this Period 20.47	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual Occupation Manager-Special Projects			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 364.96	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	52.06
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 143
	<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.</b> John St Martin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 61 Jefferson Road		<b>Transaction ID:</b> 200610181436-FD-918
City State Zip Code Franklin MA 02038-3386	Amount of Each Receipt this Period 17.42	
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Mutual	Occupation Mgr., Pension & Savings Plans	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 363.02	

Full Name (Last, First, Middle Initial) <b>B.</b> Kerry Stafford		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 109 Tree Farm Road		<b>Transaction ID:</b> 200610181436-FD-948
City State Zip Code Pittsburgh PA 15238-2139	Amount of Each Receipt this Period 10.81	
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Mutual	Occupation Risktrac-Marketing Rep li	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.96	

Full Name (Last, First, Middle Initial) <b>C.</b> Mark Steinberg		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 3808 Jade Avenue		<b>Transaction ID:</b> 200610181436-FD-1147
City State Zip Code Wausau WI 54401-4911	Amount of Each Receipt this Period 22.64	
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Mutual	Occupation President-Wsa	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 471.24	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	50.87
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 143
	<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. Adele Stewart</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 10 Heaphy Lane		<b>Transaction ID:</b> 200610181436-FD-1031
City Dover	State NH	Zip Code 03820-4691
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.49
Name of Employer Liberty Mutual	Occupation Senior Business Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.21	

Full Name (Last, First, Middle Initial) <b>B. Rita Stollar</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 155 Court Street		<b>Transaction ID:</b> 200610181436-FD-5
City Exeter	State NH	Zip Code 03833-4025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.52
Name of Employer Liberty Mutual	Occupation Mgr., Business Systems Projects	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.82	

Full Name (Last, First, Middle Initial) <b>C. Judith Storm</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 142 Chandler Street Apt. 4		<b>Transaction ID:</b> 200610181436-FD-514
City Boston	State MA	Zip Code 02116-6015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.70
Name of Employer Liberty Mutual	Occupation Director, Field Service Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.48	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	38.71
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 / 143
	<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.</b> Stephen Sullivan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 20 Shady Hill Road		<b>Transaction ID:</b> 200610181436-FD-914	
City State Zip Code Newton MA 02461-1706	Amount of Each Receipt this Period 55.77		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Manager-Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1157.73		

Full Name (Last, First, Middle Initial) <b>B.</b> Candace Sutcliffe		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 77 Washburn Avenue		<b>Transaction ID:</b> 200610181436-FD-236	
City State Zip Code Wellesley MA 02481-5263	Amount of Each Receipt this Period 24.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Chief Compliance Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 497.56		

Full Name (Last, First, Middle Initial) <b>C.</b> S. Sutton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 5902 Andover Drive		<b>Transaction ID:</b> 200610181436-FD-1563	
City State Zip Code Parker TX 75002-5461	Amount of Each Receipt this Period 44.71		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Mgr., Marine, Energy & Eng, Liu		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 930.16		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	124.48
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 / 143
	<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

Full Name (Last, First, Middle Initial) <b>A. Maureen Sweeney</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 32 Madoc Street		<b>Transaction ID: 200610181436-FD-305</b>	
City State Zip Code Newton MA 02459-2331	Amount of Each Receipt this Period 21.23		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 442.61		

Full Name (Last, First, Middle Initial) <b>B. Timothy Sweeney</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 151 Beacon Street #2		<b>Transaction ID: 200610181436-FD-202</b>	
City State Zip Code Boston MA 02116-1406	Amount of Each Receipt this Period 48.46		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Manager-Personal Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 998.27		

Full Name (Last, First, Middle Initial) <b>C. Kenneth Swymer</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 58 Queens Road		<b>Transaction ID: 200610181436-FD-1270</b>	
City State Zip Code Keene NH 03431-2132	Amount of Each Receipt this Period 12.28		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Director-Technical Training		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.90		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	81.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 120 / 143</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<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) <b>A. Mark Tanguay</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2921 East Riviera Place		<b>Transaction ID: 200610181436-FD-916</b>	
City State Zip Code Chandler AZ 85249-4940	Amount of Each Receipt this Period 11.96		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Manager-Direct Response Mktg.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.66		

Full Name (Last, First, Middle Initial) <b>B. Angela Taylor</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1918 Fawn Drive		<b>Transaction ID: 200610181436-FD-1005</b>	
City State Zip Code Glenside PA 19038-7230	Amount of Each Receipt this Period 54.60		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Reg. Mgr.-Enterprise Legal Svcs.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1137.99		

Full Name (Last, First, Middle Initial) <b>C. Robert Taylor</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 31 Heritage Road		<b>Transaction ID: 200610181436-FD-884</b>	
City State Zip Code Quincy MA 02169-1844	Amount of Each Receipt this Period 11.23		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Counsel, Ho		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 232.61		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	77.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 / 143
	<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.** Full Name (Last, First, Middle Initial)  
James Thayer

Mailing Address 4 Westledge Drive

City State Zip Code  
Marblehead MA 01945-1262

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

Name of Employer Occupation  
Liberty Mutual Mgr., a/L Claims

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 252.07

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

Transaction ID: 200610181436-FD-680

Amount of Each Receipt this Period  
12.08

**B.** Full Name (Last, First, Middle Initial)  
Beatrice Thibeault

Mailing Address 774 Winona Road

City State Zip Code  
Center Harbor NH 03226-3131

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

Name of Employer Occupation  
Liberty Mutual Sr. Internal Audit Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 398.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

Transaction ID: 200610181436-FD-1066

Amount of Each Receipt this Period  
19.38

**C.** Full Name (Last, First, Middle Initial)  
David Thompson

Mailing Address 45 Camri Court

City State Zip Code  
Rindge NH 03461-5410

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

Name of Employer Occupation  
Liberty Mutual Chief Uw Officer, Am C/L

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 405.69

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

Transaction ID: 200610181436-FD-1261

Amount of Each Receipt this Period  
21.35

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	52.81
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 / 143
	<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.** Full Name (Last, First, Middle Initial)  
Robert Thompson

Mailing Address 6 Cortez Street

City Chelmsford State MA Zip Code 01824-2155

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

Name of Employer Liberty Mutual Occupation Sr. Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.14

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-1465

Amount of Each Receipt this Period  
16.67

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

Mailing Address 108 Laymens Way

City Chester Springs State PA Zip Code 19425-2721

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

Name of Employer Liberty Mutual Occupation Division General Mgr.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 541.17

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-857

Amount of Each Receipt this Period  
26.54

**C.** Full Name (Last, First, Middle Initial)  
Aimee Treece

Mailing Address 12520 Northwest Expressway

City Yukon State OK Zip Code 73099-8161

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

Name of Employer Liberty Mutual Occupation Resident Attorney I, Field

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 274.68

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** 200610181436-FD-834

Amount of Each Receipt this Period  
13.11

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	56.32
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 / 143
	<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.</b> Ronald Ulich		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address Box 1372		<b>Transaction ID:</b> 200610181436-FD-111	
City Duxbury	State MA	Amount of Each Receipt this Period 63.46	
Zip Code 02331-1372			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Manager-Private Equity		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1312.50		

Full Name (Last, First, Middle Initial) <b>B.</b> Gregory VanDam		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 322 South Shore Road		<b>Transaction ID:</b> 200610181436-FD-593	
City New Durham	State NH	Amount of Each Receipt this Period 21.34	
Zip Code 03855-2120			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation General Manager-Claims		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 446.39		

Full Name (Last, First, Middle Initial) <b>C.</b> Andrew Vanderslice		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 18 Union Road		<b>Transaction ID:</b> 200610181436-FD-1514	
City Stratham	State NH	Amount of Each Receipt this Period 12.69	
Zip Code 03885-2422			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Natl. Sales Mgr., Ind. Life I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.49		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	97.49
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 / 143
	<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.</b> Barbara VanHorn		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address PO Box 24		<b>Transaction ID:</b> 200610181436-FD-475	
City Chester Springs	State PA	Zip Code 19425-0024	Amount of Each Receipt this Period 5.04
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Regional General Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 491.52		

Full Name (Last, First, Middle Initial) <b>B.</b> Charles Wahl		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 7 Atherton Road		<b>Transaction ID:</b> 200610181436-FD-242	
City Hudson	State MA	Zip Code 01749-3725	Amount of Each Receipt this Period 22.92
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Manager Iv, Cmc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 478.66		

Full Name (Last, First, Middle Initial) <b>C.</b> Debra Waldstein		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 25 Dover Circle		<b>Transaction ID:</b> 200610181436-FD-1127	
City Franklin	State MA	Zip Code 02038-1560	Amount of Each Receipt this Period 27.23
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Manager- Employee Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 564.27		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	55.19
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 / 143
	<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. Bonnie Ward</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 27 Blackford Drive		<b>Transaction ID: 200610181436-FD-1048</b>	
City Exeter	State NH	Zip Code 03833-4599	Amount of Each Receipt this Period 38.08
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Mgr.-Telecommunication Svcs.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 792.96		

Full Name (Last, First, Middle Initial) <b>B. David Ware</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 13 Buckingham Drive		<b>Transaction ID: 200610181436-FD-702</b>	
City Londonderry	State NH	Zip Code 03053-2312	Amount of Each Receipt this Period 22.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation General Manager-Loss Prev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.36		

Full Name (Last, First, Middle Initial) <b>C. Matt Warye</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 8278 Keeneland Court		<b>Transaction ID: 200610181436-FD-1413</b>	
City Maineville	State OH	Zip Code 45039-9154	Amount of Each Receipt this Period 18.15
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Regional Mgr. Ii		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 379.54		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	78.23
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 / 143		
	<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

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

Full Name (Last, First, Middle Initial) <b>A.</b> John Watkins		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 9 Blueberry Lane		<b>Transaction ID:</b> 200610181436-FD-1198	
City State Zip Code Sterling MA 01564-2143	Amount of Each Receipt this Period 10.69		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Counsel, Ho		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.82		

Full Name (Last, First, Middle Initial) <b>B.</b> Stanley Watson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 4 Meadowview Road		<b>Transaction ID:</b> 200610181436-FD-46	
City State Zip Code Georgetown MA 01833-1141	Amount of Each Receipt this Period 17.76		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Dir., Business Systems Projects		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 369.18		

Full Name (Last, First, Middle Initial) <b>C.</b> Michael Weaver		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 11156 Desert Glen Drive		<b>Transaction ID:</b> 200610181436-FD-1342	
City State Zip Code Fishers IN 46037-8296	Amount of Each Receipt this Period 22.18		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Project Manager li		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.78		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	50.63
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 / 143
	<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. Robbie Weber</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 12065 Quarry Court		<b>Transaction ID: 200610181436-FD-597</b>	
City State Zip Code Fishers IN 46037-3926	Amount of Each Receipt this Period 15.53		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Regional Claims Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.91		

Full Name (Last, First, Middle Initial) <b>B. Steven Weiss</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 3007 Norris		<b>Transaction ID: 200610181436-FD-1594</b>	
City State Zip Code Houston TX 77025-3829	Amount of Each Receipt this Period 10.85		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Mgr. Spe Mar & Offshr Ener, Liu		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.66		

Full Name (Last, First, Middle Initial) <b>C. Grahame Wells</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 110 Bird Street		<b>Transaction ID: 200610181436-FD-147</b>	
City State Zip Code Needham MA 02492-4334	Amount of Each Receipt this Period 11.09		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Counsel, Ho		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.67		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	37.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 / 143
	<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. James Wells</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 12338 Rockledge Circle		<b>Transaction ID: 200610181436-FD-1088</b>	
City State Zip Code Boca Raton FL 33428-4812	Amount of Each Receipt this Period 15.64		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Regional General Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.44		

Full Name (Last, First, Middle Initial) <b>B. Edward White</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 8724 Nellie Lane		<b>Transaction ID: 200610181436-FD-1287</b>	
City State Zip Code Waxhaw NC 28173-7944	Amount of Each Receipt this Period 11.54		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Manager Iii, Territory, Am		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34		

Full Name (Last, First, Middle Initial) <b>C. E. Janney Wilson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 25 Tennyson Road		<b>Transaction ID: 200610181436-FD-944</b>	
City State Zip Code Wellesley MA 02481-5231	Amount of Each Receipt this Period 26.17		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Division General Mgr.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 541.24		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	53.35
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 / 143
	<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.</b> Margaret Wilson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 10 Nehemiah Road		<b>Transaction ID:</b> 200610181436-FD-1527	
City State Zip Code Shirley MA 01464-2326	Amount of Each Receipt this Period 16.38		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Chief Examiner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.41		

Full Name (Last, First, Middle Initial) <b>B.</b> Dianne Winslow		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 438 Randolph Street		<b>Transaction ID:</b> 200610181436-FD-1188	
City State Zip Code Abington MA 02351-1170	Amount of Each Receipt this Period 10.76		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Legal Office Manager li		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.60		

Full Name (Last, First, Middle Initial) <b>C.</b> Christopher Wood		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 10068 Royal Eagle Lane		<b>Transaction ID:</b> 200610181436-FD-1074	
City State Zip Code Highlands Ranch CO 80129-5655	Amount of Each Receipt this Period 11.01		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Liberty Mutual	Occupation Financial Officer I Am		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.24		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	38.15
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 / 143
	<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. Douglas Wood</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 10 Strawberry Lane		<b>Transaction ID: 200610181436-FD-994</b>	
City State Zip Code Stratham NH 03885-2470	Amount of Each Receipt this Period 20.77		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Chief Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 428.12		

Full Name (Last, First, Middle Initial) <b>B. Mark Woodford</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 24 Town Street		<b>Transaction ID: 200610181436-FD-1115</b>	
City State Zip Code Braintree MA 02184-5308	Amount of Each Receipt this Period 25.96		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Mgr. Infrastructure Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.50		

Full Name (Last, First, Middle Initial) <b>C. Mark Wright</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 9 Wadsworth Farm Road		<b>Transaction ID: 200610181436-FD-293</b>	
City State Zip Code Franklin MA 02038-3229	Amount of Each Receipt this Period 39.23		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Director-Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 811.72		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	85.96
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 / 143
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Laurance Yahia		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 11 Massachusetts Avenue		<b>Transaction ID:</b> 200610181436-FD-210	
City State Zip Code Harvard MA 01451-1638		Amount of Each Receipt this Period 69.23	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Liberty Mutual Treasurer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1413.44	

<b>B.</b> Full Name (Last, First, Middle Initial) D. Gul Yanmaz Karsligil		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 220 Powderhouse Boulevard		<b>Transaction ID:</b> 200610181436-FD-1095	
City State Zip Code Somerville MA 02144-1531		Amount of Each Receipt this Period 22.96	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Liberty Mutual Sr. Invest Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 402.38	

<b>C.</b> Full Name (Last, First, Middle Initial) Dean Yingling		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 556 Oakwood Drive		<b>Transaction ID:</b> 200610181436-FD-722	
City State Zip Code Fenton MO 63026-3531		Amount of Each Receipt this Period 23.17	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Liberty Mutual Account Executive I			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 479.22	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	115.36
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 / 143
	<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.</b> Joanna Young		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 9 Strout Lane		Transaction ID: 200610181436-FD-25	
City Durham	State NH	Zip Code 03824-3206	Amount of Each Receipt this Period 22.27
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Manager-Desktop Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 457.94		

Full Name (Last, First, Middle Initial) <b>B.</b> Helena Yuhas		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 63 East 9th Street Apt. 9H		Transaction ID: 200610181436-FD-388	
City New York	State NY	Zip Code 10003-6334	Amount of Each Receipt this Period 11.48
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Sr. Trial Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.08		

Full Name (Last, First, Middle Initial) <b>C.</b> Steven Zagoren		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 51 Castle Drive		Transaction ID: 200610181436-FD-1056	
City Sharon	State MA	Zip Code 02067-2444	Amount of Each Receipt this Period 13.85
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Assistant Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.07		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	47.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 133 / 143	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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.** Full Name (Last, First, Middle Initial)  
James Zurawski

Mailing Address 189 Admiral Way

City	State	Zip Code
Costa Mesa	CA	92627-1397

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

Name of Employer Liberty Mutual	Occupation Resident Attorney I, Field
------------------------------------	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
413.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	0	6

**Transaction ID:** 200610181436-FD-1014

Amount of Each Receipt this Period

19.90
-------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	19.90
<b>TOTAL</b> This Period (last page this line number only) .....	▶	9178.51

# 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)

PAGE 134 / 143

<input type="checkbox"/> 21b	<input checked="" 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 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. Liberty Mutual Insurance Company - IL - State PAC</b>		<b>Transaction ID:</b> 64198-38372004032135 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	7		2	0	0	6														
Mailing Address 175 Berkeley Street		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="4" style="text-align: right;">1500.00</td> </tr> </table>		1500.00																			
1500.00																							
City Boston State MA Zip Code 02117	Purpose of Disbursement Transfer to nonallocating state PAC	Category/ Type <table border="1"> <tr> <td style="text-align: center;">008</td> </tr> </table>		008																			
008																							
Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:           District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1500.00</b>

# 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)

PAGE 135 / 143

<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. Ameripac: the Fund for a Greater America</b>		<b>Transaction ID:</b> 59558-9910547137260 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 499 S. Capitol St. SW #414		Amount of Each Disbursement this Period 4000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement 2006 Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Back America's Conservatives Pac (BAC PAC)</b>		<b>Transaction ID:</b> 59558-6302301287651 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 1251 Dartmouth Court		Amount of Each Disbursement this Period 3000.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement 2006 Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Barney Frank for Congress Committee</b>		<b>Transaction ID:</b> 59558-6504175066948 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address PO Box 260		Amount of Each Disbursement this Period 5000.00
City Newtonville State MA Zip Code 02460	Purpose of Disbursement 2006 General Contribution Candidate Name Barney Frank Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

**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)

PAGE 136 / 143

<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. Cannon for Congress</b>		<b>Transaction ID:</b> 59558-9882318377494 <b>Date of Disbursement</b> 10 / 17 / 2006
Mailing Address 190 West 800 North Suite 100		Amount of Each Disbursement this Period 2500.00
City Provo State UT Zip Code 84601	011 Category/ Type	
Purpose of Disbursement 2006 General Contribution		
Candidate Name Christopher Cannon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Citizens for Bunning</b>		<b>Transaction ID:</b> 39545-7010919451713 <b>Date of Disbursement</b> 10 / 16 / 2006
Mailing Address 1717 Dixie Highway Suite 180		Amount of Each Disbursement this Period 1500.00
City Fort Wright State KY Zip Code 41011	011 Category/ Type	
Purpose of Disbursement Resignation of 8/23/06 contribution		
Candidate Name Jim Bunning		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Citizens for Bunning</b>		<b>Transaction ID:</b> 37578-0598565936088 <b>Date of Disbursement</b> 10 / 16 / 2006
Mailing Address 1717 Dixie Highway Suite 180		Amount of Each Disbursement this Period -1500.00
City Fort Wright State KY Zip Code 41011	011 Category/ Type	
Purpose of Disbursement Originally reported on Sept. monthly		
Candidate Name Jim Bunning		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

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

2500.00

**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)

PAGE 137 / 143

<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. Committee To Re-Elect Bobby Jindal</b>		<b>Transaction ID:</b> 37578-8014184832573 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address PO Box 8628		Amount of Each Disbursement this Period -1000.00  <b>[MEMO ITEM]</b>
City Metairie State LA Zip Code 70011		
Purpose of Disbursement Originally reported on Sept. monthly Candidate Name Bobby Jindal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Committee To Re-Elect Bobby Jindal</b>		<b>Transaction ID:</b> 80861-3707696795463 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address PO Box 8628		Amount of Each Disbursement this Period 1000.00  <b>[MEMO ITEM]</b>
City Metairie State LA Zip Code 70011		
Purpose of Disbursement Redesignation of 8/23/06 contribution Candidate Name Bobby Jindal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Daniel Webster Pac</b>		<b>Transaction ID:</b> 67521-7381555438041 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address PO Box 519		Amount of Each Disbursement this Period 2500.00
City Rye State NH Zip Code 03870		
Purpose of Disbursement 2006 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<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)

PAGE 138 / 143

<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. Democratic Party of Wisconsin Federal Account</b>		<b>Transaction ID:</b> 60258-0911676287651 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 222 W. Washington Avenue Suite 150		Amount of Each Disbursement this Period 1000.00
City Madison State WI Zip Code 53703	Purpose of Disbursement 2006 Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Dreier for Congress Committee</b>		<b>Transaction ID:</b> 59558-9594690203666 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address PO Box 505		Amount of Each Disbursement this Period 1500.00
City Upland State CA Zip Code 91785	Purpose of Disbursement 2006 General Contribution Candidate Name David Dreier Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Mike Sodrel</b>		<b>Transaction ID:</b> 59558-4799920916557 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 702 North Shore Drive Suite 500		Amount of Each Disbursement this Period 3000.00
City Jeffersonville State IN Zip Code 47130	Purpose of Disbursement 2006 General Contribution Candidate Name Michael Sodrel Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<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)

PAGE 139 / 143

<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. Growth and Prosperity Political Action Committee</b>		<b>Transaction ID:</b> 59558-3365289568901 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 1200 Trinity Drive Suite 300		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement 2006 Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:

Full Name (Last, First, Middle Initial) <b>B. Heather Wilson for Congress</b>		<b>Transaction ID:</b> 59558-5349542498588 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address PO Box 14070		Amount of Each Disbursement this Period 2500.00
City Albuquerque State NM Zip Code 87191	Purpose of Disbursement 2006 General Contribution Candidate Name Heather Wilson Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: NM District: 01

Full Name (Last, First, Middle Initial) <b>C. Kean for Congress</b>		<b>Transaction ID:</b> 59558-3957788348197 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address C/O Gravino, PO Box 225 PO Box 225		Amount of Each Disbursement this Period 5000.00
City Colonia State NJ Zip Code 07067	Purpose of Disbursement 2006 General Contribution Candidate Name Thomas Kean Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: NJ District: 07

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9500.00
<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)

PAGE 140 / 143

<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. Mark Green for Congress</b>		Transaction ID: 42212-7167932391166	
Mailing Address PO Box 12571		Date of Disbursement 10 / 10 / 2006	
City Green Bay	State WI	Zip Code 54307	Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement Refund 2006 General Contribution		011 Category/ Type	
Candidate Name Mark Green			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WI District: 08			

Full Name (Last, First, Middle Initial) <b>B. Matheson for Congress</b>		Transaction ID: 62083-4143487811088	
Mailing Address PO Box 521048 Suite A		Date of Disbursement 10 / 17 / 2006	
City Salt Lake City	State UT	Zip Code 84152	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement 2006 General Contribution		011 Category/ Type	
Candidate Name Jim Matheson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: UT District: 02			

Full Name (Last, First, Middle Initial) <b>C. Mike Dewine for Us Senate</b>		Transaction ID: 59558-0676538348197	
Mailing Address PO Box 340188		Date of Disbursement 10 / 17 / 2006	
City Columbus	State OH	Zip Code 43234	Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement 2006 General Contribution		011 Category/ Type	
Candidate Name Mike DeWine			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5500.00</b>
<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)

PAGE 141 / 143

<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. Pryce for Congress</b>		<b>Transaction ID:</b> 59558-5988733172416 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 2500.00
City Columbus State OH Zip Code 43215		
Purpose of Disbursement 2006 General Contribution	011 Category/ Type	
Candidate Name Deborah Pryce		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Rodney Alexander for Congress Inc.</b>		<b>Transaction ID:</b> 37578-3902856707572 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address PO Box 367 319 Nancy Road		Amount of Each Disbursement this Period -1000.00
City Quitman State LA Zip Code 71268		
Purpose of Disbursement Originally reported on Sept. monthly	011 Category/ Type	
Candidate Name Rodney Alexander		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Rodney Alexander for Congress Inc.</b>		<b>Transaction ID:</b> 40953-3149835467338 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address PO Box 367 319 Nancy Road		Amount of Each Disbursement this Period 1000.00
City Quitman State LA Zip Code 71268		
Purpose of Disbursement Redesignation of 8/23/06 contribution	011 Category/ Type	
Candidate Name Rodney Alexander		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<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)

PAGE 142 / 143

<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. Simmons for Congress</b>		<b>Transaction ID:</b> 59558-3090783953666 <b>Date of Disbursement</b> 10 / 17 / 2006
Mailing Address PO Box 268 Drawer 271		Amount of Each Disbursement this Period 5000.00
City Stonington State CT Zip Code 06378	011 Category/ Type	
Purpose of Disbursement 2006 General Contribution Candidate Name Rob Simmons		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Steele for Maryland Inc</b>		<b>Transaction ID:</b> 59558-7306787371635 <b>Date of Disbursement</b> 10 / 17 / 2006
Mailing Address 1350 Dorsey Road Building A Ste. A		Amount of Each Disbursement this Period 2500.00
City Hanover State MD Zip Code 21076	011 Category/ Type	
Purpose of Disbursement 2006 General Contribution Candidate Name Michael Steele		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Team Sununu</b>		<b>Transaction ID:</b> 42212-9951288104057 <b>Date of Disbursement</b> 10 / 02 / 2006
Mailing Address PO Box 500		Amount of Each Disbursement this Period -2500.00
City Rye State NH Zip Code 03870	011 Category/ Type	
Purpose of Disbursement Refund 2008 Primary Contribution Candidate Name John Sununu		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	45000.00

**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)

PAGE 143 / 143

<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

<p><b>A.</b> Citizens for Kevin Bacon</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 5325 Ponderosa Drive</p> <p>City Columbus State OH Zip Code 43231</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p><b>Transaction ID:</b> 60258-4131128191947 <b>Date of Disbursement</b> 10 / 17 / 2006</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b> Montgomery for Attorney General</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 193 E. Rich St</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p><b>Transaction ID:</b> 60258-8349115252494 <b>Date of Disbursement</b> 10 / 17 / 2006</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

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

3000.00

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

3000.00