

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Liberty Mutual Insurance Company - PAC

ADDRESS (number and street)

175 Berkeley Street

☐Check if different  
than previously  
reported. (ACC)

Boston

MA

02117

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00171843

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

☐☐☐in the  
State of☐(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the  
State of☐

5. Covering Period

08

01

2006

through

08

31

2006

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

Type or Print Name of Treasurer

Laurance Yahia

Signature of Treasurer

Electronically Filed by Laurance Yahia

Date

10

22

2007

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Liberty Mutual Insurance Company - PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		315531.51
(b) Cash on Hand at Beginning of Reporting Period .....	234431.44	
(c) Total Receipts (from Line 19) .....	29020.89	247638.26
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	263452.33	563169.77
7. Total Disbursements (from Line 31) .....	120500.00	420217.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	142952.33	142952.33
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Liberty Mutual Insurance Company - PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	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	16898.34	88410.83
(i) Itemized (use Schedule A) .....	11774.44	155633.52
(ii) Unitemized .....	28672.78	244044.35
(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) ..... ➤	28672.78	244044.35
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.) .....	348.11	3593.91
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)) .....	29020.89	247638.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	29020.89	247638.26

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) 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.....		10000.00	21125.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		110500.00	389000.00
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.....		0.00	7400.00
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))..		120500.00	420217.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		120500.00	420217.44

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	28672.78	244044.35
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	917.19
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28672.78	243127.16
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: PAGE 6 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

A. Full Name (Last, First, Middle Initial)

William Adams

Mailing Address 12 Capitol Circle

City State Zip Code  
 Rochester NH 03867-4335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Technologist, Sys.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.46

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85971

Amount of Each Receipt this Period

12.33

B. Full Name (Last, First, Middle Initial)

Barry Adamson

Mailing Address 49 Trail Edge Circle

City State Zip Code  
 Powell OH 43065-9464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Division Underwriting Mgr., Cm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.60

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83819

Amount of Each Receipt this Period

15.46

C. Full Name (Last, First, Middle Initial)

Barry Adamson

Mailing Address 49 Trail Edge Circle

City State Zip Code  
 Powell OH 43065-9464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Division Underwriting Mgr., Cm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.60

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85458

Amount of Each Receipt this Period

15.46

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

43.25

TOTAL 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 7 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Kristen Albright Mailing Address 77 Freeman Road City State Zip Code Charlton MA 01507-1374 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 353.33			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84217 Amount of Each Receipt this Period 21.35
<b>B.</b> Full Name (Last, First, Middle Initial) Kristen Albright Mailing Address 77 Freeman Road City State Zip Code Charlton MA 01507-1374 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 353.33			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85856 Amount of Each Receipt this Period 21.35
<b>C.</b> Full Name (Last, First, Middle Initial) Gregory Allard Mailing Address 77 Hollow Road City State Zip Code Stony Brook NY 11790-1833 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation General Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 832.33			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83708 Amount of Each Receipt this Period 49.85

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

**92.55**

**TOTAL** 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 8 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

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

Gregory Allard

Mailing Address 77 Hollow Road

City State Zip Code  
 Stony Brook NY 11790-1833

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
General Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.33

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85347

Amount of Each Receipt this Period

49.85

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

Marilyn Anaya

Mailing Address 833 Noble Avenue  
 Apt. A

City State Zip Code  
 Bronx NY 10473-4107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Lead Accountant-Liu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.02

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84954

Amount of Each Receipt this Period

14.14

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

Marilyn Anaya

Mailing Address 833 Noble Avenue  
 Apt. A

City State Zip Code  
 Bronx NY 10473-4107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Lead Accountant-Liu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.02

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86593

Amount of Each Receipt this Period

14.14

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

78.13

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

**A.** Full Name (Last, First, Middle Initial)  
Douglas Anderson  
Mailing Address 311 Calloway Court

City State Zip Code  
 Poplar Grove Towns IL 61065-7800

FEC ID number of contributing federal political committee.

C

Name of Employer  
Liberty MutualOccupation  
Regional Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.10

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84041

Amount of Each Receipt this Period

15.81

**B.** Full Name (Last, First, Middle Initial)  
Douglas Anderson  
Mailing Address 311 Calloway Court

City State Zip Code  
 Poplar Grove Towns IL 61065-7800

FEC ID number of contributing federal political committee.

C

Name of Employer  
Liberty MutualOccupation  
Regional Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.10

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85680

Amount of Each Receipt this Period

15.81

**C.** Full Name (Last, First, Middle Initial)  
Jennifer Anderson  
Mailing Address 56 Linden Lane

City State Zip Code  
 Hanover MA 02339-3301

FEC ID number of contributing federal political committee.

C

Name of Employer  
Liberty MutualOccupation  
Sr. Mktg. Comm Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83616

Amount of Each Receipt this Period

15.95

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

47.57

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. Jennifer Anderson

Mailing Address 56 Linden Lane

City State Zip Code  
Hanover MA 02339-3301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Sr. Mktg. Comm Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85255

Amount of Each Receipt this Period

15.95

Full Name (Last, First, Middle Initial)

B. Mark Anderson

Mailing Address 1405 Blackstone Place

City State Zip Code  
Loveland OH 45140-5835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Field Claims Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.65

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84728

Amount of Each Receipt this Period

12.89

Full Name (Last, First, Middle Initial)

C. Mark Anderson

Mailing Address 1405 Blackstone Place

City State Zip Code  
Loveland OH 45140-5835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Field Claims Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.65

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86367

Amount of Each Receipt this Period

12.89

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

41.73

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. Jack Armstrong

Mailing Address 116 Sherwood Drive

City State Zip Code  
 North Andover MA 01845-3254

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 ▼

361.69

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84275

Amount of Each Receipt this Period

21.63

Full Name (Last, First, Middle Initial)

B. Jack Armstrong

Mailing Address 116 Sherwood Drive

City State Zip Code  
 North Andover MA 01845-3254

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 ▼

361.69

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85914

Amount of Each Receipt this Period

21.63

Full Name (Last, First, Middle Initial)

C. Judith Arnost

Mailing Address 29 Paddock Lane

City State Zip Code  
 North Andover MA 01845-6311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr. Compliance Assess & Rptg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.18

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84240

Amount of Each Receipt this Period

20.11

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

63.37

TOTAL 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 12 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

**A.** Judith Arnost

Mailing Address 29 Paddock Lane

City State Zip Code  
 North Andover MA 01845-6311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Mgr. Compliance Assess & Rptg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.18

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85879

Amount of Each Receipt this Period

20.11

Full Name (Last, First, Middle Initial)

**B.** Daniel Azrin

Mailing Address 20 Webster Street  
 Unit 403

City State Zip Code  
 Brookline MA 02446-4998

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Sr. Invest Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.03

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84380

Amount of Each Receipt this Period

16.62

Full Name (Last, First, Middle Initial)

**C.** Daniel Azrin

Mailing Address 20 Webster Street  
 Unit 403

City State Zip Code  
 Brookline MA 02446-4998

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Sr. Invest Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.03

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86019

Amount of Each Receipt this Period

16.62

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

53.35

**TOTAL** 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 13 / 216

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Daniel Baker		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 18 Laurel Heights		<b>Transaction ID:</b> 080706-FED-84669
City Fitzwilliam	State NH	
Zip Code 03447-3371		Amount of Each Receipt this Period 17.13
FEC ID number of contributing federal political committee. C		
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 ▼ 284.63	

<b>B.</b> Full Name (Last, First, Middle Initial) Daniel Baker		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 18 Laurel Heights		<b>Transaction ID:</b> 082206-FED-86308
City Fitzwilliam	State NH	
Zip Code 03447-3371		Amount of Each Receipt this Period 17.13
FEC ID number of contributing federal political committee. C		
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 ▼ 284.63	

<b>C.</b> Full Name (Last, First, Middle Initial) Stephen Batza		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 53 Gale Road		<b>Transaction ID:</b> 080706-FED-84387
City Hampton	State NH	
Zip Code 03842-1013		Amount of Each Receipt this Period 45.69
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Mutual	Occupation C.O.O. & Manager-Individual Life	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 763.85	

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

79.95

**TOTAL** 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 14 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

A. 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  
Liberty Mutual

Occupation  
C.O.O. & Manager-Individual Life

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

763.85

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86026

Amount of Each Receipt this Period

45.69

B. Full Name (Last, First, Middle Initial)

Larry Becker

Mailing Address 13735 Northwest Bridle Lane

City State Zip Code  
Portland OR 97229-3602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr., P&C Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.95

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84825

Amount of Each Receipt this Period

35.69

C. Full Name (Last, First, Middle Initial)

Larry Becker

Mailing Address 13735 Northwest Bridle Lane

City State Zip Code  
Portland OR 97229-3602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr., P&C Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.95

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86464

Amount of Each Receipt this Period

35.69

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

117.07

TOTAL 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 15 / 216

(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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Douglas Bennett Mailing Address 2525 North Nelson Street City State Zip Code Arlington VA 22207-5029 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 ▼ 1844.17		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84977 Amount of Each Receipt this Period 115.38
<b>B.</b> Full Name (Last, First, Middle Initial) Douglas Bennett Mailing Address 2525 North Nelson Street City State Zip Code Arlington VA 22207-5029 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 ▼ 1844.17		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86616 Amount of Each Receipt this Period 115.38
<b>C.</b> Full Name (Last, First, Middle Initial) Melvyn Berger Mailing Address 251 Mill Street City State Zip Code Newton MA 02460-2438 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 294.12		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84766 Amount of Each Receipt this Period 17.54
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		248.30
<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 16 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

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

Melvyn Berger

Mailing Address 251 Mill Street

City State Zip Code  
 Newton MA 02460-2438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Sbu Marketing Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.12

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86405

Amount of Each Receipt this Period

17.54

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

David Berube

Mailing Address 17 Arrowwood Drive

City State Zip Code  
 Cromwell CT 06416-1201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Regional Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.04

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84967

Amount of Each Receipt this Period

20.77

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

David Berube

Mailing Address 17 Arrowwood Drive

City State Zip Code  
 Cromwell CT 06416-1201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Regional Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.04

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86606

Amount of Each Receipt this Period

20.77

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

59.08

**TOTAL** 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 17 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

A. Full Name (Last, First, Middle Initial)

Peter Birkey

Mailing Address 42 Serenade Park

City State Zip Code  
 North Easton MA 02356-2758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Risk Mgmt. Lib Int & Pe

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

969.95

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84978

Amount of Each Receipt this Period

57.69

B. Full Name (Last, First, Middle Initial)

Peter Birkey

Mailing Address 42 Serenade Park

City State Zip Code  
 North Easton MA 02356-2758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Risk Mgmt. Lib Int & Pe

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

969.95

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86617

Amount of Each Receipt this Period

57.69

C. Full Name (Last, First, Middle Initial)

Robert Birtel

Mailing Address 4501 Orleans Boulevard

City State Zip Code  
 New Orleans LA 70121-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Regional General Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.20

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84953

Amount of Each Receipt this Period

24.69

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

140.07

TOTAL 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 18 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Birtel Mailing Address 4501 Orleans Boulevard City State Zip Code New Orleans LA 70121-1223 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Regional General Attorney Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 407.20			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86592 Amount of Each Receipt this Period 24.69	
<b>B.</b> Full Name (Last, First, Middle Initial) Joseph Black Mailing Address 11 Old Nourse Street City State Zip Code Westborough MA 01581-3554 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Resident Attorney I, Field Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 242.60			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83496 Amount of Each Receipt this Period 14.32	
<b>C.</b> Full Name (Last, First, Middle Initial) Joseph Black Mailing Address 11 Old Nourse Street City State Zip Code Westborough MA 01581-3554 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Resident Attorney I, Field Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 242.60			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85135 Amount of Each Receipt this Period 14.32	

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

**53.33**

**TOTAL** 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 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Blauvelt Mailing Address 52 Whittier Road City State Zip Code Needham MA 02492-4532 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 831.76			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83808 Amount of Each Receipt this Period 49.52
<b>B.</b> Full Name (Last, First, Middle Initial) Robert Blauvelt Mailing Address 52 Whittier Road City State Zip Code Needham MA 02492-4532 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 831.76			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85447 Amount of Each Receipt this Period 49.52
<b>C.</b> Full Name (Last, First, Middle Initial) Denise Block Mailing Address 16 Appleway City State Zip Code Stratham NH 03885-2503 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 ▼ 208.06			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85545 Amount of Each Receipt this Period 12.73
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			111.77
<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 20 / 216

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Blomberg Mailing Address 31 Wanders Drive City Hingham State MA Zip Code 02043-3456 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 398.30		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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-83670 Amount of Each Receipt this Period <table border="1"> <tr> <td>23.59</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6	23.59
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	4		2	0	0	6														
23.59																							
<b>B.</b> Full Name (Last, First, Middle Initial) Robert Blomberg Mailing Address 31 Wanders Drive City Hingham State MA Zip Code 02043-3456 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 398.30		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>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 082206-FED-85309 Amount of Each Receipt this Period <table border="1"> <tr> <td>23.59</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	6	23.59
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	8		2	0	0	6														
23.59																							
<b>C.</b> Full Name (Last, First, Middle Initial) Warren Boise Mailing Address 75 Mann's Drive City Hanover State MA Zip Code 02339-1559 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 294.27		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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-84909 Amount of Each Receipt this Period <table border="1"> <tr> <td>17.31</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6	17.31
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	4		2	0	0	6														
17.31																							
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		<table border="1"> <tr> <td>64.49</td> </tr> </table>	64.49																				
64.49																							
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		<table border="1"> <tr> <td></td> </tr> </table>																					

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

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

FOR LINE NUMBER: PAGE 21 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

A. Full Name (Last, First, Middle Initial)

Warren Boise

Mailing Address 75 Mann's Drive

City State Zip Code  
Hanover MA 02339-1559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Senior Tax Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.27

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86548

Amount of Each Receipt this Period

17.31

B. Full Name (Last, First, Middle Initial)

Richard Bouchard

Mailing Address 11628 Parks Farm Lane

City State Zip Code  
Charlotte NC 28277-5608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Field Claims Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.35

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84659

Amount of Each Receipt this Period

16.66

C. Full Name (Last, First, Middle Initial)

Richard Bouchard

Mailing Address 11628 Parks Farm Lane

City State Zip Code  
Charlotte NC 28277-5608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Field Claims Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.35

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86298

Amount of Each Receipt this Period

16.66

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

50.63

**TOTAL** 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 22 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

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

Dwight Bowie

Mailing Address PO Box 1076

City State Zip Code  
 Keene NH 03431-1076

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Pres. & C.E.O., Peerless

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.09

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84691

Amount of Each Receipt this Period

29.42

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

Dwight Bowie

Mailing Address PO Box 1076

City State Zip Code  
 Keene NH 03431-1076

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Pres. & C.E.O., Peerless

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.09

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86330

Amount of Each Receipt this Period

29.42

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

Elaine Brady

Mailing Address 17 Heritage Lane

City State Zip Code  
 Lynnfield MA 01940-2506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Sr. Corporate Counsel, Ho

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.53

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-86334

Amount of Each Receipt this Period

14.27

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

73.11

**TOTAL** 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 23 / 216

(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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Elaine Brady Mailing Address 17 Heritage Lane City Lynnfield State MA Zip Code 01940-2506 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 ▼ 231.53			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85273 Amount of Each Receipt this Period 14.27
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Brewer Mailing Address 12012 Pine Top Street City Parker State CO Zip Code 80138-8694 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 ▼ 256.77			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84689 Amount of Each Receipt this Period 15.66
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Brewer Mailing Address 12012 Pine Top Street City Parker State CO Zip Code 80138-8694 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 ▼ 256.77			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86328 Amount of Each Receipt this Period 15.66
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			45.59
<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 24 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

A. Full Name (Last, First, Middle Initial)

Carl Brigada

Mailing Address 205 Fw Hartford Drive

City State Zip Code  
 Portsmouth NH 03801-5888

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Managing Consultant, Environ.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83561

Amount of Each Receipt this Period

14.30

B. Full Name (Last, First, Middle Initial)

Carl Brigada

Mailing Address 205 Fw Hartford Drive

City State Zip Code  
 Portsmouth NH 03801-5888

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Managing Consultant, Environ.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85200

Amount of Each Receipt this Period

14.30

C. Full Name (Last, First, Middle Initial)

J. Eric Brosius

Mailing Address PO Box 532

City State Zip Code  
 Needham Heights MA 02494-0011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager-Domestic Reinsurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.70

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83897

Amount of Each Receipt this Period

24.08

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

52.68

TOTAL 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 25 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. J. Eric Brosius

Mailing Address PO Box 532

City

Needham Heights

State

MA

Zip Code

02494-0011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Manager-Domestic Reinsurance

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

399.70

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85536

Amount of Each Receipt this Period

24.08

Full Name (Last, First, Middle Initial)

B. David Buonviri

Mailing Address 27005 Northeast 194th Avenue

City

Battle Ground

State

WA

Zip Code

98604-6939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

President, Cascade

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

331.78

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83919

Amount of Each Receipt this Period

19.85

Full Name (Last, First, Middle Initial)

C. David Buonviri

Mailing Address 27005 Northeast 194th Avenue

City

Battle Ground

State

WA

Zip Code

98604-6939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

President, Cascade

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

331.78

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85558

Amount of Each Receipt this Period

19.85

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

63.78

TOTAL 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 26 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Thomas Burke Mailing Address 19 Lee Road City Somers State NY Zip Code 10589-2603 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 ▼ 322.74		Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-83740 Amount of Each Receipt this Period 19.10
<b>B.</b> Full Name (Last, First, Middle Initial) Thomas Burke Mailing Address 19 Lee Road City Somers State NY Zip Code 10589-2603 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 ▼ 322.74		Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-85379 Amount of Each Receipt this Period 19.10
<b>C.</b> Full Name (Last, First, Middle Initial) Mark Butler Mailing Address 1N230 Partridge Drive City Wheaton State IL Zip Code 60188-4528 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 ▼ 721.94		Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-84130 Amount of Each Receipt this Period 42.85
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		81.05
<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: PAGE 27 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

**A.** Full Name (Last, First, Middle Initial)  
Mark Butler  
Mailing Address 1N230 Partridge Drive

City State Zip Code  
Wheaton IL 60188-4528

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
General Manager, Field Ops, Nm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

721.94

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85769

Amount of Each Receipt this Period

42.85

**B.** Full Name (Last, First, Middle Initial)  
David Carey  
Mailing Address 5105 Redfield Road

City State Zip Code  
Doylestown PA 18901-6106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
C.O.O., Liberty Mutual Surety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.56

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83672

Amount of Each Receipt this Period

22.02

**C.** Full Name (Last, First, Middle Initial)  
David Carey  
Mailing Address 5105 Redfield Road

City State Zip Code  
Doylestown PA 18901-6106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
C.O.O., Liberty Mutual Surety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.56

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85311

Amount of Each Receipt this Period

22.02

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

86.89

**TOTAL** 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 28 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Deborah Carrow Mailing Address 42 Normandy Road City Lexington State MA Zip Code 02421-7828 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 739.36			Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-83748 Amount of Each Receipt this Period 44.13
<b>B.</b> Full Name (Last, First, Middle Initial) Deborah Carrow Mailing Address 42 Normandy Road City Lexington State MA Zip Code 02421-7828 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 739.36			Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-85387 Amount of Each Receipt this Period 44.13
<b>C.</b> Full Name (Last, First, Middle Initial) Kevin Carson Mailing Address 2 Drinkwater Road City Exeter State NH Zip Code 03833-4601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Product Director II, Cm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 258.41			Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-83884 Amount of Each Receipt this Period 15.46
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			103.72
<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: PAGE 29 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Kevin Carson		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 2 Drinkwater Road		<b>Transaction ID:</b> 082206-FED-85523
City Exeter	State NH	Zip Code 03833-4601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.46
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 ▼ 258.41	

<b>B.</b> Full Name (Last, First, Middle Initial) Douglas Cauti		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address One Russett Hill Road		<b>Transaction ID:</b> 080706-FED-83862
City Sherborn	State MA	Zip Code 01770-1225
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.24
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 ▼ 341.84	

<b>C.</b> Full Name (Last, First, Middle Initial) Douglas Cauti		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address One Russett Hill Road		<b>Transaction ID:</b> 082206-FED-85501
City Sherborn	State MA	Zip Code 01770-1225
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.24
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 ▼ 341.84	

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

55.94

**TOTAL** 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 30 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Li-Chuan Chou		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 42 Cambridge Road		<b>Transaction ID:</b> 080706-FED-84957
City Bedford	State NH	Zip Code 03110-4307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.56
Name of Employer Liberty Mutual	Occupation Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.32	

<b>B.</b> Full Name (Last, First, Middle Initial) Li-Chuan Chou		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 42 Cambridge Road		<b>Transaction ID:</b> 082206-FED-86596
City Bedford	State NH	Zip Code 03110-4307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.56
Name of Employer Liberty Mutual	Occupation Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.32	

<b>C.</b> Full Name (Last, First, Middle Initial) Wanchin Chou		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 252 Lexington Drive		<b>Transaction ID:</b> 080706-FED-84951
City Newton	State MA	Zip Code 02466-1217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.05
Name of Employer Liberty Mutual	Occupation Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.40	

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

46.17

**TOTAL** 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 31 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

**A.** Wanchin Chou

Mailing Address 252 Lexington Drive

City State Zip Code  
 Newton MA 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 ▼

287.40

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86590

Amount of Each Receipt this Period

17.05

Full Name (Last, First, Middle Initial)

**B.** Anthony Cirignano

Mailing Address 41 Lindenwood Road

City State Zip Code  
 Stoneham MA 02180-2349

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager-Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.11

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83554

Amount of Each Receipt this Period

29.85

Full Name (Last, First, Middle Initial)

**C.** Anthony Cirignano

Mailing Address 41 Lindenwood Road

City State Zip Code  
 Stoneham MA 02180-2349

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager-Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.11

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85193

Amount of Each Receipt this Period

29.85

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

76.75

**TOTAL** 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 32 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) John Clifford		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 49 Dickinson Road		<b>Transaction ID:</b> 080706-FED-84672
City Keene	State NH	Zip Code 03431-5102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.85
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 ▼ 217.05	

<b>B.</b> Full Name (Last, First, Middle Initial) John Clifford		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 49 Dickinson Road		<b>Transaction ID:</b> 082206-FED-86311
City Keene	State NH	Zip Code 03431-5102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.85
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 ▼ 217.05	

<b>C.</b> Full Name (Last, First, Middle Initial) Richard Cloran		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 802 Humphrey Street		<b>Transaction ID:</b> 080706-FED-83488
City Swampscott	State MA	Zip Code 01907-2340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.46
Name of Employer Liberty Mutual	Occupation Manager-Cash & Security Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 469.23	

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

44.16

**TOTAL** 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 33 / 216

(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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Nancy Cobb Mailing Address 305 Center Hill Road City State Zip Code Centreville DE 19807-1119 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84378 Amount of Each Receipt this Period 31.92
Name of Employer Occupation Liberty Mutual Resident Attorney I, Field Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 535.64			
<b>B.</b> Full Name (Last, First, Middle Initial) Nancy Cobb Mailing Address 305 Center Hill Road City State Zip Code Centreville DE 19807-1119 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86017 Amount of Each Receipt this Period 31.92
Name of Employer Occupation Liberty Mutual Resident Attorney I, Field Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 535.64			
<b>C.</b> 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. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84173 Amount of Each Receipt this Period 41.83
Name of Employer Occupation Liberty Mutual General Manager, Business Mkt Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 704.39			
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			105.67
<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 34 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

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  
Liberty Mutual

Occupation  
General Manager, Business Mkt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

704.39

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85812

Amount of Each Receipt this Period

41.83

B. Full Name (Last, First, Middle Initial)

J. Paul Condryn

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  
Liberty Mutual

Occupation  
President-Personal Market

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2156.78

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83459

Amount of Each Receipt this Period

128.85

C. Full Name (Last, First, Middle Initial)

J. Paul Condryn

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  
Liberty Mutual

Occupation  
President-Personal Market

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2156.78

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85098

Amount of Each Receipt this Period

128.85

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

299.53

TOTAL 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 35 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

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 ▼

352.94

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83463

Amount of Each Receipt this Period

21.00

B. 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 ▼

352.94

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85102

Amount of Each Receipt this Period

21.00

C. 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 ▼

305.25

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84670

Amount of Each Receipt this Period

18.31

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

60.31

TOTAL 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 36 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) David Conway		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 785 Whisper Woods Drive		<b>Transaction ID:</b> 082206-FED-86309
City Lakeland	State FL	Zip Code 33813-5649
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.31
Name of Employer Liberty Mutual	Occupation Financial Officer li Am	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.25	

<b>B.</b> Full Name (Last, First, Middle Initial) John Cooney		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 5 Blueberry Path		<b>Transaction ID:</b> 080706-FED-83508
City Acton	State MA	Zip Code 01720-4919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.81
Name of Employer Liberty Mutual	Occupation Director of Aviation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 667.32	

<b>C.</b> Full Name (Last, First, Middle Initial) John Cooney		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 5 Blueberry Path		<b>Transaction ID:</b> 082206-FED-85147
City Acton	State MA	Zip Code 01720-4919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.81
Name of Employer Liberty Mutual	Occupation Director of Aviation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 667.32	

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

97.93

**TOTAL** 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 37 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. John Corlett

Mailing Address 10318 Rowlock Way

City State Zip Code  
Parker CO 80134-9577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Regional Sales Mgr., Bm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.19

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85753

Amount of Each Receipt this Period

11.95

Full Name (Last, First, Middle Initial)

B. Elizabeth Cosgrove

Mailing Address 22 Gale Road

City State Zip Code  
Hampton NH 03842-1013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager-Bus. Dvlpt Ind. Life

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.34

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84219

Amount of Each Receipt this Period

37.69

Full Name (Last, First, Middle Initial)

C. Elizabeth Cosgrove

Mailing Address 22 Gale Road

City State Zip Code  
Hampton NH 03842-1013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager-Bus. Dvlpt Ind. Life

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.34

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85858

Amount of Each Receipt this Period

37.69

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

87.33

TOTAL 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 38 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. Jack Cox

Mailing Address 264 Renfrew Street

City State Zip Code  
 Arlington MA 02476-7350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Compliance Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.39

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83868

Amount of Each Receipt this Period

13.67

Full Name (Last, First, Middle Initial)

B. Jack Cox

Mailing Address 264 Renfrew Street

City State Zip Code  
 Arlington MA 02476-7350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Compliance Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.39

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85507

Amount of Each Receipt this Period

13.67

Full Name (Last, First, Middle Initial)

C. Mark Cressey

Mailing Address 14 Blueberry Pine Drive

City State Zip Code  
 Kennebunk ME 04043-6137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Market C.I.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.05

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83453

Amount of Each Receipt this Period

25.96

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

53.30

TOTAL 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 39 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Cressey Mailing Address 14 Blueberry Pine Drive City Kennebunk State ME Zip Code 04043-6137 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 430.05		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85092 Amount of Each Receipt this Period 25.96
<b>B.</b> Full Name (Last, First, Middle Initial) Michele Cudemo Mailing Address 212 Glenfield Road City North Attleboro State MA Zip Code 02760-3948 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 362.29		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83866 Amount of Each Receipt this Period 21.69
<b>C.</b> Full Name (Last, First, Middle Initial) Michele Cudemo Mailing Address 212 Glenfield Road City North Attleboro State MA Zip Code 02760-3948 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 362.29		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85505 Amount of Each Receipt this Period 21.69
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		69.34
<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: PAGE 40 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

**A.** Full Name (Last, First, Middle Initial)  
Christopher Cuniff

Mailing Address One Rizoli Circle

City State Zip Code  
Franklin MA 02038-3346

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 ▼

362.14

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83474

Amount of Each Receipt this Period

21.92

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

Mailing Address One Rizoli Circle

City State Zip Code  
Franklin MA 02038-3346

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 ▼

362.14

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85113

Amount of Each Receipt this Period

21.92

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

Mailing Address 4 Newell Drive

City State Zip Code  
Franklin MA 02038-1599

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Sr. Corporate Counsel, Ho

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.23

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83681

Amount of Each Receipt this Period

13.72

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

57.56

**TOTAL** 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 41 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

A. Full Name (Last, First, Middle Initial)

William Cupelo

Mailing Address 4 Newell Drive

City State Zip Code  
 Franklin MA 02038-1599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Sr. Corporate Counsel, Ho

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.23

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85320

Amount of Each Receipt this Period

13.72

B. Full Name (Last, First, Middle Initial)

John Cusolito

Mailing Address 8 Greenbrook Road

City State Zip Code  
 South Hamilton MA 01982-2505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager-External Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.06

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83515

Amount of Each Receipt this Period

15.87

C. Full Name (Last, First, Middle Initial)

John Cusolito

Mailing Address 8 Greenbrook Road

City State Zip Code  
 South Hamilton MA 01982-2505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager-External Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.06

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85154

Amount of Each Receipt this Period

15.87

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

45.46

TOTAL 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 42 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

**A.** Timothy Daily

Mailing Address 6114 Double Eagle Court

City State Zip Code  
Parkville MO 64152-4970

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Operations Manager, I/S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.78

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84936

Amount of Each Receipt this Period

15.01

Full Name (Last, First, Middle Initial)

**B.** Timothy Daily

Mailing Address 6114 Double Eagle Court

City State Zip Code  
Parkville MO 64152-4970

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Operations Manager, I/S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.78

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86575

Amount of Each Receipt this Period

15.01

Full Name (Last, First, Middle Initial)

**C.** Richard Dapra

Mailing Address 5 Chipping Campden

City State Zip Code  
Farmington CT 06032-1526

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager-H.R. Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.42

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84357

Amount of Each Receipt this Period

36.92

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

66.94

**TOTAL** 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 43 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

**A.** Full Name (Last, First, Middle Initial)  
 Richard Dapra  
 Mailing Address 5 Chipping Campden

City State Zip Code  
 Farmington CT 06032-1526

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Liberty Mutual

Occupation  
 Manager-H.R. Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.42

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85996

Amount of Each Receipt this Period

36.92

**B.** Full Name (Last, First, Middle Initial)  
 John DeCosta  
 Mailing Address 7 Bartlett Place

City State Zip Code  
 Walpole MA 02081-1926

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Liberty Mutual

Occupation  
 Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.51

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83519

Amount of Each Receipt this Period

17.54

**C.** Full Name (Last, First, Middle Initial)  
 John DeCosta  
 Mailing Address 7 Bartlett Place

City State Zip Code  
 Walpole MA 02081-1926

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Liberty Mutual

Occupation  
 Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.51

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85158

Amount of Each Receipt this Period

17.54

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

72.00

**TOTAL** 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 44 / 216

(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
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

<b>A.</b> Full Name (Last, First, Middle Initial) Gary DeGruttola Mailing Address 1 Roy Drive City Hudson State NH Zip Code 03051-3539 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 781.54			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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-83881 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">46.92</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6	46.92									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	8		0	4		2	0	0	6																								
46.92																																	
<b>B.</b> Full Name (Last, First, Middle Initial) Gary DeGruttola Mailing Address 1 Roy Drive City Hudson State NH Zip Code 03051-3539 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 781.54			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>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 082206-FED-85520 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">46.92</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	6	46.92									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	8		1	8		2	0	0	6																								
46.92																																	
<b>C.</b> Full Name (Last, First, Middle Initial) David Deitz Mailing Address 26 King Philip Road City Sharon State MA Zip Code 02067-2982 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 409.08			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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-84835 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">24.81</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6	24.81									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	8		0	4		2	0	0	6																								
24.81																																	
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			<table border="1"> <tr> <td colspan="10">118.65</td> </tr> </table>	118.65																													
118.65																																	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																														

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

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

FOR LINE NUMBER: PAGE 45 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) David Deitz Mailing Address 26 King Philip Road City State Zip Code Sharon MA 02067-2982 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 409.08			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86474 Amount of Each Receipt this Period 24.81
<b>B.</b> Full Name (Last, First, Middle Initial) Anne Delaney Mailing Address 27 Langdale Drive City State Zip Code Hampton NH 03842-1924 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 607.36			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84512 Amount of Each Receipt this Period 35.83
<b>C.</b> Full Name (Last, First, Middle Initial) Anne Delaney Mailing Address 27 Langdale Drive City State Zip Code Hampton NH 03842-1924 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 607.36			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86151 Amount of Each Receipt this Period 35.83
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			96.47
<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: PAGE 46 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

**A.** Full Name (Last, First, Middle Initial)  
Mark DesRochers  
Mailing Address 8 Phyllis Avenue

City State Zip Code  
Burlington MA 01803-1603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Product Manager, Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.86

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83518

Amount of Each Receipt this Period

21.92

**B.** Full Name (Last, First, Middle Initial)  
Mark DesRochers  
Mailing Address 8 Phyllis Avenue

City State Zip Code  
Burlington MA 01803-1603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Product Manager, Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.86

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85157

Amount of Each Receipt this Period

21.92

**C.** Full Name (Last, First, Middle Initial)  
Margaret Dillon  
Mailing Address 14 Barnstable Road

City State Zip Code  
Norfolk MA 02056-1816

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 ▼

632.26

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84205

Amount of Each Receipt this Period

38.46

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

82.30

**TOTAL** 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 47 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> 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> 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 ▼ 632.26		Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-85844 Amount of Each Receipt this Period 38.46
<b>B.</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> 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 ▼ 316.04		Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-84677 Amount of Each Receipt this Period 18.85
<b>C.</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> 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 ▼ 316.04		Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-86316 Amount of Each Receipt this Period 18.85
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		76.16
<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 48 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey Donahue

Mailing Address 8 Piscassic Street

City State Zip Code  
 Newmarket NH 03857-1111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Pers Mkt Sys. Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.57

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83582

Amount of Each Receipt this Period

12.96

Full Name (Last, First, Middle Initial)

B. Jeffrey Donahue

Mailing Address 8 Piscassic Street

City State Zip Code  
 Newmarket NH 03857-1111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Pers Mkt Sys. Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.57

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85221

Amount of Each Receipt this Period

12.96

Full Name (Last, First, Middle Initial)

C. Mark Donlevie

Mailing Address 6 Oak Lane

City State Zip Code  
 Stratham NH 03885-2345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr. Clms, Complex & Emerg. Risk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.52

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83809

Amount of Each Receipt this Period

34.23

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

60.15

TOTAL 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 49 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Donlevie Mailing Address 6 Oak Lane City Stratham State NH Zip Code 03885-2345 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr. Clms, Complex & Emerg. Risk Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 576.52			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85448 Amount of Each Receipt this Period 34.23
<b>B.</b> Full Name (Last, First, Middle Initial) George Doonan Mailing Address 124 Windy Row City Peterborough State NH Zip Code 03458-2012 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 ▼ 669.67			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83996 Amount of Each Receipt this Period 40.15
<b>C.</b> Full Name (Last, First, Middle Initial) George Doonan Mailing Address 124 Windy Row City Peterborough State NH Zip Code 03458-2012 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 ▼ 669.67			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85635 Amount of Each Receipt this Period 40.15
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			114.53
<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: PAGE 50 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

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

Mailing Address 86 Green Street

City State Zip Code  
Medfield MA 02052-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager-Admin Svcs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.90

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83507

Amount of Each Receipt this Period

15.17

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

Mailing Address 86 Green Street

City State Zip Code  
Medfield MA 02052-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager-Admin Svcs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.90

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85146

Amount of Each Receipt this Period

15.17

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

Mailing Address 7 Candlewood Lane

City State Zip Code  
Southborough MA 01772-1980

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Comptroller, Corp Financial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

511.74

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84595

Amount of Each Receipt this Period

30.58

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

60.92

**TOTAL** 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 51 / 216

(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)

**A.** John Doyle

Mailing Address 7 Candlewood Lane

City	State	Zip Code
Southborough	MA	01772-1980

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Comptroller, Corp Financial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

511.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	6

Transaction ID: 082206-FED-86234

Amount of Each Receipt this Period

30.58

Full Name (Last, First, Middle Initial)

**B.** Susan Doyle

Mailing Address 2359 Woodglen Court

City	State	Zip Code
Aurora	IL	60502-9406

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
General Manager-Field Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

Transaction ID: 080706-FED-84984

Amount of Each Receipt this Period

40.77

Full Name (Last, First, Middle Initial)

**C.** Susan Doyle

Mailing Address 2359 Woodglen Court

City	State	Zip Code
Aurora	IL	60502-9406

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
General Manager-Field Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	6

Transaction ID: 082206-FED-86623

Amount of Each Receipt this Period

40.77

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

112.12

TOTAL 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 52 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Lori Doyle Place		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83632
Mailing Address 15 Longmeadow Road		
City <b>Wellesley</b>	State <b>MA</b>	Zip Code <b>02482-7330</b>
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 436.59

<b>B.</b> Full Name (Last, First, Middle Initial) Lori Doyle Place		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85271
Mailing Address 15 Longmeadow Road		
City <b>Wellesley</b>	State <b>MA</b>	Zip Code <b>02482-7330</b>
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 436.59

<b>C.</b> Full Name (Last, First, Middle Initial) Thomas Driscoll		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83509
Mailing Address 2 Snowcrest Run		
City <b>North Reading</b>	State <b>MA</b>	Zip Code <b>01864-2975</b>
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 ▼ 248.52

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

**67.23**

**TOTAL** 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 53 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

A. Full Name (Last, First, Middle Initial)

Thomas Driscoll

Mailing Address 2 Snowcrest Run

City State Zip Code  
 North Reading MA 01864-2975

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Gen Manager-Invol Mkt Svcs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.52

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85148

Amount of Each Receipt this Period

14.73

B. Full Name (Last, First, Middle Initial)

Greggory Dumke

Mailing Address 52 Parish Pathe

City State Zip Code  
 Marshfield MA 02050-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Exec. Portfolio Underwriter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.45

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84136

Amount of Each Receipt this Period

14.93

C. Full Name (Last, First, Middle Initial)

Greggory Dumke

Mailing Address 52 Parish Pathe

City State Zip Code  
 Marshfield MA 02050-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Exec. Portfolio Underwriter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.45

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85775

Amount of Each Receipt this Period

14.93

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

44.59

TOTAL 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 54 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) James DuPont Mailing Address 1 Packer Brook Road City Redding State CT Zip Code 06896-2121 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 ▼ 326.42			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83650 Amount of Each Receipt this Period 19.58
<b>B.</b> Full Name (Last, First, Middle Initial) James DuPont Mailing Address 1 Packer Brook Road City Redding State CT Zip Code 06896-2121 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 ▼ 326.42			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85289 Amount of Each Receipt this Period 19.58
<b>C.</b> Full Name (Last, First, Middle Initial) David Dworz Mailing Address 4 Homestead Road City Marblehead State MA Zip Code 01945-1123 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 ▼ 441.45			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84608 Amount of Each Receipt this Period 26.54
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			65.70
<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 55 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) David Dworz		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 4 Homestead Road		<b>Transaction ID:</b> 082206-FED-86247	
City Marblehead	State MA	Zip Code 01945-1123	Amount of Each Receipt this Period 26.54
FEC ID number of contributing federal political committee. C			
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 ▼ 441.45		
<b>B.</b> Full Name (Last, First, Middle Initial) David Eaglen		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 1189 Woodhill Drive		<b>Transaction ID:</b> 080706-FED-83871	
City Gibsonia	State PA	Zip Code 15044-9231	Amount of Each Receipt this Period 46.73
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 ▼ 785.52		
<b>C.</b> Full Name (Last, First, Middle Initial) David Eaglen		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 1189 Woodhill Drive		<b>Transaction ID:</b> 082206-FED-85510	
City Gibsonia	State PA	Zip Code 15044-9231	Amount of Each Receipt this Period 46.73
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 ▼ 785.52		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		120.00	
<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 56 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Daniel Eckerson Mailing Address 33 Sandy Brook Drive City Durham State NH Zip Code 03824-3137 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 ▼ 433.27			Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-83660 Amount of Each Receipt this Period 25.96
<b>B.</b> Full Name (Last, First, Middle Initial) Daniel Eckerson Mailing Address 33 Sandy Brook Drive City Durham State NH Zip Code 03824-3137 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 ▼ 433.27			Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-85299 Amount of Each Receipt this Period 25.96
<b>C.</b> Full Name (Last, First, Middle Initial) Donna Egyed Mailing Address 1540 Richlawn Drive City Brentwood State TN Zip Code 37027-8686 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 ▼ 312.21			Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-84658 Amount of Each Receipt this Period 18.46
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			70.38
<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 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Donna Egyed Mailing Address 1540 Richlawn Drive City State Zip Code Brentwood TN 37027-8686 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Regional Mgr. li Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 312.21		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86297 Amount of Each Receipt this Period 18.46
<b>B.</b> Full Name (Last, First, Middle Initial) Joseph Eichten Mailing Address 3645 Great Oaks Circle City State Zip Code Eagan MN 55123-2427 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Bond Manager li Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 242.04		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84640 Amount of Each Receipt this Period 14.65
<b>C.</b> Full Name (Last, First, Middle Initial) Joseph Eichten Mailing Address 3645 Great Oaks Circle City State Zip Code Eagan MN 55123-2427 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Bond Manager li Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 242.04		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86279 Amount of Each Receipt this Period 14.65
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		47.76
<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 58 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Honore Fallon Mailing Address 139 School Street City Belmont State MA Zip Code 02478-3015 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 893.64			Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-83434 Amount of Each Receipt this Period 52.88
<b>B.</b> Full Name (Last, First, Middle Initial) Honore Fallon Mailing Address 139 School Street City Belmont State MA Zip Code 02478-3015 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 893.64			Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-85073 Amount of Each Receipt this Period 52.88
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Fallon Mailing Address 2 Sweetwater Avenue City Bedford State MA Zip Code 01730-1106 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 485.78			Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-83585 Amount of Each Receipt this Period 30.00

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

135.76

**TOTAL** 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 59 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Fallon		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 2 Sweetwater Avenue		<b>Transaction ID:</b> 082206-FED-85224
City Bedford	State MA	Zip Code 01730-1106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
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 ▼ 485.78	

<b>B.</b> Full Name (Last, First, Middle Initial) Charles Farber		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 162 Cypress Street		<b>Transaction ID:</b> 080706-FED-84272
City Brookline	State MA	Zip Code 02445-6767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.59
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 ▼ 410.82	

<b>C.</b> Full Name (Last, First, Middle Initial) Charles Farber		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 162 Cypress Street		<b>Transaction ID:</b> 082206-FED-85911
City Brookline	State MA	Zip Code 02445-6767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.59
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 ▼ 410.82	

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

79.18

**TOTAL** 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 60 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

**A.** Full Name (Last, First, Middle Initial)  
Christopher Felton

Mailing Address 8 Butler Road

City State Zip Code  
Mendon MA 01756-1335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Sr. Invest Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84237

Amount of Each Receipt this Period

22.50

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

Mailing Address 8 Butler Road

City State Zip Code  
Mendon MA 01756-1335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Sr. Invest Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85876

Amount of Each Receipt this Period

22.50

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

Mailing Address One Corporate Drive  
Suite 710

City State Zip Code  
Wausau WI 54401-1722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
General Manager, Wcim

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1076.98

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84735

Amount of Each Receipt this Period

64.62

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

109.62

**TOTAL** 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 61 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Fiebrink			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address One Corporate Drive Suite 710			<b>Transaction ID:</b> 082206-FED-86374	
City Wausau State WI Zip Code 54401-1722		Amount of Each Receipt this Period 64.62		
FEC ID number of contributing federal political committee. C				
Name of Employer Liberty Mutual Occupation General Manager, Wcimd				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1076.98		
<b>B.</b> Full Name (Last, First, Middle Initial) Daniel Flynn			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 27 Choate Lane			<b>Transaction ID:</b> 080706-FED-84946	
City Ipswich State MA Zip Code 01938-3012		Amount of Each Receipt this Period 22.35		
FEC ID number of contributing federal political committee. C				
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 ▼ 378.34		
<b>C.</b> Full Name (Last, First, Middle Initial) Daniel Flynn			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 27 Choate Lane			<b>Transaction ID:</b> 082206-FED-86585	
City Ipswich State MA Zip Code 01938-3012		Amount of Each Receipt this Period 22.35		
FEC ID number of contributing federal political committee. C				
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 ▼ 378.34		

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

109.32

**TOTAL** 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 62 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Edmund Flynn		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 202 W Brookline Street Apt. #2		<b>Transaction ID:</b> 080706-FED-84326
City Boston	State MA	Zip Code 02118-1231
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 17.02
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 ▼ 284.86	

<b>B.</b> Full Name (Last, First, Middle Initial) Edmund Flynn		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 202 W Brookline Street Apt. #2		<b>Transaction ID:</b> 082206-FED-85965
City Boston	State MA	Zip Code 02118-1231
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 17.02
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 ▼ 284.86	

<b>C.</b> Full Name (Last, First, Middle Initial) Melanie Foley		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 444 Winter Street		<b>Transaction ID:</b> 080706-FED-84363
City Walpole	State MA	Zip Code 02081-1036
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.19
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 ▼ 335.18	

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

54.23

**TOTAL** 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 63 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Melanie Foley Mailing Address 444 Winter Street City Walpole State MA Zip Code 02081-1036 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 335.18			Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-86002 Amount of Each Receipt this Period 20.19
<b>B.</b> Full Name (Last, First, Middle Initial) Robert Foley Mailing Address 47 North Mill Street City Hopkinton State MA Zip Code 01748-4601 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 ▼ 302.39			Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-84960 Amount of Each Receipt this Period 17.94
<b>C.</b> Full Name (Last, First, Middle Initial) Robert Foley Mailing Address 47 North Mill Street City Hopkinton State MA Zip Code 01748-4601 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 ▼ 302.39			Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-86599 Amount of Each Receipt this Period 17.94

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

**56.07**

**TOTAL** 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 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. Alexander Fontanes

Mailing Address 18 Clark Road

City State Zip Code  
Hingham MA 02043-1902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Chief Investment Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2509.61

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83768

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Alexander Fontanes

Mailing Address 18 Clark Road

City State Zip Code  
Hingham MA 02043-1902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Chief Investment Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2509.61

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85407

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Edward Ford

Mailing Address 43 Larchwood Drive

City State Zip Code  
Cambridge MA 02138-4638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager & Chief Actuary, Intl.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

529.14

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84334

Amount of Each Receipt this Period

31.41

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

331.41

TOTAL 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 65 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Edward Ford Mailing Address 43 Larchwood Drive City Cambridge State MA Zip Code 02138-4638 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 ▼ 529.14		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85973 Amount of Each Receipt this Period 31.41
<b>B.</b> Full Name (Last, First, Middle Initial) Donald Frette Mailing Address 9684 Brook Hill Court City Lone Tree State CO Zip Code 80124-5431 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 ▼ 516.79		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84741 Amount of Each Receipt this Period 31.54
<b>C.</b> Full Name (Last, First, Middle Initial) Donald Frette Mailing Address 9684 Brook Hill Court City Lone Tree State CO Zip Code 80124-5431 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 ▼ 516.79		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86380 Amount of Each Receipt this Period 31.54
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		94.49
<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: PAGE 66 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Gaffney		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 5 Devonshires Court		<b>Transaction ID:</b> 080706-FED-85010
City Blue Bell	State PA	Zip Code 19422-2560
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 53.85
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 ▼ 592.35	

<b>B.</b> Full Name (Last, First, Middle Initial) Robert Gaffney		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 5 Devonshires Court		<b>Transaction ID:</b> 082206-FED-86649
City Blue Bell	State PA	Zip Code 19422-2560
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 53.85
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 ▼ 592.35	

<b>C.</b> Full Name (Last, First, Middle Initial) Gregory Getting		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 1808 Concord Drive		<b>Transaction ID:</b> 082206-FED-86212
City Flower Mound	State TX	Zip Code 75022-4463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.87
Name of Employer Liberty Mutual	Occupation Mgr., Comm'l Accounts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.16	

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

119.57

**TOTAL** 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 67 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

A. Full Name (Last, First, Middle Initial)

Michael Gilbert

Mailing Address 11130 Cobia Place

City State Zip Code  
 Noblesville IN 46060-6052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Operations Manager, I/S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.59

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84696

Amount of Each Receipt this Period

18.18

B. Full Name (Last, First, Middle Initial)

Michael Gilbert

Mailing Address 11130 Cobia Place

City State Zip Code  
 Noblesville IN 46060-6052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Operations Manager, I/S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.59

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86335

Amount of Each Receipt this Period

18.18

C. Full Name (Last, First, Middle Initial)

Helen Gillcrist

Mailing Address 246 Beacon Street

City State Zip Code  
 Boston MA 02116-1215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr. Enterprise Legal Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.24

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83913

Amount of Each Receipt this Period

23.08

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

59.44

**TOTAL** 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 68 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Helen Gillcrist Mailing Address 246 Beacon Street City State Zip Code Boston MA 02116-1215 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 ▼ 384.24		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85552 Amount of Each Receipt this Period 23.08
<b>B.</b> Full Name (Last, First, Middle Initial) Joseph Gilles Mailing Address 9 Freedom Trail City State Zip Code Medway MA 02053 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 725.07		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84058 Amount of Each Receipt this Period 42.89
<b>C.</b> Full Name (Last, First, Middle Initial) Joseph Gilles Mailing Address 9 Freedom Trail City State Zip Code Medway MA 02053 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 725.07		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85697 Amount of Each Receipt this Period 42.89
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		108.86
<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 69 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. Scott Goodby

Mailing Address 41 West Shore Drive

City State Zip Code  
 Marblehead MA 01945-1257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
General Mgr., Agency Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1490.38

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83631

Amount of Each Receipt this Period

88.46

Full Name (Last, First, Middle Initial)

B. Scott Goodby

Mailing Address 41 West Shore Drive

City State Zip Code  
 Marblehead MA 01945-1257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
General Mgr., Agency Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1490.38

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85270

Amount of Each Receipt this Period

88.46

Full Name (Last, First, Middle Initial)

C. Everardo Goyanes

Mailing Address #302  
 221 Columbus Avenue

City State Zip Code  
 Boston MA 02116-5194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
President, Liberty Energy Corp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

936.14

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84611

Amount of Each Receipt this Period

55.38

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

232.30

TOTAL 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 70 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

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

Everardo Goyanes

Mailing Address #302

221 Columbus Avenue

City

Boston

State

MA

Zip Code

02116-5194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

President, Liberty Energy Corp

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

936.14

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86250

Amount of Each Receipt this Period

55.38

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

Edward Gramer

Mailing Address 31 Centre Street

City

Dover

State

MA

Zip Code

02030-2205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Manager-Claims

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.56

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84845

Amount of Each Receipt this Period

18.08

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

Edward Gramer

Mailing Address 31 Centre Street

City

Dover

State

MA

Zip Code

02030-2205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Manager-Claims

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.56

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86484

Amount of Each Receipt this Period

18.08

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

91.54

**TOTAL** 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 71 / 216

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Gary Gregg Mailing Address 82 Parkwood Drive City Milton State MA Zip Code 02186-5230 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 2277.91			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83574 Amount of Each Receipt this Period 135.58
<b>B.</b> Full Name (Last, First, Middle Initial) Gary Gregg Mailing Address 82 Parkwood Drive City Milton State MA Zip Code 02186-5230 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 2277.91			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85213 Amount of Each Receipt this Period 135.58
<b>C.</b> Full Name (Last, First, Middle Initial) Mark Gregson Mailing Address 1313 Shinnecock Lane City Fort Mill State SC Zip Code 29715-7764 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 ▼ 421.15			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83804 Amount of Each Receipt this Period 24.62
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			295.78
<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: PAGE 72 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Gregson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 1313 Shinnecock Lane		<b>Transaction ID:</b> 082206-FED-85443
City Fort Mill	State SC	Zip Code 29715-7764
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.62
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 ▼ 421.15	

<b>B.</b> Full Name (Last, First, Middle Initial) Timothy Grieve		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 15827 S 13th Way		<b>Transaction ID:</b> 080706-FED-83970
City Phoenix	State AZ	Zip Code 85048-8671
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.68
Name of Employer Liberty Mutual	Occupation Mgr. of Underwriting & Prod	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.88	

<b>C.</b> Full Name (Last, First, Middle Initial) Timothy Grieve		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 15827 S 13th Way		<b>Transaction ID:</b> 082206-FED-85609
City Phoenix	State AZ	Zip Code 85048-8671
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.68
Name of Employer Liberty Mutual	Occupation Mgr. of Underwriting & Prod	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.88	

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

51.98

**TOTAL** 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 73 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Bryan Grimm		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 3151 Waukeegan Avenue		<b>Transaction ID:</b> 080706-FED-83892
City Lewis Center	State OH	Zip Code 43035-8973
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.73
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 ▼ 503.08	

<b>B.</b> Full Name (Last, First, Middle Initial) Bryan Grimm		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 3151 Waukeegan Avenue		<b>Transaction ID:</b> 082206-FED-85531
City Lewis Center	State OH	Zip Code 43035-8973
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.73
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 ▼ 503.08	

<b>C.</b> Full Name (Last, First, Middle Initial) Timothy Guilbert		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 33 Holmgren Road		<b>Transaction ID:</b> 080706-FED-83461
City Stratham	State NH	Zip Code 03885-2535
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.38
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 ▼ 592.85	

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

98.84

**TOTAL** 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 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

**A.** Timothy Guilbert

Mailing Address 33 Holmgren Road

City State Zip Code  
 Stratham NH 03885-2535

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Chief Info. Officer, Int'l

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.85

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85100

Amount of Each Receipt this Period

35.38

Full Name (Last, First, Middle Initial)

**B.** Thomas Haight

Mailing Address 7736 Vasserman Place

City State Zip Code  
 Chanhassen MN 55317-4536

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Sr. Account Executive li

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.94

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84111

Amount of Each Receipt this Period

15.82

Full Name (Last, First, Middle Initial)

**C.** Thomas Haight

Mailing Address 7736 Vasserman Place

City State Zip Code  
 Chanhassen MN 55317-4536

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Sr. Account Executive li

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.94

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85750

Amount of Each Receipt this Period

15.82

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

67.02

**TOTAL** 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 75 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Renee Harper Mailing Address 41 Angelica Drive City Framingham State MA Zip Code 01701-3643 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Assistant Controller li Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 269.47			Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-84241 Amount of Each Receipt this Period 16.02
<b>B.</b> Full Name (Last, First, Middle Initial) Renee Harper Mailing Address 41 Angelica Drive City Framingham State MA Zip Code 01701-3643 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Assistant Controller li Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 269.47			Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-85880 Amount of Each Receipt this Period 16.02
<b>C.</b> Full Name (Last, First, Middle Initial) Eugene Harris Mailing Address 18 Holbrook Street City Foxborough State MA Zip Code 02035-1256 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Assistant Controller li Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 242.34			Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-83490 Amount of Each Receipt this Period 14.42
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			46.46
<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: PAGE 76 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Eugene Harris Mailing Address 18 Holbrook Street City Foxborough State MA Zip Code 02035-1256 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Assistant Controller li Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 242.34			Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-85129 Amount of Each Receipt this Period 14.42
<b>B.</b> Full Name (Last, First, Middle Initial) Matthew Hayden Mailing Address 63 Audubon Drive City Walpole State MA Zip Code 02081-2721 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 ▼ 385.85			Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-84453 Amount of Each Receipt this Period 23.08
<b>C.</b> Full Name (Last, First, Middle Initial) Matthew Hayden Mailing Address 63 Audubon Drive City Walpole State MA Zip Code 02081-2721 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 ▼ 385.85			Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-86092 Amount of Each Receipt this Period 23.08

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

60.58

**TOTAL** 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 77 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Paula Hays		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 23 Braddock Park, Unit 1		<b>Transaction ID:</b> 080706-FED-84989
City Boston	State MA	Zip Code 02116-5826
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.69
Name of Employer Liberty Mutual	Occupation Manager, Personal Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 635.34	

<b>B.</b> Full Name (Last, First, Middle Initial) Paula Hays		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 23 Braddock Park, Unit 1		<b>Transaction ID:</b> 082206-FED-86628
City Boston	State MA	Zip Code 02116-5826
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.69
Name of Employer Liberty Mutual	Occupation Manager, Personal Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 635.34	

<b>C.</b> Full Name (Last, First, Middle Initial) Kevin Heffernan		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 199 John Wise Avenue		<b>Transaction ID:</b> 080706-FED-84300
City Essex	State MA	Zip Code 01929-1064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.32
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 ▼ 255.61	

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

90.70

**TOTAL** 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 78 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

**A.** Full Name (Last, First, Middle Initial)  
Kevin Heffernan  
Mailing Address 199 John Wise Avenue

City State Zip Code  
Essex MA 01929-1064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Director-Leasing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.61

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85939

Amount of Each Receipt this Period

15.32

**B.** Full Name (Last, First, Middle Initial)  
Richard Heidt  
Mailing Address 74 Schanda Drive

City State Zip Code  
Newmarket NH 03857-2151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Pers Mkt Sys. Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.58

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83664

Amount of Each Receipt this Period

15.58

**C.** Full Name (Last, First, Middle Initial)  
Richard Heidt  
Mailing Address 74 Schanda Drive

City State Zip Code  
Newmarket NH 03857-2151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Pers Mkt Sys. Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.58

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85303

Amount of Each Receipt this Period

15.58

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

46.48

**TOTAL** 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 79 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) William Herr Mailing Address 64 Highridge Road City Bellingham State MA Zip Code 02019-1870 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 ▼ 356.86			Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-84654 Amount of Each Receipt this Period 21.35
<b>B.</b> Full Name (Last, First, Middle Initial) William Herr Mailing Address 64 Highridge Road City Bellingham State MA Zip Code 02019-1870 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 ▼ 356.86			Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-86293 Amount of Each Receipt this Period 21.35
<b>C.</b> Full Name (Last, First, Middle Initial) Ricky Hodges Mailing Address 205 East Hooker Street City Bartow State FL Zip Code 33830-5620 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 ▼ 621.33			Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-84693 Amount of Each Receipt this Period 37.50
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			80.20
<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 80 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

**A.** Full Name (Last, First, Middle Initial)  
 Ricky Hodges  
 Mailing Address 205 East Hooker Street

City State Zip Code  
 Bartow FL 33830-5620

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Liberty Mutual

Occupation  
 Pres. & C.E.O., Summit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.33

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86332

Amount of Each Receipt this Period

37.50

**B.** Full Name (Last, First, Middle Initial)  
 James Hoffert  
 Mailing Address 3108 Warwick Drive

City State Zip Code  
 Weston WI 54476-5683

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Liberty Mutual

Occupation  
 Assistant General Counsel, Ho

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

631.54

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84588

Amount of Each Receipt this Period

37.31

**C.** Full Name (Last, First, Middle Initial)  
 James Hoffert  
 Mailing Address 3108 Warwick Drive

City State Zip Code  
 Weston WI 54476-5683

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Liberty Mutual

Occupation  
 Assistant General Counsel, Ho

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

631.54

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86227

Amount of Each Receipt this Period

37.31

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

112.12

**TOTAL** 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 81 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

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

Mailing Address 11 Michael Lane

City State Zip Code  
Mansfield MA 02048-2870

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Chief Und Officer, Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.95

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83536

Amount of Each Receipt this Period

29.59

**B.** Full Name (Last, First, Middle Initial)  
Paul Horgan

Mailing Address 11 Michael Lane

City State Zip Code  
Mansfield MA 02048-2870

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Chief Und Officer, Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.95

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85175

Amount of Each Receipt this Period

29.59

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

Mailing Address 90 Southwest 68th Avenue

City State Zip Code  
Portland OR 97225-6175

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
General Sales Mgr., Lnw

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.74

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84429

Amount of Each Receipt this Period

15.23

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

74.41

**TOTAL** 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 82 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Gary Hubbard Mailing Address 90 Southwest 68th Avenue City Portland State OR Zip Code 97225-6175 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 256.74		Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-86068 Amount of Each Receipt this Period 15.23
<b>B.</b> Full Name (Last, First, Middle Initial) Francis Hucks Mailing Address PO Box 249 City Benton State PA Zip Code 17814-0249 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Sr. Surety Counsel li Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 248.90		Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-84939 Amount of Each Receipt this Period 14.88
<b>C.</b> Full Name (Last, First, Middle Initial) Francis Hucks Mailing Address PO Box 249 City Benton State PA Zip Code 17814-0249 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Sr. Surety Counsel li Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 248.90		Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-86578 Amount of Each Receipt this Period 14.88

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

44.99

**TOTAL** 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 83 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Huston Mailing Address 510 43rd Street City State Zip Code Des Moines IA 50312-2406 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager, General Counsel Am Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 259.92		Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-84844 Amount of Each Receipt this Period 15.66
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Huston Mailing Address 510 43rd Street City State Zip Code Des Moines IA 50312-2406 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager, General Counsel Am Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 259.92		Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-86483 Amount of Each Receipt this Period 15.66
<b>C.</b> Full Name (Last, First, Middle Initial) Francis Hyatt Mailing Address 4065 Crestwood Drive City State Zip Code Wausau WI 54403-8125 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 360.27		Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-83462 Amount of Each Receipt this Period 21.81
<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: PAGE 84 / 216

(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
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

<b>A.</b> Full Name (Last, First, Middle Initial) Francis Hyatt Mailing Address 4065 Crestwood Drive City Wausau State WI Zip Code 54403-8125 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 360.27		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>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 082206-FED-85101 Amount of Each Receipt this Period <table border="1"> <tr> <td>21.81</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	6	21.81
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	8		2	0	0	6														
21.81																							
<b>B.</b> Full Name (Last, First, Middle Initial) George Ihle Mailing Address 40 Elmshade Drive City Uxbridge State MA Zip Code 01569-1693 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation District Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 314.39		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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-83729 Amount of Each Receipt this Period <table border="1"> <tr> <td>13.25</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6	13.25
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	4		2	0	0	6														
13.25																							
<b>C.</b> Full Name (Last, First, Middle Initial) George Ihle Mailing Address 40 Elmshade Drive City Uxbridge State MA Zip Code 01569-1693 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation District Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 314.39		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>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 082206-FED-85368 Amount of Each Receipt this Period <table border="1"> <tr> <td>19.14</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	6	19.14
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	8		2	0	0	6														
19.14																							

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

54.20

TOTAL 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 85 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Maria Izquierdo Mailing Address 41 George Hill Road City State Zip Code Grafton MA 01519-1417 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager-Wc Claims Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 284.51		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83940 Amount of Each Receipt this Period 17.02
<b>B.</b> Full Name (Last, First, Middle Initial) Maria Izquierdo Mailing Address 41 George Hill Road City State Zip Code Grafton MA 01519-1417 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager-Wc Claims Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 284.51		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85579 Amount of Each Receipt this Period 17.02
<b>C.</b> Full Name (Last, First, Middle Initial) Timothy Jackson Mailing Address 489 Waubensee Circle City State Zip Code Oswego IL 60543 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr., Comm Accounts Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 278.46		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84552 Amount of Each Receipt this Period 16.38
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		50.42
<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 86 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. Timothy Jackson

Mailing Address 489

Waubonsee Circle

City

Oswego

State

IL

Zip Code

60543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Mgr., Comm'l Accounts

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.46

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86191

Amount of Each Receipt this Period

16.38

Full Name (Last, First, Middle Initial)

B. Karl Jacobson

Mailing Address 794 East Seventh Street

Unit # L

City

South Boston

State

MA

Zip Code

02127-4384

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

General Manager-Loss Prev

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637.50

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83523

Amount of Each Receipt this Period

37.50

Full Name (Last, First, Middle Initial)

C. Karl Jacobson

Mailing Address 794 East Seventh Street

Unit # L

City

South Boston

State

MA

Zip Code

02127-4384

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

General Manager-Loss Prev

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637.50

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85162

Amount of Each Receipt this Period

37.50

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

91.38

TOTAL 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 87 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Jacobson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 592 Belle Meade Farm Drive		<b>Transaction ID:</b> 080706-FED-84740
City Loveland	State OH	Zip Code 45140-7302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.35
Name of Employer Liberty Mutual	Occupation Mgr., PI Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.45	

<b>B.</b> Full Name (Last, First, Middle Initial) Robert Jacobson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 592 Belle Meade Farm Drive		<b>Transaction ID:</b> 082206-FED-86379
City Loveland	State OH	Zip Code 45140-7302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.35
Name of Employer Liberty Mutual	Occupation Mgr., PI Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.45	

<b>C.</b> Full Name (Last, First, Middle Initial) James Jakobek		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 50 Burr Drive		<b>Transaction ID:</b> 080706-FED-83545
City Needham	State MA	Zip Code 02492-2779
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.77
Name of Employer Liberty Mutual	Occupation 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 ▼ 1352.86	

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

107.47

**TOTAL** 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 88 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

A. Full Name (Last, First, Middle Initial)

James Jakobek

Mailing Address 50 Burr Drive

City State Zip Code  
 Needham MA 02492-2779

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager-Fixed Income (P&C Ops)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1352.86

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85184

Amount of Each Receipt this Period

80.77

B. Full Name (Last, First, Middle Initial)

Deborah Jaquith

Mailing Address Apt. 22B  
 1 Avery Street

City State Zip Code  
 Boston MA 02111-1022

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 ▼

299.72

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84519

Amount of Each Receipt this Period

18.10

C. Full Name (Last, First, Middle Initial)

Deborah Jaquith

Mailing Address Apt. 22B  
 1 Avery Street

City State Zip Code  
 Boston MA 02111-1022

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 ▼

299.72

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86158

Amount of Each Receipt this Period

18.10

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

116.97

TOTAL 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 89 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

**A.** Joanne Jenkins

Mailing Address 24 Brookline Court

City State Zip Code  
 Lower Gwynedd PA 19002-1904

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 ▼

414.56

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83895

Amount of Each Receipt this Period

15.55

Full Name (Last, First, Middle Initial)

**B.** Karen Kallander

Mailing Address 5 Crownridge Road

City State Zip Code  
 Westborough MA 01581-3203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.12

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83532

Amount of Each Receipt this Period

17.54

Full Name (Last, First, Middle Initial)

**C.** Karen Kallander

Mailing Address 5 Crownridge Road

City State Zip Code  
 Westborough MA 01581-3203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.12

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85171

Amount of Each Receipt this Period

17.54

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

50.63

**TOTAL** 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 90 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. Michael Kazmierczak

Mailing Address 17 Pondview Drive

City State Zip Code  
Dover NH 03820-4483

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Production Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.69

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84009

Amount of Each Receipt this Period

14.57

Full Name (Last, First, Middle Initial)

B. Michael Kazmierczak

Mailing Address 17 Pondview Drive

City State Zip Code  
Dover NH 03820-4483

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Production Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.69

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85648

Amount of Each Receipt this Period

14.57

Full Name (Last, First, Middle Initial)

C. James Kelleher

Mailing Address 17 Hillcrest Road

City State Zip Code  
Belmont MA 02478-2953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1036.54

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83497

Amount of Each Receipt this Period

61.92

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

91.06

TOTAL 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 91 / 216

(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)

**A.** James Kelleher

Mailing Address 17 Hillcrest Road

City	State	Zip Code
Belmont	MA	02478-2953

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1036.54

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	6

Transaction ID: 082206-FED-85136

Amount of Each Receipt this Period

61.92

Full Name (Last, First, Middle Initial)

**B.** Diana Kelly

Mailing Address 39 Templeton Turnpike

City	State	Zip Code
Fitzwilliam	NH	03447-3336

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Mgr., Claims Sys. & Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

Transaction ID: 080706-FED-84675

Amount of Each Receipt this Period

15.49

Full Name (Last, First, Middle Initial)

**C.** Diana Kelly

Mailing Address 39 Templeton Turnpike

City	State	Zip Code
Fitzwilliam	NH	03447-3336

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Mgr., Claims Sys. & Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	6

Transaction ID: 082206-FED-86314

Amount of Each Receipt this Period

15.49

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

92.90

TOTAL 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 92 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Edmund Kelly Mailing Address 315 Wellesley Street City State Zip Code Weston MA 02493-2621 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Chairman, President & C.E.O. Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4610.76			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83494 Amount of Each Receipt this Period 276.92	
<b>B.</b> Full Name (Last, First, Middle Initial) Edmund Kelly Mailing Address 315 Wellesley Street City State Zip Code Weston MA 02493-2621 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Chairman, President & C.E.O. Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4610.76			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85133 Amount of Each Receipt this Period 276.92	
<b>C.</b> Full Name (Last, First, Middle Initial) David Kenepp Mailing Address 22 Wendell Road Extension City State Zip Code Nahant MA 01908-1129 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Manager-Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 260.20			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83898 Amount of Each Receipt this Period 15.52	

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

569.36

**TOTAL** 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 93 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) David Kenepp			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 22 Wendell Road Extension			<b>Transaction ID:</b> 082206-FED-85537	
City Nahant		State MA	Zip Code 01908-1129	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 15.52	
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 ▼ 260.20		
<b>B.</b> Full Name (Last, First, Middle Initial) Deborah Kenney			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 5810 Masters Court			<b>Transaction ID:</b> 080706-FED-83792	
City Charlotte		State NC	Zip Code 28226-8046	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 13.74	
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 ▼ 231.20		
<b>C.</b> Full Name (Last, First, Middle Initial) Deborah Kenney			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 5810 Masters Court			<b>Transaction ID:</b> 082206-FED-85431	
City Charlotte		State NC	Zip Code 28226-8046	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 13.74	
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 ▼ 231.20		

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

43.00

**TOTAL** 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 94 / 216

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Paul Kimball		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 16 Princeton Road		<b>Transaction ID:</b> 080706-FED-83477
City Burlington	State MA	
Zip Code 01803-2325		Amount of Each Receipt this Period 13.81
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 ▼ 229.10	

<b>B.</b> Full Name (Last, First, Middle Initial) Paul Kimball		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 16 Princeton Road		<b>Transaction ID:</b> 082206-FED-85116
City Burlington	State MA	
Zip Code 01803-2325		Amount of Each Receipt this Period 13.81
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 ▼ 229.10	

<b>C.</b> Full Name (Last, First, Middle Initial) Louis Knecht		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 91 Birchwood Park Drive		<b>Transaction ID:</b> 080706-FED-84011
City Jericho	State NY	
Zip Code 11753-2258		Amount of Each Receipt this Period 32.89
FEC ID number of contributing federal political committee. C		
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 ▼ 555.07	

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

60.51

**TOTAL** 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 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Louis Knecht Mailing Address 91 Birchwood Park Drive City Jericho State NY Zip Code 11753-2258 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 ▼ 555.07		Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-85650 Amount of Each Receipt this Period 32.89
<b>B.</b> Full Name (Last, First, Middle Initial) Randall Kneeland Mailing Address 68 Longwood Road City Reading State MA Zip Code 01867-2223 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 299.97		Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-83444 Amount of Each Receipt this Period 17.88
<b>C.</b> Full Name (Last, First, Middle Initial) Randall Kneeland Mailing Address 68 Longwood Road City Reading State MA Zip Code 01867-2223 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 299.97		Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-85083 Amount of Each Receipt this Period 17.88
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		68.65
<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: PAGE 96 / 216

(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

<b>A.</b> Full Name (Last, First, Middle Initial) George Kramer Mailing Address 41 Coventry Road City State Zip Code Atkinson NH 03811-2552 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 202.05			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85391 Amount of Each Receipt this Period 12.12
<b>B.</b> Full Name (Last, First, Middle Initial) Beth Kreidenweis Mailing Address 2854 Evergreen Drive City State Zip Code Springfield OH 45504-4112 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 255.52			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84715 Amount of Each Receipt this Period 15.08
<b>C.</b> Full Name (Last, First, Middle Initial) Beth Kreidenweis Mailing Address 2854 Evergreen Drive City State Zip Code Springfield OH 45504-4112 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 255.52			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86354 Amount of Each Receipt this Period 15.08

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

42.28

**TOTAL** 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 97 / 216

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Kenneth Krobert Mailing Address 72 Coronado Avenue City Kenner State LA Zip Code 70065-3133 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 ▼ 239.06		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84078 Amount of Each Receipt this Period 14.12
<b>B.</b> Full Name (Last, First, Middle Initial) Kenneth Krobert Mailing Address 72 Coronado Avenue City Kenner State LA Zip Code 70065-3133 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 ▼ 239.06		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85717 Amount of Each Receipt this Period 14.12
<b>C.</b> Full Name (Last, First, Middle Initial) Christine Lahey Mailing Address 12 Gilbert Street City North Andover State MA Zip Code 01845-2308 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 ▼ 352.54		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84389 Amount of Each Receipt this Period 21.06
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		49.30
<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 98 / 216

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Christine Lahey Mailing Address 12 Gilbert Street City North Andover State MA Zip Code 01845-2308 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 ▼ 352.54		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>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 082206-FED-86028 Amount of Each Receipt this Period <table border="1"> <tr> <td>21.06</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	6	21.06
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	8		2	0	0	6														
21.06																							
<b>B.</b> Full Name (Last, First, Middle Initial) Dennis Langwell Mailing Address 7 Jackson Circle City Franklin State MA Zip Code 02038-3373 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 ▼ 3449.95		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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-83635 Amount of Each Receipt this Period <table border="1"> <tr> <td>207.69</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6	207.69
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	4		2	0	0	6														
207.69																							
<b>C.</b> Full Name (Last, First, Middle Initial) Dennis Langwell Mailing Address 7 Jackson Circle City Franklin State MA Zip Code 02038-3373 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 ▼ 3449.95		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>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 082206-FED-85274 Amount of Each Receipt this Period <table border="1"> <tr> <td>207.69</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	6	207.69
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	8		2	0	0	6														
207.69																							
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		<table border="1"> <tr> <td>436.44</td> </tr> </table>	436.44																				
436.44																							
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		<table border="1"> <tr> <td></td> </tr> </table>																					

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 216

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Ralph Laspina Mailing Address 301 Castlestone Lane City Matthews State NC Zip Code 28104-7238 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 ▼ 304.19			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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-84690 Amount of Each Receipt this Period <table border="1"> <tr> <td>17.98</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6	17.98
M	M	/	D	D	/	Y	Y	Y	Y															
0	8		0	4		2	0	0	6															
17.98																								
<b>B.</b> Full Name (Last, First, Middle Initial) Ralph Laspina Mailing Address 301 Castlestone Lane City Matthews State NC Zip Code 28104-7238 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 ▼ 304.19			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>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 082206-FED-86329 Amount of Each Receipt this Period <table border="1"> <tr> <td>17.98</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	6	17.98
M	M	/	D	D	/	Y	Y	Y	Y															
0	8		1	8		2	0	0	6															
17.98																								
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Lassow Mailing Address 9 Bear Path City Hampton State NH Zip Code 03842-1300 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 ▼ 223.55			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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-84230 Amount of Each Receipt this Period <table border="1"> <tr> <td>13.15</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6	13.15
M	M	/	D	D	/	Y	Y	Y	Y															
0	8		0	4		2	0	0	6															
13.15																								
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			<table border="1"> <tr> <td>49.11</td> </tr> </table>	49.11																				
49.11																								
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			<table border="1"> <tr> <td></td> </tr> </table>																					

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

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

FOR LINE NUMBER: PAGE 100 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

A. Full Name (Last, First, Middle Initial)

Richard Lassow

Mailing Address 9 Bear Path

City State Zip Code  
Hampton NH 03842-1300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Associate Actuary, Life

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.55

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85869

Amount of Each Receipt this Period

13.15

B. Full Name (Last, First, Middle Initial)

Caren Latona

Mailing Address 117 Fringetree Drive

City State Zip Code  
West Chester PA 19380-7334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Regional Sales Mgr., Bm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.43

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83793

Amount of Each Receipt this Period

18.46

C. Full Name (Last, First, Middle Initial)

Caren Latona

Mailing Address 117 Fringetree Drive

City State Zip Code  
West Chester PA 19380-7334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Regional Sales Mgr., Bm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.43

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85432

Amount of Each Receipt this Period

18.46

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

50.07

TOTAL 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 101 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

**A.** Full Name (Last, First, Middle Initial)  
Stephen Leavitt  
Mailing Address 8 Greybird Farm Circle

City State Zip Code  
Exeter NH 03833-4200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Systems Int & Devl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.21

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83941

Amount of Each Receipt this Period

17.13

**B.** Full Name (Last, First, Middle Initial)  
Stephen Leavitt  
Mailing Address 8 Greybird Farm Circle

City State Zip Code  
Exeter NH 03833-4200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Systems Int & Devl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.21

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85580

Amount of Each Receipt this Period

17.13

**C.** Full Name (Last, First, Middle Initial)  
Alan Ledbetter  
Mailing Address 69 Bishops Forest Drive

City State Zip Code  
Waltham MA 02452-8802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Chief Underwriting Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.40

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84369

Amount of Each Receipt this Period

39.58

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

73.84

**TOTAL** 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 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

**A.** Alan Ledbetter

Mailing Address 69 Bishops Forest Drive

City State Zip Code  
**Waltham** **MA** **02452-8802**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Chief Underwriting Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.40

Date of Receipt

**08** / **18** / **2006**

**Transaction ID: 082206-FED-86008**

Amount of Each Receipt this Period

39.58

Full Name (Last, First, Middle Initial)

**B.** Amy Leddy

Mailing Address 32 Hallett Hill Road

City State Zip Code  
**Weston** **MA** **02493-1753**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager-Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.73

Date of Receipt

**08** / **04** / **2006**

**Transaction ID: 080706-FED-83558**

Amount of Each Receipt this Period

29.69

Full Name (Last, First, Middle Initial)

**C.** Amy Leddy

Mailing Address 32 Hallett Hill Road

City State Zip Code  
**Weston** **MA** **02493-1753**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager-Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.73

Date of Receipt

**08** / **18** / **2006**

**Transaction ID: 082206-FED-85197**

Amount of Each Receipt this Period

29.69

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

**98.96**

**TOTAL** 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 103 / 216

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Dexter Legg Mailing Address 846 Middle Street City Portsmouth State NH Zip Code 03801-5022 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 564.67			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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-83624 Amount of Each Receipt this Period <table border="1"> <tr> <td>33.85</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6	33.85
M	M	/	D	D	/	Y	Y	Y	Y															
0	8		0	4		2	0	0	6															
33.85																								
<b>B.</b> Full Name (Last, First, Middle Initial) Dexter Legg Mailing Address 846 Middle Street City Portsmouth State NH Zip Code 03801-5022 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 564.67			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>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 082206-FED-85263 Amount of Each Receipt this Period <table border="1"> <tr> <td>33.85</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	6	33.85
M	M	/	D	D	/	Y	Y	Y	Y															
0	8		1	8		2	0	0	6															
33.85																								
<b>C.</b> Full Name (Last, First, Middle Initial) Joseph Lesko Mailing Address 615 Park Ridge Drive City Mount Airy State MD Zip Code 21771-2812 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 ▼ 308.04			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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-84944 Amount of Each Receipt this Period <table border="1"> <tr> <td>18.12</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6	18.12
M	M	/	D	D	/	Y	Y	Y	Y															
0	8		0	4		2	0	0	6															
18.12																								
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			<table border="1"> <tr> <td>85.82</td> </tr> </table>	85.82																				
85.82																								
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			<table border="1"> <tr> <td></td> </tr> </table>																					

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

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

FOR LINE NUMBER: PAGE 104 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

**A.** Joseph Lesko

Mailing Address 615 Park Ridge Drive

City State Zip Code  
 Mount Airy MD 21771-2812

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Regional Mgr. li

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.04

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86583

Amount of Each Receipt this Period

18.12

Full Name (Last, First, Middle Initial)

**B.** Kathleen Lienhard

Mailing Address 146 Shenandoah Road

City State Zip Code  
 Hopewell Junction NY 12533-6607

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Regional Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.74

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83531

Amount of Each Receipt this Period

16.19

Full Name (Last, First, Middle Initial)

**C.** Kathleen Lienhard

Mailing Address 146 Shenandoah Road

City State Zip Code  
 Hopewell Junction NY 12533-6607

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Regional Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.74

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85170

Amount of Each Receipt this Period

15.81

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

50.12

**TOTAL** 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 105 / 216

(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)

**A.** John Lippincott

Mailing Address 338 Highland Street

City

Weston

State

MA

Zip Code

02493-2627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Manager-Non Inv Grade Bonds

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

363.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

Transaction ID: 080706-FED-84446

Amount of Each Receipt this Period

17.31

Full Name (Last, First, Middle Initial)

**B.** John Lippincott

Mailing Address 338 Highland Street

City

Weston

State

MA

Zip Code

02493-2627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Manager-Non Inv Grade Bonds

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

363.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	6

Transaction ID: 082206-FED-86085

Amount of Each Receipt this Period

17.31

Full Name (Last, First, Middle Initial)

**C.** David Long

Mailing Address 23 Hawthorne Drive

City

Medfield

State

MA

Zip Code

02052-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

President-Commercial Markets

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1975.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

Transaction ID: 080706-FED-83482

Amount of Each Receipt this Period

120.19

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

154.81

TOTAL 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 106 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> 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. <b>C</b> Name of Employer Liberty Mutual Occupation President-Commercial Markets Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1975.96			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85121 Amount of Each Receipt this Period 120.19
<b>B.</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. <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 ▼ 295.40			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83643 Amount of Each Receipt this Period 17.71
<b>C.</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. <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 ▼ 295.40			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85282 Amount of Each Receipt this Period 17.71
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			155.61
<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: PAGE 107 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

A. 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 ▼

272.58

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84708

Amount of Each Receipt this Period

16.45

B. 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 ▼

272.58

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86347

Amount of Each Receipt this Period

16.45

C. Full Name (Last, First, Middle Initial)

Charles Lundeen

Mailing Address 2405 Northeast 357th Avenue

City State Zip Code  
 Washougal WA 98671-8295

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Regional General Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.48

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84171

Amount of Each Receipt this Period

15.00

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

47.90

**TOTAL** 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 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Charles Lundeen Mailing Address 2405 Northeast 357th Avenue City State Zip Code Washougal WA 98671-8295 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 ▼ 253.48		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85810 Amount of Each Receipt this Period 15.00
<b>B.</b> Full Name (Last, First, Middle Initial) William Lynch Mailing Address 10 Dorset Road City State Zip Code Belmont MA 02478-2113 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 ▼ 205.35		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86033 Amount of Each Receipt this Period 12.31
<b>C.</b> Full Name (Last, First, Middle Initial) Patrick Lyons Mailing Address 65 Dowling Lane City State Zip Code Marlborough MA 01752-1744 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr., Property Uw Tech Unit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.53		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84610 Amount of Each Receipt this Period 16.69

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

44.00

**TOTAL** 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 109 / 216

(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

<b>A.</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. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr., Property Uw Tech Unit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.53		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86249 Amount of Each Receipt this Period 16.69
<b>B.</b> 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. <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 ▼ 603.84		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83538 Amount of Each Receipt this Period 36.15
<b>C.</b> 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. <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 ▼ 603.84		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85177 Amount of Each Receipt this Period 36.15
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		88.99
<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: PAGE 110 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. Joseph Maher

Mailing Address 713 Woodland Avenue

City State Zip Code  
 Norristown PA 19403-4421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Sr. Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.47

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84347

Amount of Each Receipt this Period

12.91

Full Name (Last, First, Middle Initial)

B. Joseph Maher

Mailing Address 713 Woodland Avenue

City State Zip Code  
 Norristown PA 19403-4421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Sr. Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.47

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85986

Amount of Each Receipt this Period

12.91

Full Name (Last, First, Middle Initial)

C. Barbara Mahoney

Mailing Address 100 Argilla Road

City State Zip Code  
 Andover MA 01810-4730

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 ▼

926.18

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83838

Amount of Each Receipt this Period

53.85

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

79.67

TOTAL 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 111 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

**A.** Full Name (Last, First, Middle Initial)  
Barbara Mahoney  
Mailing Address 100 Argilla Road

City State Zip Code  
Andover MA 01810-4730

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 ▼

926.18

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85477

Amount of Each Receipt this Period

67.31

**B.** Full Name (Last, First, Middle Initial)  
Lynne Maloney  
Mailing Address 72 Dimmock Street

City State Zip Code  
Quincy MA 02169-1946

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Mgr.-Product Devl & Mktg.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.96

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83466

Amount of Each Receipt this Period

14.94

**C.** Full Name (Last, First, Middle Initial)  
Lynne Maloney  
Mailing Address 72 Dimmock Street

City State Zip Code  
Quincy MA 02169-1946

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Mgr.-Product Devl & Mktg.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.96

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85105

Amount of Each Receipt this Period

14.94

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

97.19

**TOTAL** 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 112 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Maloney		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 35 Harmony Trail		<b>Transaction ID:</b> 080706-FED-83746
City Hopedale	State MA	Zip Code 01747-1432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.69
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 ▼ 229.23	

<b>B.</b> Full Name (Last, First, Middle Initial) Robert Maloney		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 35 Harmony Trail		<b>Transaction ID:</b> 082206-FED-85385
City Hopedale	State MA	Zip Code 01747-1432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.69
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 ▼ 229.23	

<b>C.</b> Full Name (Last, First, Middle Initial) Christopher Mansfield		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 50 Woodleigh Road		<b>Transaction ID:</b> 080706-FED-83478
City Dedham	State MA	Zip Code 02026-3116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.38
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 ▼ 1927.86	

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

142.76

**TOTAL** 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 113 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

**A.** Full Name (Last, First, Middle Initial)  
Christopher Mansfield

Mailing Address 50 Woodleigh Road

City State Zip Code  
Dedham MA 02026-3116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1927.86

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85117

Amount of Each Receipt this Period

115.38

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

Mailing Address 99-50 Florence Street

City State Zip Code  
Chestnut Hill MA 02467-1930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager Strategic Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.43

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83803

Amount of Each Receipt this Period

18.85

**C.** Full Name (Last, First, Middle Initial)  
Richard Marko

Mailing Address 99-50 Florence Street

City State Zip Code  
Chestnut Hill MA 02467-1930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager Strategic Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.43

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85442

Amount of Each Receipt this Period

18.85

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

153.08

**TOTAL** 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 114 / 216

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Paul Mattera Mailing Address 16 Fuller Avenue City State Zip Code Swampscott MA 01907-2111 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 ▼ 803.05			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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-83592 Amount of Each Receipt this Period 48.00	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	4		2	0	0	6														
<b>B.</b> Full Name (Last, First, Middle Initial) Paul Mattera Mailing Address 16 Fuller Avenue City State Zip Code Swampscott MA 01907-2111 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 ▼ 803.05			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>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 082206-FED-85231 Amount of Each Receipt this Period 48.00	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	8		2	0	0	6														
<b>C.</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. <b>C</b> Name of Employer Liberty Mutual Occupation President, Lib Hospitality Grp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 237.93			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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-83700 Amount of Each Receipt this Period 14.14	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	4		2	0	0	6														

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

110.14

TOTAL 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 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) John McCarthy Mailing Address 4 Squibnocket Road 16320 Crown Arbor Way, #202 City Franklin State MA Zip Code 02038-1408 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation President, Lib Hospitality Grp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 237.93		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85339 Amount of Each Receipt this Period 14.14
<b>B.</b> Full Name (Last, First, Middle Initial) Deborah McGonigle Mailing Address 3 Taft Circle City Winchester State MA Zip Code 01890-3721 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 284.43		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84406 Amount of Each Receipt this Period 17.04
<b>C.</b> Full Name (Last, First, Middle Initial) Deborah McGonigle Mailing Address 3 Taft Circle City Winchester State MA Zip Code 01890-3721 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 284.43		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86045 Amount of Each Receipt this Period 17.04
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		48.22
<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: PAGE 116 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

A. Full Name (Last, First, Middle Initial)

Stuart McGuigan

Mailing Address 74 Agamenticus Avenue

City State Zip Code  
 Cape Neddick ME 03902-7105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1509.58

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84965

Amount of Each Receipt this Period

90.38

B. Full Name (Last, First, Middle Initial)

Stuart McGuigan

Mailing Address 74 Agamenticus Avenue

City State Zip Code  
 Cape Neddick ME 03902-7105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1509.58

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86604

Amount of Each Receipt this Period

90.38

C. Full Name (Last, First, Middle Initial)

Pamela McIntyre

Mailing Address 17 Ridgeway Road

City State Zip Code  
 North Reading MA 01864-3158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Sr. Invest Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.76

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83589

Amount of Each Receipt this Period

18.28

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

199.04

TOTAL 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 117 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Pamela McIntyre Mailing Address 17 Ridgeway Road City North Reading State MA Zip Code 01864-3158 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 311.76		Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-85228 Amount of Each Receipt this Period 18.28
<b>B.</b> Full Name (Last, First, Middle Initial) John McKenna Mailing Address 21 Alder Creek Lane City Rochester State NH Zip Code 03867-1707 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager, Info. Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 363.20		Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-83408 Amount of Each Receipt this Period 21.69
<b>C.</b> Full Name (Last, First, Middle Initial) John McKenna Mailing Address 21 Alder Creek Lane City Rochester State NH Zip Code 03867-1707 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager, Info. Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 363.20		Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-85047 Amount of Each Receipt this Period 21.69
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		61.66
<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: PAGE 118 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

**A.** 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  
Liberty Mutual

Occupation  
Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.77

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86506

Amount of Each Receipt this Period

12.46

**B.** 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  
Liberty Mutual

Occupation  
Financial Officer Iii, Am

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

554.24

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84192

Amount of Each Receipt this Period

33.08

**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  
Liberty Mutual

Occupation  
Financial Officer Iii, Am

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

554.24

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85831

Amount of Each Receipt this Period

33.08

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

78.62

**TOTAL** 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 119 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) James McLaughlin Mailing Address 1420 Tamarack Way City Alpharetta State GA Zip Code 30005-3719 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 ▼ 304.81			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83886 Amount of Each Receipt this Period 17.93
<b>B.</b> Full Name (Last, First, Middle Initial) James McLaughlin Mailing Address 1420 Tamarack Way City Alpharetta State GA Zip Code 30005-3719 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 ▼ 304.81			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85525 Amount of Each Receipt this Period 17.93
<b>C.</b> Full Name (Last, First, Middle Initial) James McMackin Mailing Address 758 Webster Street City Needham State MA Zip Code 02492-3143 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 ▼ 245.46			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83590 Amount of Each Receipt this Period 14.55

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

50.41

TOTAL 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 120 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

**A.** Full Name (Last, First, Middle Initial)  
James McMackin  
Mailing Address 758 Webster Street

City State Zip Code  
Needham MA 02492-3143

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Market Financial Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.46

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85229

Amount of Each Receipt this Period

14.55

**B.** Full Name (Last, First, Middle Initial)  
Ian McNeil  
Mailing Address 5052 Jade Court

City State Zip Code  
Chino Hills CA 91709-4902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Regional General Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.85

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84507

Amount of Each Receipt this Period

23.88

**C.** Full Name (Last, First, Middle Initial)  
Ian McNeil  
Mailing Address 5052 Jade Court

City State Zip Code  
Chino Hills CA 91709-4902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Regional General Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.85

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86146

Amount of Each Receipt this Period

23.88

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

62.31

**TOTAL** 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 121 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

**A.** Full Name (Last, First, Middle Initial)  
Sean McSweeney

Mailing Address 6 Taggart Court

City State Zip Code  
Ashland MA 01721-1099

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

813.45

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84142

Amount of Each Receipt this Period

49.04

**B.** Full Name (Last, First, Middle Initial)  
Sean McSweeney

Mailing Address 6 Taggart Court

City State Zip Code  
Ashland MA 01721-1099

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

813.45

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85781

Amount of Each Receipt this Period

49.04

**C.** Full Name (Last, First, Middle Initial)  
Joseph Meagher

Mailing Address 55 Windsor Court

City State Zip Code  
Keene NH 03431-1733

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Am Claims Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.22

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84804

Amount of Each Receipt this Period

19.25

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

117.33

**TOTAL** 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 122 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

**A.** Joseph Meagher

Mailing Address 55 Windsor Court

City State Zip Code  
 Keene NH 03431-1733

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Am Claims Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.22

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86443

Amount of Each Receipt this Period

19.25

Full Name (Last, First, Middle Initial)

**B.** Brian Melas

Mailing Address 43 Essex Street

City State Zip Code  
 Wenham MA 01984-1711

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager-Commercial Mkts Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.12

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84281

Amount of Each Receipt this Period

43.08

Full Name (Last, First, Middle Initial)

**C.** Brian Melas

Mailing Address 43 Essex Street

City State Zip Code  
 Wenham MA 01984-1711

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager-Commercial Mkts Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.12

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85920

Amount of Each Receipt this Period

43.08

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

105.41

**TOTAL** 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 123 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

**A.** Full Name (Last, First, Middle Initial)  
William Mersch  
Mailing Address 24 Hawtree Way

City State Zip Code  
Groton MA 01450-1482

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager-H.R. & Admin Svcs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637.24

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84523

Amount of Each Receipt this Period

37.88

**B.** Full Name (Last, First, Middle Initial)  
William Mersch  
Mailing Address 24 Hawtree Way

City State Zip Code  
Groton MA 01450-1482

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager-H.R. & Admin Svcs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637.24

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86162

Amount of Each Receipt this Period

37.88

**C.** Full Name (Last, First, Middle Initial)  
Benjamin Mesick  
Mailing Address 11 Cargill Road

City State Zip Code  
Cumberland RI 02864-6143

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Director of Curriculum Dvlp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.66

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84408

Amount of Each Receipt this Period

15.98

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

91.74

**TOTAL** 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 124 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

A. Full Name (Last, First, Middle Initial)

Benjamin Mesick

Mailing Address 11 Cargill Road

City State Zip Code  
 Cumberland RI 02864-6143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Director of Curriculum Dvlp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.66

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86047

Amount of Each Receipt this Period

15.98

B. Full Name (Last, First, Middle Initial)

Deborah Michel

Mailing Address 114 Alisma Court

City State Zip Code  
 San Ramon CA 94582-9153

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 ▼

358.23

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84574

Amount of Each Receipt this Period

21.41

C. Full Name (Last, First, Middle Initial)

Deborah Michel

Mailing Address 114 Alisma Court

City State Zip Code  
 San Ramon CA 94582-9153

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 ▼

358.23

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86213

Amount of Each Receipt this Period

21.41

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

58.80

TOTAL 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 125 / 216

(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

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

NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. Dorothy Mobley

Mailing Address 10 Van Buren Avenue

City	State	Zip Code
Albany	NY	12205-5219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty MutualOccupation  
Regional Service Mgr., Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.57

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

Transaction ID: 080706-FED-83716

Amount of Each Receipt this Period

12.99

Full Name (Last, First, Middle Initial)

B. Dorothy Mobley

Mailing Address 10 Van Buren Avenue

City	State	Zip Code
Albany	NY	12205-5219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty MutualOccupation  
Regional Service Mgr., Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.57

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	6

Transaction ID: 082206-FED-85355

Amount of Each Receipt this Period

12.99

Full Name (Last, First, Middle Initial)

C. Mark Moitoso

Mailing Address 23 Squier Drive

City	State	Zip Code
North Hampton	NH	03862-2247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty MutualOccupation  
General Mgr.-Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

Transaction ID: 080706-FED-83465

Amount of Each Receipt this Period

24.00

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

49.98

TOTAL 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 126 / 216

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Moitoso Mailing Address 23 Squier Drive City North Hampton State NH Zip Code 03862-2247 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 397.50		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85104 Amount of Each Receipt this Period 24.00
<b>B.</b> Full Name (Last, First, Middle Initial) Frederick Moore Mailing Address 30 Evergreen Farms Road City Scarborough State ME Zip Code 04074-8376 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 ▼ 202.01		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86614 Amount of Each Receipt this Period 12.06
<b>C.</b> Full Name (Last, First, Middle Initial) Roy Morell Mailing Address 52 Saltwind Drive City Hanover State MA Zip Code 02339-2846 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 ▼ 249.61		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83600 Amount of Each Receipt this Period 15.00

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

51.06

**TOTAL** 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 127 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Roy Morell			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 52 Saltwind Drive			<b>Transaction ID:</b> 082206-FED-85239	
City	State	Zip Code	Amount of Each Receipt this Period 15.00	
Hanover	MA	02339-2846		
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 ▼ 249.61		
<b>B.</b> Full Name (Last, First, Middle Initial) Gregory Morzano			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 107 Love Lane			<b>Transaction ID:</b> 080706-FED-84753	
City	State	Zip Code	Amount of Each Receipt this Period 17.88	
Weston	MA	02493-1113		
FEC ID number of contributing federal political committee. <b>C</b>				
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 ▼ 298.64		
<b>C.</b> Full Name (Last, First, Middle Initial) Gregory Morzano			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 107 Love Lane			<b>Transaction ID:</b> 082206-FED-86392	
City	State	Zip Code	Amount of Each Receipt this Period 17.88	
Weston	MA	02493-1113		
FEC ID number of contributing federal political committee. <b>C</b>				
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 ▼ 298.64		

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

50.76

**TOTAL** 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 128 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Carl Mueller Mailing Address 37 Annetta Road City Ashland State MA Zip Code 01721-2301 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 ▼ 260.20			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84262 Amount of Each Receipt this Period 15.52
<b>B.</b> Full Name (Last, First, Middle Initial) Carl Mueller Mailing Address 37 Annetta Road City Ashland State MA Zip Code 01721-2301 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 ▼ 260.20			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85901 Amount of Each Receipt this Period 15.52
<b>C.</b> Full Name (Last, First, Middle Initial) Robert Muleski Mailing Address 9 Lamplight Circle City Natick State MA Zip Code 01760-3148 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 ▼ 1061.32			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84120 Amount of Each Receipt this Period 63.46

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

**94.50**

**TOTAL** 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 129 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Muleski			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 9 Lamplight Circle			<b>Transaction ID:</b> 082206-FED-85759	
City Natick	State MA	Zip Code 01760-3148	Amount of Each Receipt this Period 63.46	
FEC ID number of contributing federal political committee. C				
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 ▼ 1061.32		
<b>B.</b> Full Name (Last, First, Middle Initial) Timothy Mulloy			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 66 E Waukau Avenue			<b>Transaction ID:</b> 080706-FED-84587	
City Oshkosh	State WI	Zip Code 54902-7253	Amount of Each Receipt this Period 47.31	
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 ▼ 804.58		
<b>C.</b> Full Name (Last, First, Middle Initial) Timothy Mulloy			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 66 E Waukau Avenue			<b>Transaction ID:</b> 082206-FED-86226	
City Oshkosh	State WI	Zip Code 54902-7253	Amount of Each Receipt this Period 47.31	
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 ▼ 804.58		

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

158.08

**TOTAL** 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 130 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> 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. <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 ▼ 269.47			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84805 Amount of Each Receipt this Period 16.23
<b>B.</b> 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. <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 ▼ 269.47			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86444 Amount of Each Receipt this Period 16.23
<b>C.</b> Full Name (Last, First, Middle Initial) Stephen Myers Mailing Address 98 Garsoe Drive City State Zip Code Portland ME 04103-2168 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 285.53			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84667 Amount of Each Receipt this Period 17.08

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

49.54

**TOTAL** 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 131 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

A. Full Name (Last, First, Middle Initial)

Stephen Myers

Mailing Address 98 Garsoe Drive

City State Zip Code  
 Portland ME 04103-2168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Regional Mgr. I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.53

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86306

Amount of Each Receipt this Period

17.08

B. Full Name (Last, First, Middle Initial)

George Neale

Mailing Address 88 Wharf Street  
 Unit 305

City State Zip Code  
 Milton MA 02186-3429

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 ▼

528.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84918

Amount of Each Receipt this Period

31.85

C. Full Name (Last, First, Middle Initial)

George Neale

Mailing Address 88 Wharf Street  
 Unit 305

City State Zip Code  
 Milton MA 02186-3429

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 ▼

528.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86557

Amount of Each Receipt this Period

31.85

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

80.78

TOTAL 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 132 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

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

Douglas Nelson

Mailing Address 9 Loeffler Lane

City State Zip Code  
 Medfield MA 02052-3140

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
General Manager, National Mkt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

946.15

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83674

Amount of Each Receipt this Period

56.92

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

Douglas Nelson

Mailing Address 9 Loeffler Lane

City State Zip Code  
 Medfield MA 02052-3140

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
General Manager, National Mkt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

946.15

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85313

Amount of Each Receipt this Period

56.92

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

Matthew Nickerson

Mailing Address 14084 Goodall Road

City State Zip Code  
 Lake Oswego OR 97034-2046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Pres. & C.E.O., Lnw

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.68

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83525

Amount of Each Receipt this Period

22.69

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

136.53

**TOTAL** 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 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

**A.** Full Name (Last, First, Middle Initial)  
Matthew Nickerson  
Mailing Address 14084 Goodall Road

City State Zip Code  
Lake Oswego OR 97034-2046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Pres. & C.E.O., Lnw

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.68

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85164

Amount of Each Receipt this Period

22.69

**B.** Full Name (Last, First, Middle Initial)  
Robert Niebel  
Mailing Address 6157 Wingstem Street

City State Zip Code  
Westerville OH 43082-8008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Division Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.55

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83899

Amount of Each Receipt this Period

29.81

**C.** Full Name (Last, First, Middle Initial)  
Robert Niebel  
Mailing Address 6157 Wingstem Street

City State Zip Code  
Westerville OH 43082-8008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Division Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.55

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85538

Amount of Each Receipt this Period

29.81

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

82.31

**TOTAL** 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 134 / 216

(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

<b>A.</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> 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 ▼ 570.33			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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-83586 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">34.15</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6	34.15									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	8		0	4		2	0	0	6																								
34.15																																	
<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> 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 ▼ 570.33			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>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 082206-FED-85225 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">34.15</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	6	34.15									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	8		1	8		2	0	0	6																								
34.15																																	
<b>C.</b> Full Name (Last, First, Middle Initial) William O'Connell Mailing Address 26 Wendell Park City Milton State MA Zip Code 02186-3118 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 ▼ 497.40			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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-83603 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">29.65</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6	29.65									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	8		0	4		2	0	0	6																								
29.65																																	
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			<table border="1"> <tr> <td colspan="10">97.95</td> </tr> </table>	97.95																													
97.95																																	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																														

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 216

(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

**A.** Full Name (Last, First, Middle Initial)  
William O'Connell

Mailing Address 26 Wendell Park

City State Zip Code  
Milton MA 02186-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty MutualOccupation  
Assistant General Counsel, Ho

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	6

Transaction ID: 082206-FED-85242

Amount of Each Receipt this Period

29.65

**B.** Full Name (Last, First, Middle Initial)  
Brian O'Connor

Mailing Address 22 Ekser Lane

City State Zip Code  
Attleboro MA 02703-5599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty MutualOccupation  
Claims Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

Transaction ID: 080706-FED-83901

Amount of Each Receipt this Period

20.39

**C.** Full Name (Last, First, Middle Initial)  
Brian O'Connor

Mailing Address 22 Ekser Lane

City State Zip Code  
Attleboro MA 02703-5599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty MutualOccupation  
Claims Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	6

Transaction ID: 082206-FED-85540

Amount of Each Receipt this Period

20.39

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

70.43

TOTAL 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 136 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

**A.** Full Name (Last, First, Middle Initial)  
Charles O'Connor  
Mailing Address 3 Embassy Lane

City State Zip Code  
Andover MA 01810-5705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager-Liability

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.07

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83784

Amount of Each Receipt this Period

13.04

**B.** Full Name (Last, First, Middle Initial)  
Charles O'Connor  
Mailing Address 3 Embassy Lane

City State Zip Code  
Andover MA 01810-5705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager-Liability

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.07

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85423

Amount of Each Receipt this Period

13.04

**C.** Full Name (Last, First, Middle Initial)  
Mary O'Donoghue  
Mailing Address 25 Nash Street

City State Zip Code  
Westboro MA 01581-3630

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager-Medical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.71

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84413

Amount of Each Receipt this Period

17.16

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

43.24

**TOTAL** 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 137 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

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

Mary O'Donoghue

Mailing Address 25 Nash Street

City State Zip Code  
 Westboro MA 01581-3630

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager-Medical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.71

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86052

Amount of Each Receipt this Period

17.16

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

Robert O'Neil

Mailing Address 49 Linden Street

City State Zip Code  
 North Attleboro MA 02760-4201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Investment Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.96

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84758

Amount of Each Receipt this Period

19.71

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

Robert O'Neil

Mailing Address 49 Linden Street

City State Zip Code  
 North Attleboro MA 02760-4201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Investment Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.96

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86397

Amount of Each Receipt this Period

19.71

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

56.58

**TOTAL** 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 138 / 216

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Marvin Olinde Mailing Address 2915 Valcour Aime City State Zip Code Baton Rouge LA 70820-4426 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 ▼ 290.80		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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-84072 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">17.32</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6	17.32									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		0	4		2	0	0	6																							
17.32																																
<b>B.</b> Full Name (Last, First, Middle Initial) Marvin Olinde Mailing Address 2915 Valcour Aime City State Zip Code Baton Rouge LA 70820-4426 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 ▼ 290.80		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>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 082206-FED-85711 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">17.32</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	6	17.32									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		1	8		2	0	0	6																							
17.32																																
<b>C.</b> Full Name (Last, First, Middle Initial) Gary Ostrow Mailing Address 10 Wadsworth Way City State Zip Code Sharon MA 02067-2763 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 789.24		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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-84483 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">47.69</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6	47.69									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		0	4		2	0	0	6																							
47.69																																
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		<table border="1"> <tr> <td colspan="10">82.33</td> </tr> </table>	82.33																													
82.33																																
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																														

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 216

(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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Gary Ostrow Mailing Address 10 Wadsworth Way City Sharon State MA Zip Code 02067-2763 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 789.24			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>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 082206-FED-86122 Amount of Each Receipt this Period <table border="1"> <tr> <td>47.69</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	6	47.69
M	M	/	D	D	/	Y	Y	Y	Y															
0	8		1	8		2	0	0	6															
47.69																								
<b>B.</b> Full Name (Last, First, Middle Initial) Mark Pare Mailing Address 5 Donovan Drive City Bedford State MA Zip Code 01730-1151 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 ▼ 330.24			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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-84288 Amount of Each Receipt this Period <table border="1"> <tr> <td>19.71</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6	19.71
M	M	/	D	D	/	Y	Y	Y	Y															
0	8		0	4		2	0	0	6															
19.71																								
<b>C.</b> Full Name (Last, First, Middle Initial) Mark Pare Mailing Address 5 Donovan Drive City Bedford State MA Zip Code 01730-1151 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 ▼ 330.24			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>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 082206-FED-85927 Amount of Each Receipt this Period <table border="1"> <tr> <td>19.71</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	6	19.71
M	M	/	D	D	/	Y	Y	Y	Y															
0	8		1	8		2	0	0	6															
19.71																								

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

87.11

TOTAL 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 140 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Pare Mailing Address 14 Birnum Woods Road City Stratham State NH Zip Code 03885-2204 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 270.13			Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-83436 Amount of Each Receipt this Period 15.89
<b>B.</b> Full Name (Last, First, Middle Initial) Robert Pare Mailing Address 14 Birnum Woods Road City Stratham State NH Zip Code 03885-2204 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 270.13			Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-85075 Amount of Each Receipt this Period 15.89
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Parker Mailing Address 42W546 Eagle Court City Saint Charles State IL Zip Code 60175-8239 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 ▼ 273.54			Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-84551 Amount of Each Receipt this Period 16.42

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

48.20

**TOTAL** 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 141 / 216

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Parker Mailing Address 42W546 Eagle Court City State Zip Code Saint Charles IL 60175-8239 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 ▼ 273.54		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86190 Amount of Each Receipt this Period 16.42
<b>B.</b> 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. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr., Portfolio Analysis, Pm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.33		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83885 Amount of Each Receipt this Period 13.49
<b>C.</b> 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. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr., Portfolio Analysis, Pm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.33		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85524 Amount of Each Receipt this Period 13.49

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

43.40

**TOTAL** 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 142 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Himanshu Patel Mailing Address 1267 Hamilton Lane City Naperville State IL Zip Code 60540-8377 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager-Regional Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 394.67		Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-84306 Amount of Each Receipt this Period 23.85
<b>B.</b> Full Name (Last, First, Middle Initial) Himanshu Patel Mailing Address 1267 Hamilton Lane City Naperville State IL Zip Code 60540-8377 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager-Regional Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 394.67		Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-85945 Amount of Each Receipt this Period 23.85
<b>C.</b> Full Name (Last, First, Middle Initial) Randy Paul Mailing Address 108 Valhalla Drive City New Castle State PA Zip Code 16105-1037 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Regional Claims Manager, Pm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 284.11		Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-83770 Amount of Each Receipt this Period 17.71
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		65.41
<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: PAGE 143 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Randy Paul		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 108 Valhalla Drive		<b>Transaction ID:</b> 082206-FED-85409 Amount of Each Receipt this Period 17.71
City New Castle	State PA	
Zip Code 16105-1037		
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Mutual	Occupation Regional Claims Manager, Pm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 284.11	

<b>B.</b> Full Name (Last, First, Middle Initial) Michael Peak		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 6407 Price Lane		<b>Transaction ID:</b> 082206-FED-86375 Amount of Each Receipt this Period 12.31
City Louisville	State KY	
Zip Code 40229-1629		
FEC ID number of contributing federal political committee. C		
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 ▼ 206.68	

<b>C.</b> Full Name (Last, First, Middle Initial) Michael Pecchio		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 2021 Bloomsbury Run		<b>Transaction ID:</b> 080706-FED-84376 Amount of Each Receipt this Period 18.36
City Heathrow	State FL	
Zip Code 32746		
FEC ID number of contributing federal political committee. C		
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 ▼ 307.85	

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

48.38

**TOTAL** 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 144 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

A. Full Name (Last, First, Middle Initial)

Michael Pecchio

Mailing Address 2021

Bloomsbury Run

City

State

Zip Code

Heathrow

FL

32746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Manager-Direct Response Mktg.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.85

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86015

Amount of Each Receipt this Period

18.36

B. Full Name (Last, First, Middle Initial)

Christopher Peirce

Mailing Address 66 Pine Bough Avenue

City

State

Zip Code

North Attleboro

MA

02760-4669

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 ▼

323.41

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84280

Amount of Each Receipt this Period

20.38

C. Full Name (Last, First, Middle Initial)

Christopher Peirce

Mailing Address 66 Pine Bough Avenue

City

State

Zip Code

North Attleboro

MA

02760-4669

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 ▼

323.41

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85919

Amount of Each Receipt this Period

20.38

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

59.12

TOTAL 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 145 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Patricia Pelletier		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84854
Mailing Address 49 Ortins Road		
City	State	Zip Code
Hamilton	MA	01982-1430
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 21.58
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 ▼ 357.13		

<b>B.</b> Full Name (Last, First, Middle Initial) Patricia Pelletier		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86493
Mailing Address 49 Ortins Road		
City	State	Zip Code
Hamilton	MA	01982-1430
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 21.58
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 ▼ 357.13		

<b>C.</b> Full Name (Last, First, Middle Initial) Melanie Pennington		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85896
Mailing Address 10365 Southwest Day Road		
City	State	Zip Code
Sherwood	OR	97140-9525
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 12.31
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 ▼ 206.54		

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

55.47

**TOTAL** 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 146 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

**A.** Full Name (Last, First, Middle Initial)  
George Perrotta  
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  
Liberty Mutual

Occupation  
Financial Officer-Liu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.87

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84933

Amount of Each Receipt this Period

15.77

**B.** Full Name (Last, First, Middle Initial)  
George Perrotta  
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  
Liberty Mutual

Occupation  
Financial Officer-Liu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.87

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86572

Amount of Each Receipt this Period

15.77

**C.** Full Name (Last, First, Middle Initial)  
Donald Pickens  
Mailing Address 418 East Street

City State Zip Code  
Dedham MA 02026-3058

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Chief Underwriting Officer, Nm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

669.22

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84323

Amount of Each Receipt this Period

40.00

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

71.54

**TOTAL** 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 147 / 216

(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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Donald Pickens Mailing Address 418 East Street City State Zip Code Dedham MA 02026-3058 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Chief Underwriting Officer, Nm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 669.22			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>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 082206-FED-85962 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">40.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	6	40.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	8		1	8		2	0	0	6																								
40.00																																	
<b>B.</b> Full Name (Last, First, Middle Initial) Christopher Piela Mailing Address 37 Berkshire Street City State Zip Code Norfolk MA 02056-1942 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 374.84			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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-84623 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">22.62</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6	22.62									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	8		0	4		2	0	0	6																								
22.62																																	
<b>C.</b> Full Name (Last, First, Middle Initial) Christopher Piela Mailing Address 37 Berkshire Street City State Zip Code Norfolk MA 02056-1942 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 374.84			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>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 082206-FED-86262 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">22.62</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	6	22.62									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	8		1	8		2	0	0	6																								
22.62																																	

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

85.24

TOTAL 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 148 / 216

(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

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

<b>A.</b> Full Name (Last, First, Middle Initial) David Pitts Mailing Address 17 Westridge Drive City Hampton State NH Zip Code 03842-1154 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager-Claims Field Svcs. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 331.95			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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-84156 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">19.79</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6	19.79									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	8		0	4		2	0	0	6																								
19.79																																	
<b>B.</b> Full Name (Last, First, Middle Initial) David Pitts Mailing Address 17 Westridge Drive City Hampton State NH Zip Code 03842-1154 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager-Claims Field Svcs. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 331.95			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>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 082206-FED-85795 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">19.79</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	6	19.79									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	8		1	8		2	0	0	6																								
19.79																																	
<b>C.</b> Full Name (Last, First, Middle Initial) Catherine Pomiecko Mailing Address 9 Chestnut Street City Natick State MA Zip Code 01760-2818 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager-Legal Info. Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 517.44			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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-83422 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">31.15</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6	31.15									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	8		0	4		2	0	0	6																								
31.15																																	
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			<table border="1"> <tr> <td colspan="10">70.73</td> </tr> </table>	70.73																													
70.73																																	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																														

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

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

FOR LINE NUMBER: PAGE 149 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Catherine Pomiecko Mailing Address 9 Chestnut Street City Natick State MA Zip Code 01760-2818 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager-Legal Info. Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 517.44			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85061 Amount of Each Receipt this Period 31.15
<b>B.</b> Full Name (Last, First, Middle Initial) Debra Pooley Mailing Address 9 Fontainebleau Drive City Hingham State MA Zip Code 02043-2907 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 ▼ 329.47			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84314 Amount of Each Receipt this Period 19.68
<b>C.</b> Full Name (Last, First, Middle Initial) Debra Pooley Mailing Address 9 Fontainebleau Drive City Hingham State MA Zip Code 02043-2907 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 ▼ 329.47			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85953 Amount of Each Receipt this Period 19.68

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

70.51

TOTAL 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 150 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

A. Full Name (Last, First, Middle Initial)

Joseph Poplaski

Mailing Address 24 Orchard Drive

City State Zip Code  
 North Reading MA 01864-2436

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 ▼

207.89

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86074

Amount of Each Receipt this Period

12.41

B. Full Name (Last, First, Middle Initial)

Anthony Puccio

Mailing Address 77 Carriage Drive

City State Zip Code  
 Warwick RI 02886-0173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager-Compensation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.71

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84498

Amount of Each Receipt this Period

20.31

C. Full Name (Last, First, Middle Initial)

Anthony Puccio

Mailing Address 77 Carriage Drive

City State Zip Code  
 Warwick RI 02886-0173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager-Compensation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.71

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86137

Amount of Each Receipt this Period

20.31

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

53.03

TOTAL 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 151 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Quinlan		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 17 Myers Farm Road		
City Hingham	State MA	Zip Code 02043-3182
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> 080706-FED-84598
Name of Employer Liberty Mutual		Amount of Each Receipt this Period 43.54
Occupation Deputy General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 731.57	

<b>B.</b> Full Name (Last, First, Middle Initial) Richard Quinlan		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 17 Myers Farm Road		
City Hingham	State MA	Zip Code 02043-3182
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> 082206-FED-86237
Name of Employer Liberty Mutual		Amount of Each Receipt this Period 43.54
Occupation Deputy General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 731.57	

<b>C.</b> Full Name (Last, First, Middle Initial) Lee Rabkin		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 9 Hawthorne Place #16N		
City Boston	State MA	Zip Code 02114-2331
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> 080706-FED-83413
Name of Employer Liberty Mutual		Amount of Each Receipt this Period 14.18
Occupation Sr. Corporate Counsel, Ho		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.49	

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

101.26

**TOTAL** 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 152 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Lee Rabkin		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 9 Hawthorne Place #16N		<b>Transaction ID:</b> 082206-FED-85052 Amount of Each Receipt this Period 14.18
City Boston	State MA	
Zip Code 02114-2331		
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 ▼ 237.49	

<b>B.</b> Full Name (Last, First, Middle Initial) David Radakovich		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 14 Bermuda Dunes Court		<b>Transaction ID:</b> 080706-FED-83852 Amount of Each Receipt this Period 18.46
City Frisco	State TX	
Zip Code 75034-6827		
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 ▼ 305.77	

<b>C.</b> Full Name (Last, First, Middle Initial) David Radakovich		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 14 Bermuda Dunes Court		<b>Transaction ID:</b> 082206-FED-85491 Amount of Each Receipt this Period 18.46
City Frisco	State TX	
Zip Code 75034-6827		
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 ▼ 305.77	

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

51.10

**TOTAL** 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 153 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. Thomas Ramey

Mailing Address 975 Memorial Drive  
Apt. 510

City State Zip Code  
Cambridge MA 02138-5753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
President-Liberty Internationa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2294.23

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83915

Amount of Each Receipt this Period

136.54

Full Name (Last, First, Middle Initial)

B. Thomas Ramey

Mailing Address 975 Memorial Drive  
Apt. 510

City State Zip Code  
Cambridge MA 02138-5753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
President-Liberty Internationa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2294.23

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85554

Amount of Each Receipt this Period

136.54

Full Name (Last, First, Middle Initial)

C. 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  
Liberty Mutual

Occupation  
Sr. Invest Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.74

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84463

Amount of Each Receipt this Period

24.23

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

297.31

TOTAL 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 154 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Henry Rauch		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 47 Russett Hill Road		<b>Transaction ID:</b> 082206-FED-86102
City <u>Sherborn</u>	State <u>MA</u>	Zip Code <u>01770-1225</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.23
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 ▼ 402.74	

<b>B.</b> Full Name (Last, First, Middle Initial) Joshua Raymond		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 8 Rhodes Circle		<b>Transaction ID:</b> 080706-FED-84776
City <u>Brentwood</u>	State <u>NH</u>	Zip Code <u>03833-6534</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.42
Name of Employer Liberty Mutual	Occupation Manager, Comm'l Mkt Finl Svcs.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.15	

<b>C.</b> Full Name (Last, First, Middle Initial) Joshua Raymond		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 8 Rhodes Circle		<b>Transaction ID:</b> 082206-FED-86415
City <u>Brentwood</u>	State <u>NH</u>	Zip Code <u>03833-6534</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.42
Name of Employer Liberty Mutual	Occupation Manager, Comm'l Mkt Finl Svcs.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.15	

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

65.07

**TOTAL** 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 155 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

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

Maureen Riley

Mailing Address 34 Dean Road

City State Zip Code  
Wayland MA 01778-5025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
General Manager-Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.29

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84243

Amount of Each Receipt this Period

19.36

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

Maureen Riley

Mailing Address 34 Dean Road

City State Zip Code  
Wayland MA 01778-5025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
General Manager-Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.29

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85882

Amount of Each Receipt this Period

19.36

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

Robert Ring

Mailing Address 2866 Kinnett Drive, Southwest

City State Zip Code  
Lilburn GA 30047-5744

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 ▼

406.02

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84553

Amount of Each Receipt this Period

24.04

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

62.76

**TOTAL** 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 156 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Ring		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 2866 Kinnett Drive, Southwest		<b>Transaction ID:</b> 082206-FED-86192
City Lilburn	State GA	Zip Code 30047-5744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.04
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 ▼ 406.02	

<b>B.</b> Full Name (Last, First, Middle Initial) Daniel Rioux		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 1 Coach Road		<b>Transaction ID:</b> 080706-FED-83602
City North Attleboro	State MA	Zip Code 02760-2752
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.88
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 ▼ 298.64	

<b>C.</b> Full Name (Last, First, Middle Initial) Daniel Rioux		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 1 Coach Road		<b>Transaction ID:</b> 082206-FED-85241
City North Attleboro	State MA	Zip Code 02760-2752
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.88
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 ▼ 298.64	

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

59.80

**TOTAL** 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 157 / 216

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Nancy Roberts Mailing Address 93 Walker Lane City State Zip Code Fremont NH 03044-3527 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83552 Amount of Each Receipt this Period 15.04	
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 ▼ 253.65				
<b>B.</b> Full Name (Last, First, Middle Initial) Nancy Roberts Mailing Address 93 Walker Lane City State Zip Code Fremont NH 03044-3527 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85191 Amount of Each Receipt this Period 15.04	
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 ▼ 253.65				
<b>C.</b> Full Name (Last, First, Middle Initial) Ronald Robertson Mailing Address 42 Forge Road City State Zip Code Sharon MA 02067-2882 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84203 Amount of Each Receipt this Period 43.08	
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 ▼ 710.80				
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			73.16	
<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 158 / 216

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Ronald Robertson Mailing Address 42 Forge Road City State Zip Code Sharon MA 02067-2882 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 ▼ 710.80			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85842 Amount of Each Receipt this Period 43.08
<b>B.</b> Full Name (Last, First, Middle Initial) Paul Rodliff Mailing Address 57 Angela Way City State Zip Code West Barnstable MA 02668-1200 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 786.86			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83626 Amount of Each Receipt this Period 46.92
<b>C.</b> Full Name (Last, First, Middle Initial) Paul Rodliff Mailing Address 57 Angela Way City State Zip Code West Barnstable MA 02668-1200 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 786.86			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85265 Amount of Each Receipt this Period 46.92
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			136.92
<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: PAGE 159 / 216

(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

<b>A.</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> 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 ▼ 460.97		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83853 Amount of Each Receipt this Period 27.41
<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> 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 ▼ 460.97		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85492 Amount of Each Receipt this Period 27.41
<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> 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 ▼ 250.51		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83874 Amount of Each Receipt this Period 15.02
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		69.84
<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 160 / 216

(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)

**A.** Anthony Rotondi

Mailing Address 50 Country Farm Road

City	State	Zip Code
East Bridgewater	MA	02333-1656

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Director-Partnership Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	6

Transaction ID: 082206-FED-85513

Amount of Each Receipt this Period

15.02

Full Name (Last, First, Middle Initial)

**B.** Richard Rotters

Mailing Address 4925 Marlos Drive

City	State	Zip Code
Marietta	GA	30066-6919

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Manager-Claims Field Inv Svcs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

Transaction ID: 080706-FED-83938

Amount of Each Receipt this Period

15.12

Full Name (Last, First, Middle Initial)

**C.** Richard Rotters

Mailing Address 4925 Marlos Drive

City	State	Zip Code
Marietta	GA	30066-6919

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Manager-Claims Field Inv Svcs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	6

Transaction ID: 082206-FED-85577

Amount of Each Receipt this Period

15.12

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

45.26

TOTAL 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 161 / 216

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Gary Royal Mailing Address 9 Morning Glory Circle City State Zip Code Westford MA 01886 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 263.25		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84576 Amount of Each Receipt this Period 15.58
<b>B.</b> Full Name (Last, First, Middle Initial) Gary Royal Mailing Address 9 Morning Glory Circle City State Zip Code Westford MA 01886 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 263.25		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86215 Amount of Each Receipt this Period 15.58
<b>C.</b> Full Name (Last, First, Middle Initial) Thomas Rudder Mailing Address 4 Southwest Circle City State Zip Code Sudbury MA 01776-2944 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 378.73		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83442 Amount of Each Receipt this Period 22.69

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

53.85

**TOTAL** 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 162 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. Thomas Rudder

Mailing Address 4 Southwest Circle

City State Zip Code  
 Sudbury MA 01776-2944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
General Manager-Field Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.73

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85081

Amount of Each Receipt this Period

22.69

Full Name (Last, First, Middle Initial)

B. James Ruiz

Mailing Address 6209 West 77th Street

City State Zip Code  
 Los Angeles CA 90045-1643

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 ▼

321.15

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84421

Amount of Each Receipt this Period

19.13

Full Name (Last, First, Middle Initial)

C. James Ruiz

Mailing Address 6209 West 77th Street

City State Zip Code  
 Los Angeles CA 90045-1643

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 ▼

321.15

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86060

Amount of Each Receipt this Period

19.13

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

60.95

TOTAL 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 163 / 216

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Rusch Mailing Address 7260 Southwest 164th Terrace City State Zip Code Beaverton OR 97007-6374 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Mgr., Lp & Audit Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 380.69		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83993 Amount of Each Receipt this Period 23.32
<b>B.</b> Full Name (Last, First, Middle Initial) Richard Rusch Mailing Address 7260 Southwest 164th Terrace City State Zip Code Beaverton OR 97007-6374 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Mgr., Lp & Audit Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 380.69		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85632 Amount of Each Receipt this Period 23.32
<b>C.</b> Full Name (Last, First, Middle Initial) Steven Rusconi Mailing Address 111 Whipple Street City State Zip Code South Weymouth MA 02190-1715 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Sr. Corporate Counsel, Ho Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 225.44		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83569 Amount of Each Receipt this Period 13.43
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		60.07
<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 164 / 216

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Steven Rusconi Mailing Address 111 Whipple Street City State Zip Code South Weymouth MA 02190-1715 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 ▼ 225.44			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85208 Amount of Each Receipt this Period 13.43
<b>B.</b> Full Name (Last, First, Middle Initial) John Salmon Mailing Address 33 Ffrost Drive City State Zip Code Durham NH 03824-3107 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 ▼ 303.47			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83489 Amount of Each Receipt this Period 18.23
<b>C.</b> Full Name (Last, First, Middle Initial) John Salmon Mailing Address 33 Ffrost Drive City State Zip Code Durham NH 03824-3107 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 ▼ 303.47			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85128 Amount of Each Receipt this Period 18.23
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			49.89
<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 165 / 216

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Samsel Mailing Address 18128 Courtney Breeze Way City Tampa State FL Zip Code 33647 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86219 Amount of Each Receipt this Period 11.89
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 ▼ 200.24		
<b>B.</b> Full Name (Last, First, Middle Initial) Francis Sangiacomo Mailing Address 2518 Daylily Court City Westfield State IN Zip Code 46074-8783 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84998 Amount of Each Receipt this Period 13.10
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 ▼ 222.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Francis Sangiacomo Mailing Address 2518 Daylily Court City Westfield State IN Zip Code 46074-8783 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86637 Amount of Each Receipt this Period 13.10
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 ▼ 222.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		38.09
<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 166 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

A. Full Name (Last, First, Middle Initial)

John Sasien

Mailing Address 20 Brittany Lane

City State Zip Code  
 Barrington NH 03825-3737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Portfolio Underwriting Mgr.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.99

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85068

Amount of Each Receipt this Period

13.27

B. Full Name (Last, First, Middle Initial)

Helen E. R. Sayles

Mailing Address 95 Lanes End

City State Zip Code  
 Concord MA 01742-1500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager-H.R. & Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1287.48

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84149

Amount of Each Receipt this Period

76.92

C. Full Name (Last, First, Middle Initial)

Helen E. R. Sayles

Mailing Address 95 Lanes End

City State Zip Code  
 Concord MA 01742-1500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager-H.R. & Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1287.48

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85788

Amount of Each Receipt this Period

76.92

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

167.11

**TOTAL** 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 167 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Lisa Scannell		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 24 Channel Street		<b>Transaction ID:</b> 080706-FED-84881
City Hull	State MA	Zip Code 02045-1006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.88
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 ▼ 303.96	

<b>B.</b> Full Name (Last, First, Middle Initial) Lisa Scannell		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 24 Channel Street		<b>Transaction ID:</b> 082206-FED-86520
City Hull	State MA	Zip Code 02045-1006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.88
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 ▼ 303.96	

<b>C.</b> Full Name (Last, First, Middle Initial) Jean Scarrow		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 11 Maple Avenue		<b>Transaction ID:</b> 080706-FED-83779
City Newton	State MA	Zip Code 02458-1917
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.12
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 ▼ 605.92	

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

71.88

**TOTAL** 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 168 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

**A.** Jean Scarrow

Mailing Address 11 Maple Avenue

City State Zip Code  
 Newton MA 02458-1917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.92

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85418

Amount of Each Receipt this Period

36.12

Full Name (Last, First, Middle Initial)

**B.** Alan Schlemmer

Mailing Address 3 Blueberry Lane

City State Zip Code  
 Londonderry NH 03053-3640

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager-Liability, Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84034

Amount of Each Receipt this Period

15.94

Full Name (Last, First, Middle Initial)

**C.** Alan Schlemmer

Mailing Address 3 Blueberry Lane

City State Zip Code  
 Londonderry NH 03053-3640

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager-Liability, Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85673

Amount of Each Receipt this Period

15.94

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

68.00

**TOTAL** 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 169 / 216

(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)

**A.** Alan Schlosberg

Mailing Address 275 Beverly Road

City	State	Zip Code
Chestnut Hill	MA	02467-3158

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Product Manager, Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

Transaction ID: 080706-FED-83491

Amount of Each Receipt this Period

23.65

Full Name (Last, First, Middle Initial)

**B.** Alan Schlosberg

Mailing Address 275 Beverly Road

City	State	Zip Code
Chestnut Hill	MA	02467-3158

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Product Manager, Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	6

Transaction ID: 082206-FED-85130

Amount of Each Receipt this Period

23.65

Full Name (Last, First, Middle Initial)

**C.** Peggy Scott

Mailing Address 7 Cherrywood Circle

City	State	Zip Code
Andover	MA	01810-3285

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Mgr., Project & Planning Mgmt.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

Transaction ID: 080706-FED-84193

Amount of Each Receipt this Period

13.34

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

60.64

TOTAL 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 170 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

A. Full Name (Last, First, Middle Initial)

Peggy Scott

Mailing Address 7 Cherrywood Circle

City State Zip Code  
 Andover MA 01810-3285

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Project & Planning Mgmt.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.10

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85832

Amount of Each Receipt this Period

13.34

B. 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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84117

Amount of Each Receipt this Period

31.00

C. 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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85756

Amount of Each Receipt this Period

31.00

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

75.34

**TOTAL** 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 171 / 216

(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

<b>A.</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. <b>C</b> Name of Employer Liberty Mutual Occupation Director, State Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 336.25		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84952 Amount of Each Receipt this Period 20.22
<b>B.</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. <b>C</b> Name of Employer Liberty Mutual Occupation Director, State Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 336.25		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86591 Amount of Each Receipt this Period 20.22
<b>C.</b> Full Name (Last, First, Middle Initial) Gary Skaife Mailing Address 19507 Forest Timbers Circle City State Zip Code Humble TX 77346 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 256.32		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84566 Amount of Each Receipt this Period 15.23
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		55.67
<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 172 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Gary Skaife		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 19507 Forest Timbers Circle		<b>Transaction ID:</b> 082206-FED-86205
City Humble	State TX	Zip Code 77346
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.23
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 ▼ 256.32	

<b>B.</b> Full Name (Last, First, Middle Initial) Mark Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 130 Country Squire Drive		<b>Transaction ID:</b> 080706-FED-84465
City Fayetteville	State GA	Zip Code 30215
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 12.94
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 ▼ 219.42	

<b>C.</b> Full Name (Last, First, Middle Initial) Mark Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 130 Country Squire Drive		<b>Transaction ID:</b> 082206-FED-86104
City Fayetteville	State GA	Zip Code 30215
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 12.94
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 ▼ 219.42	

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

41.11

**TOTAL** 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 173 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Barbara Spera		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83568
Mailing Address 51 Hunewill Avenue		
City	State	Zip Code
Medford	MA	02155-4821
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 13.15
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 ▼ 216.18		

<b>B.</b> Full Name (Last, First, Middle Initial) Barbara Spera		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85207
Mailing Address 51 Hunewill Avenue		
City	State	Zip Code
Medford	MA	02155-4821
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 13.15
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 ▼ 216.18		

<b>C.</b> Full Name (Last, First, Middle Initial) Jeffrey Spoor		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84191
Mailing Address 3373 Cape Hatteras Drive		
City	State	Zip Code
Eugene	OR	97408-9245
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 18.65
Name of Employer Liberty Mutual		
Occupation Managing Consultant li, Cm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 285.13		

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

44.95

**TOTAL** 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 174 / 216

(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

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

NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

**A.** Jeffrey Spoor

Mailing Address 3373 Cape Hatteras Drive

City	State	Zip Code
Eugene	OR	97408-9245

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Managing Consultant li, Cm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	8	/	2	0	0	6

Transaction ID: 082206-FED-85830

Amount of Each Receipt this Period

18.65

Full Name (Last, First, Middle Initial)

**B.** John St Martin

Mailing Address 61 Jefferson Road

City	State	Zip Code
Franklin	MA	02038-3386

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Mgr., Pension & Savings Plans

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	0	6

Transaction ID: 080706-FED-84320

Amount of Each Receipt this Period

17.42

Full Name (Last, First, Middle Initial)

**C.** John St Martin

Mailing Address 61 Jefferson Road

City	State	Zip Code
Franklin	MA	02038-3386

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Mgr., Pension & Savings Plans

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	8	/	2	0	0	6

Transaction ID: 082206-FED-85959

Amount of Each Receipt this Period

17.42

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

53.49

**TOTAL** 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 175 / 216

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Steinberg Mailing Address 3808 Jade Avenue City Wausau State WI Zip Code 54401-4911 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 380.68			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84549 Amount of Each Receipt this Period 22.64
<b>B.</b> Full Name (Last, First, Middle Initial) Mark Steinberg Mailing Address 3808 Jade Avenue City Wausau State WI Zip Code 54401-4911 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 380.68			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86188 Amount of Each Receipt this Period 22.64
<b>C.</b> Full Name (Last, First, Middle Initial) Adele Stewart Mailing Address 10 Heaphy Lane City Dover State NH Zip Code 03820-4691 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 209.25			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86072 Amount of Each Receipt this Period 12.49
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			57.77
<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 176 / 216

(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)

**A.** Judith StormMailing Address 142 Chandler Street  
Apt. 4City State Zip Code  
Boston MA 02116-6015FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Director, Field Service Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

Transaction ID: 080706-FED-83916

Amount of Each Receipt this Period

14.70

Full Name (Last, First, Middle Initial)

**B.** Judith StormMailing Address 142 Chandler Street  
Apt. 4City State Zip Code  
Boston MA 02116-6015FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Director, Field Service Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	6

Transaction ID: 082206-FED-85555

Amount of Each Receipt this Period

14.70

Full Name (Last, First, Middle Initial)

**C.** Stephen Sullivan

Mailing Address 20 Shady Hill Road

City State Zip Code  
Newton MA 02461-1706FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Manager-Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

934.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

Transaction ID: 080706-FED-84316

Amount of Each Receipt this Period

55.77

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

85.17

**TOTAL** 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 177 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Stephen Sullivan			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 20 Shady Hill Road			<b>Transaction ID:</b> 082206-FED-85955	
City	State	Zip Code	Amount of Each Receipt this Period 55.77	
Newton	MA	02461-1706		
FEC ID number of contributing federal political committee.				
C				
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 ▼		
		934.65		
<b>B.</b> Full Name (Last, First, Middle Initial) Candace Sutcliffe			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 77 Washburn Avenue			<b>Transaction ID:</b> 080706-FED-83638	
City	State	Zip Code	Amount of Each Receipt this Period 24.00	
Wellesley	MA	02481-5263		
FEC ID number of contributing federal political committee.				
C				
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 ▼		
		401.56		
<b>C.</b> Full Name (Last, First, Middle Initial) Candace Sutcliffe			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 77 Washburn Avenue			<b>Transaction ID:</b> 082206-FED-85277	
City	State	Zip Code	Amount of Each Receipt this Period 24.00	
Wellesley	MA	02481-5263		
FEC ID number of contributing federal political committee.				
C				
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 ▼		
		401.56		

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

103.77

**TOTAL** 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 178 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. S. Sutton

Mailing Address 5902 Andover Drive

City State Zip Code  
Parker TX 75002-5461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Marine, Energy & Eng, Liu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.32

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84962

Amount of Each Receipt this Period

44.71

Full Name (Last, First, Middle Initial)

B. S. Sutton

Mailing Address 5902 Andover Drive

City State Zip Code  
Parker TX 75002-5461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Marine, Energy & Eng, Liu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.32

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86601

Amount of Each Receipt this Period

44.71

Full Name (Last, First, Middle Initial)

C. Maureen Sweeney

Mailing Address 32 Madoc Street

City State Zip Code  
Newton MA 02459-2331

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 ▼

357.69

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83707

Amount of Each Receipt this Period

21.23

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

110.65

TOTAL 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 179 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

**A.** Full Name (Last, First, Middle Initial)  
 Maureen Sweeney  
 Mailing Address 32 Madoc Street

City State Zip Code  
 Newton MA 02459-2331

FEC ID number of contributing federal political committee.

C

Name of Employer  
Liberty MutualOccupation  
Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.69

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85346

Amount of Each Receipt this Period

21.23

**B.** Full Name (Last, First, Middle Initial)  
 Timothy Sweeney  
 Mailing Address 151 Beacon Street #2

City State Zip Code  
 Boston MA 02116-1406

FEC ID number of contributing federal political committee.

C

Name of Employer  
Liberty MutualOccupation  
Manager-Personal Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

804.43

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83604

Amount of Each Receipt this Period

48.46

**C.** Full Name (Last, First, Middle Initial)  
 Timothy Sweeney  
 Mailing Address 151 Beacon Street #2

City State Zip Code  
 Boston MA 02116-1406

FEC ID number of contributing federal political committee.

C

Name of Employer  
Liberty MutualOccupation  
Manager-Personal Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

804.43

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85243

Amount of Each Receipt this Period

48.46

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

118.15

TOTAL 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 180 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

A. Full Name (Last, First, Middle Initial)

Kenneth Swymer

Mailing Address 58 Queens Road

City State Zip Code  
 Keene NH 03431-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Director-Technical Training

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.78

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86310

Amount of Each Receipt this Period

12.28

B. Full Name (Last, First, Middle Initial)

Angela Taylor

Mailing Address 1918 Fawn Drive

City State Zip Code  
 Glenside PA 19038-7230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Reg. Mgr.-Enterprise Legal Svcs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

919.59

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84407

Amount of Each Receipt this Period

54.60

C. Full Name (Last, First, Middle Initial)

Angela Taylor

Mailing Address 1918 Fawn Drive

City State Zip Code  
 Glenside PA 19038-7230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Reg. Mgr.-Enterprise Legal Svcs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

919.59

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86046

Amount of Each Receipt this Period

54.60

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

121.48

TOTAL 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 181 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

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  
Liberty Mutual

Occupation  
Mgr., a/L Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.75

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85721

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  
Liberty Mutual

Occupation  
Sr. Internal Audit Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.64

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84468

Amount of Each Receipt this Period

19.38

C. 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  
Liberty Mutual

Occupation  
Sr. Internal Audit Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.64

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86107

Amount of Each Receipt this Period

19.38

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

50.84

TOTAL 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 182 / 216

(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

<b>A.</b> Full Name (Last, First, Middle Initial) David Thompson Mailing Address 47 Blake Road City East Swanzey State NH Zip Code 03446-5511 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 320.29		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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-84662 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">20.77</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6	20.77									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		0	4		2	0	0	6																							
20.77																																
<b>B.</b> Full Name (Last, First, Middle Initial) David Thompson Mailing Address 47 Blake Road City East Swanzey State NH Zip Code 03446-5511 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 320.29		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>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 082206-FED-86301 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">21.92</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	6	21.92									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		1	8		2	0	0	6																							
21.92																																
<b>C.</b> 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. <b>C</b> Name of Employer Liberty Mutual Occupation Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 265.30		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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-84865 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">15.75</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6	15.75									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		0	4		2	0	0	6																							
15.75																																
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		<table border="1"> <tr> <td colspan="10">58.44</td> </tr> </table>	58.44																													
58.44																																
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																														

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

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

FOR LINE NUMBER: PAGE 183 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

A. Full Name (Last, First, Middle Initial)

Robert Thompson

Mailing Address 6 Cortez Street

City State Zip Code  
 Chelmsford MA 01824-2155

FEC ID number of contributing federal political committee.

C

Name of Employer  
Liberty MutualOccupation  
Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.30

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86504

Amount of Each Receipt this Period

15.75

B. Full Name (Last, First, Middle Initial)

Mark Touhey

Mailing Address 108 Laymens Way

City State Zip Code  
 Chester Springs PA 19425-2721

FEC ID number of contributing federal political committee.

C

Name of Employer  
Liberty MutualOccupation  
Division General Mgr.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.01

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84259

Amount of Each Receipt this Period

26.54

C. Full Name (Last, First, Middle Initial)

Mark Touhey

Mailing Address 108 Laymens Way

City State Zip Code  
 Chester Springs PA 19425-2721

FEC ID number of contributing federal political committee.

C

Name of Employer  
Liberty MutualOccupation  
Division General Mgr.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.01

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85898

Amount of Each Receipt this Period

26.54

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

68.83

TOTAL 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 184 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> 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. <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 ▼ 222.24		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84236 Amount of Each Receipt this Period 13.11
<b>B.</b> 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. <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 ▼ 222.24		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85875 Amount of Each Receipt this Period 13.11
<b>C.</b> Full Name (Last, First, Middle Initial) Ronald Ulich Mailing Address Box 1372 City Duxbury State MA Zip Code 02331-1372 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 1058.66		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83513 Amount of Each Receipt this Period 63.46
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		89.68
<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: PAGE 185 / 216

(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

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

NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

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

Ronald Ulich

Mailing Address Box 1372

City	State	Zip Code
Duxbury	MA	02331-1372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty MutualOccupation  
Manager-Private Equity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1058.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	6

Transaction ID: 082206-FED-85152

Amount of Each Receipt this Period

63.46

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

Gregory VanDam

Mailing Address 322 South Shore Road

City	State	Zip Code
New Durham	NH	03855-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty MutualOccupation  
General Manager-Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

Transaction ID: 080706-FED-83995

Amount of Each Receipt this Period

21.34

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

Gregory VanDam

Mailing Address 322 South Shore Road

City	State	Zip Code
New Durham	NH	03855-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty MutualOccupation  
General Manager-Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	6

Transaction ID: 082206-FED-85634

Amount of Each Receipt this Period

21.34

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

106.14

**TOTAL** 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 186 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. Andrew Vanderslice

Mailing Address 18 Union Road

City State Zip Code  
 Stratham NH 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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.73

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84913

Amount of Each Receipt this Period

12.69

Full Name (Last, First, Middle Initial)

B. Andrew Vanderslice

Mailing Address 18 Union Road

City State Zip Code  
 Stratham NH 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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.73

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86552

Amount of Each Receipt this Period

12.69

Full Name (Last, First, Middle Initial)

C. Barbara VanHorn

Mailing Address PO Box 24

City State Zip Code  
 Chester Springs PA 19425-0024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Regional General Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.36

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83877

Amount of Each Receipt this Period

5.04

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

30.42

TOTAL 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 187 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Barbara VanHorn Mailing Address PO Box 24 City State Zip Code Chester Springs PA 19425-0024 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 ▼ 471.36			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85516 Amount of Each Receipt this Period 5.04
<b>B.</b> Full Name (Last, First, Middle Initial) Charles Wahl Mailing Address 7 Atherton Road City State Zip Code Hudson MA 01749-3725 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 386.98			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83644 Amount of Each Receipt this Period 22.92
<b>C.</b> Full Name (Last, First, Middle Initial) Charles Wahl Mailing Address 7 Atherton Road City State Zip Code Hudson MA 01749-3725 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 386.98			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85283 Amount of Each Receipt this Period 22.92

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

**50.88**

**TOTAL** 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 188 / 216

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Debra Waldstein Mailing Address 25 Dover Circle City Franklin State MA Zip Code 02038-1560 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 455.35			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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-84529 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">27.23</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6	27.23									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	8		0	4		2	0	0	6																								
27.23																																	
<b>B.</b> Full Name (Last, First, Middle Initial) Debra Waldstein Mailing Address 25 Dover Circle City Franklin State MA Zip Code 02038-1560 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 455.35			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>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 082206-FED-86168 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">27.23</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	6	27.23									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	8		1	8		2	0	0	6																								
27.23																																	
<b>C.</b> Full Name (Last, First, Middle Initial) Bonnie Ward Mailing Address 27 Blackford Drive City Exeter State NH Zip Code 03833-4599 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 ▼ 640.64			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>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 080706-FED-84450 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">38.08</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6	38.08									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	8		0	4		2	0	0	6																								
38.08																																	
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			<table border="1"> <tr> <td colspan="10">92.54</td> </tr> </table>	92.54																													
92.54																																	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																														

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

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

FOR LINE NUMBER: PAGE 189 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Bonnie Ward Mailing Address 27 Blackford Drive City Exeter State NH Zip Code 03833-4599 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 ▼ 640.64			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86089 Amount of Each Receipt this Period 38.08
<b>B.</b> Full Name (Last, First, Middle Initial) Matt Warye Mailing Address 8278 Keeneland Court City Maineville State OH Zip Code 45039-9154 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 ▼ 306.94			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84814 Amount of Each Receipt this Period 18.15
<b>C.</b> Full Name (Last, First, Middle Initial) Matt Warye Mailing Address 8278 Keeneland Court City Maineville State OH Zip Code 45039-9154 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 ▼ 306.94			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-86453 Amount of Each Receipt this Period 18.15

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

**74.38**

**TOTAL** 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 190 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

A. Full Name (Last, First, Middle Initial)

Stanley Watson

Mailing Address 4 Meadowview Road

City State Zip Code  
 Georgetown MA 01833-1141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Dir., Business Systems Projects

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.14

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83448

Amount of Each Receipt this Period

17.76

B. Full Name (Last, First, Middle Initial)

Stanley Watson

Mailing Address 4 Meadowview Road

City State Zip Code  
 Georgetown MA 01833-1141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Dir., Business Systems Projects

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.14

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85087

Amount of Each Receipt this Period

17.76

C. Full Name (Last, First, Middle Initial)

Michael Weaver

Mailing Address 11156 Desert Glen Drive

City State Zip Code  
 Fishers IN 46037-8296

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Project Manager li

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.06

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84743

Amount of Each Receipt this Period

22.18

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

57.70

**TOTAL** 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 191 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

**A.** Full Name (Last, First, Middle Initial)  
Michael Weaver  
Mailing Address 11156 Desert Glen Drive

City State Zip Code  
Fishers IN 46037-8296

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Project Manager li

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.06

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86382

Amount of Each Receipt this Period

22.18

**B.** Full Name (Last, First, Middle Initial)  
Robbie Weber  
Mailing Address 12065 Quarry Court

City State Zip Code  
Fishers IN 46037-3926

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Regional Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.79

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-83999

Amount of Each Receipt this Period

15.53

**C.** Full Name (Last, First, Middle Initial)  
Robbie Weber  
Mailing Address 12065 Quarry Court

City State Zip Code  
Fishers IN 46037-3926

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Regional Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.79

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85638

Amount of Each Receipt this Period

15.53

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

53.24

**TOTAL** 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 192 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. James Wells

Mailing Address 12338 Rockledge Circle

City State Zip Code  
 Boca Raton FL 33428-4812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Regional General Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.88

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84490

Amount of Each Receipt this Period

15.64

Full Name (Last, First, Middle Initial)

B. James Wells

Mailing Address 12338 Rockledge Circle

City State Zip Code  
 Boca Raton FL 33428-4812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Regional General Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.88

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86129

Amount of Each Receipt this Period

15.64

Full Name (Last, First, Middle Initial)

C. E. Janney Wilson

Mailing Address 25 Tennyson Road

City State Zip Code  
 Wellesley MA 02481-5231

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 ▼

436.56

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84346

Amount of Each Receipt this Period

26.17

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

57.45

TOTAL 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 193 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) E. Janney Wilson Mailing Address 25 Tennyson Road City Wellesley State MA Zip Code 02481-5231 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 ▼ 436.56			Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-85985 Amount of Each Receipt this Period 26.17
<b>B.</b> Full Name (Last, First, Middle Initial) Margaret Wilson Mailing Address 10 Nehemiah Road City Shirley State MA Zip Code 01464-2326 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 ▼ 274.89			Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-84926 Amount of Each Receipt this Period 16.38
<b>C.</b> Full Name (Last, First, Middle Initial) Margaret Wilson Mailing Address 10 Nehemiah Road City Shirley State MA Zip Code 01464-2326 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 ▼ 274.89			Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-86565 Amount of Each Receipt this Period 16.38
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			58.93
<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 194 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Douglas Wood		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 10 Strawberry Lane		<b>Transaction ID:</b> 080706-FED-84396
City Stratham	State NH	Zip Code 03885-2470
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.77
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 ▼ 345.04	

<b>B.</b> Full Name (Last, First, Middle Initial) Douglas Wood		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 10 Strawberry Lane		<b>Transaction ID:</b> 082206-FED-86035
City Stratham	State NH	Zip Code 03885-2470
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.77
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 ▼ 345.04	

<b>C.</b> Full Name (Last, First, Middle Initial) Mark Woodford		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 24 Town Street		<b>Transaction ID:</b> 080706-FED-84517
City Braintree	State MA	Zip Code 02184-5308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.96
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 ▼ 431.66	

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

67.50

**TOTAL** 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 195 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Woodford Mailing Address 24 Town Street City Braintree State MA Zip Code 02184-5308 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 431.66			Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-86156 Amount of Each Receipt this Period 25.96
<b>B.</b> Full Name (Last, First, Middle Initial) Mark Wright Mailing Address 9 Wadsworth Farm Road City Franklin State MA Zip Code 02038-3229 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 654.80			Date of Receipt MM / DD / YYYY 08 / 04 / 2006 <b>Transaction ID:</b> 080706-FED-83695 Amount of Each Receipt this Period 39.23
<b>C.</b> Full Name (Last, First, Middle Initial) Mark Wright Mailing Address 9 Wadsworth Farm Road City Franklin State MA Zip Code 02038-3229 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 654.80			Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 082206-FED-85334 Amount of Each Receipt this Period 39.23
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			104.42
<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 196 / 216

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Laurance Yahia Mailing Address 11 Massachusetts Avenue City State Zip Code Harvard MA 01451-1638 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 ▼ 1136.52			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-83612 Amount of Each Receipt this Period 69.23
<b>B.</b> Full Name (Last, First, Middle Initial) Laurance Yahia Mailing Address 11 Massachusetts Avenue City State Zip Code Harvard MA 01451-1638 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 ▼ 1136.52			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 082206-FED-85251 Amount of Each Receipt this Period 69.23
<b>C.</b> Full Name (Last, First, Middle Initial) D. Gul Yanmaz Karsligil Mailing Address 220 Powderhouse Boulevard City State Zip Code Somerville MA 02144-1531 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 ▼ 310.54			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> 080706-FED-84497 Amount of Each Receipt this Period 22.96

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

161.42

**TOTAL** 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 197 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

**A.** D. Gul Yanmaz Karsligil

Mailing Address 220 Powderhouse Boulevard

City State Zip Code  
 Somerville MA 02144-1531

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Sr. Invest Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.54

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86136

Amount of Each Receipt this Period

22.96

Full Name (Last, First, Middle Initial)

**B.** Dean Yingling

Mailing Address 556 Oakwood Drive

City State Zip Code  
 Fenton MO 63026-3531

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Account Executive I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.54

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84124

Amount of Each Receipt this Period

23.17

Full Name (Last, First, Middle Initial)

**C.** Dean Yingling

Mailing Address 556 Oakwood Drive

City State Zip Code  
 Fenton MO 63026-3531

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Account Executive I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.54

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-85763

Amount of Each Receipt this Period

23.17

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

69.30

**TOTAL** 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 198 / 216

(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)

**A.** Joanna Young

Mailing Address 9 Strout Lane

City	State	Zip Code
Durham	NH	03824-3206

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Manager-Desktop Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

Transaction ID: 080706-FED-83427

Amount of Each Receipt this Period

22.27

Full Name (Last, First, Middle Initial)

**B.** Joanna Young

Mailing Address 9 Strout Lane

City	State	Zip Code
Durham	NH	03824-3206

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Manager-Desktop Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	6

Transaction ID: 082206-FED-85066

Amount of Each Receipt this Period

22.27

Full Name (Last, First, Middle Initial)

**C.** Steven Zagoren

Mailing Address 51 Castle Drive

City	State	Zip Code
Sharon	MA	02067-2444

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Assistant Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

Transaction ID: 080706-FED-84458

Amount of Each Receipt this Period

13.85

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

58.39

**TOTAL** 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 199 / 216

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

A. Full Name (Last, First, Middle Initial)

Steven Zagoren

Mailing Address 51 Castle Drive

City State Zip Code  
 Sharon MA 02067-2444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Assistant Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.67

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86097

Amount of Each Receipt this Period

13.85

B. 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 ▼

334.31

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 080706-FED-84416

Amount of Each Receipt this Period

19.90

C. 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 ▼

334.31

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 082206-FED-86055

Amount of Each Receipt this Period

19.90

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

53.65

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

16898.34

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

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

FOR LINE NUMBER: PAGE 200 / 216

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Bank of America		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 100 Federal Street		<b>Transaction ID:</b> 61319-50393313169479	
City Boston	State MA	Zip Code 02110	Amount of Each Receipt this Period 348.11
FEC ID number of contributing federal political committee. C		Interest	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3593.91		

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

348.11

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

348.11



# **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 201 / 216

<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)

**A.** Liberty Mutual Insurance Company - TX - State PAC

Mailing Address 175 Berkeley Street

City  
Boston

State  
MA

Zip Code  
02117

Purpose of Disbursement

Transfer to nonallocating TX State PAC

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 61319-39539301395416

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2006

Amount of Each Disbursement this Period

10000.00

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

10000.00

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

10000.00

# **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 202 / 216

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

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

## **A. Back America's Conservatives Pac (BAC PAC)**

Mailing Address 1251 Dartmouth Court

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2006 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 99909-4596368670463

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

## **B. Bass Victory Committee**

Mailing Address PO Box 3451

City Concord State NH Zip Code 03302

Purpose of Disbursement  
2006 General Contribution

Candidate Name  
Charles Bass

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NH District: 02

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 04143-6238672137260

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

1500.00

## **C. Ben Cardin for Congress**

Mailing Address PO Box 21093  
100 East Pratt Street 26th Floor

City Catonsville State MD Zip Code 21228

Purpose of Disbursement  
2006 Primary Contribution

Candidate Name  
Benjamin Cardin

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MD District: 03

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 97738-2338830828666

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 203 / 216

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

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

**A.** Bennett Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement  
2010 Primary Contribution

Candidate Name  
Robert Bennett

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District:

Transaction ID: 97068-7488366961479

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Boswell for Congress

Mailing Address PO Box 6220

City Des Moines State IA Zip Code 50309

Purpose of Disbursement  
2006 General Contribution

Candidate Name  
Leonard Boswell

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 03

Transaction ID: 04143-7580377459526

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Campbell for Congress

Mailing Address 4590 Macarthur Boulevard Suite 500

City Irvine State CA Zip Code 92660

Purpose of Disbursement  
2006 General Contribution

Candidate Name  
John Campbell

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 48

Transaction ID: 04143-4977685809135

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

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

5500.00

**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 204 / 216

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

**A.** Cantor for Congress

Mailing Address PO Box 17813

City  
Richmond

State  
VA

Zip Code  
23226

Purpose of Disbursement  
2006 General Contribution

Candidate Name  
Eric Cantor

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: 97738-9661371111869

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Carper for Senate

Mailing Address 19 East Commons Blvd. Second Floor

City  
New Castle

State  
DE

Zip Code  
19720

Purpose of Disbursement  
2006 General Contribution

Candidate Name  
Tom Carper

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: DE District:

Transaction ID: 97068-5254938006401

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.** Citizens for Bunning

Mailing Address 1717 Dixie Highway Suite 180

City  
Fort Wright

State  
KY

Zip Code  
41011

Purpose of Disbursement  
2006 Primary Contribution

Candidate Name  
Jim Bunning

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District:

Transaction ID: 97068-7725793719291

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

1500.00

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

5500.00

**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)

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

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

## **A. Citizens for Rush**

Mailing Address PO Box 7292

City  
Chicago

State  
IL

Zip Code  
60680

Purpose of Disbursement  
2006 General Contribution

011

Category/  
Type

Candidate Name  
Bobby Rush

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 01

Transaction ID: 04143-3544122576713

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Committee To Re-Elect Bobby Jindal**

Mailing Address PO Box 8628

City  
Metairie

State  
LA

Zip Code  
70011

Purpose of Disbursement  
2006 Primary Contribution

011

Category/  
Type

Candidate Name  
Bobby Jindal

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 01

Transaction ID: 97246-1849634051322

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Crowley for Congress**

Mailing Address 84-56 Grand Avenue

City  
Elmhurst

State  
NY

Zip Code  
11373

Purpose of Disbursement  
2006 Primary Contribution

011

Category/  
Type

Candidate Name  
Joseph Crowley

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 07

Transaction ID: 97246-7078058123588

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

1500.00

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

3500.00

**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 206 / 216

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

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

**A.** Doyle for Congress Committee

Mailing Address 205 Hawthorne Court  
2227 Hampton Street

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement  
2006 General Contribution

Candidate Name  
Mike Doyle

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 14

Transaction ID: 04143-4868738055229

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Dreier for Congress Committee

Mailing Address PO Box 505

City Upland State CA Zip Code 91785

Purpose of Disbursement  
2006 General Contribution

Candidate Name  
David Dreier

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 26

Transaction ID: 97246-1908990740776

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Earl Pomeroy for Congress

Mailing Address PO Box 9336

City Fargo State ND Zip Code 58106

Purpose of Disbursement  
2006 General Contribution

Candidate Name  
Earl Pomeroy

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ND District: 01

Transaction ID: 04143-1161920428276

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

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

4500.00

**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)

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

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

**A.** Feinstein for Senate

Mailing Address 601 S Glenoaks Boulevard #211

City Burbank State CA Zip Code 91502

Purpose of Disbursement  
2006 General Contribution

Candidate Name  
Dianne Feinstein

Office Sought: ☐ House  
☒ Senate  
☐ President

State: CA

District:

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** 97246-0624963641166

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B.** Friends for Harry Reid

Mailing Address PO Box 19163

City Las Vegas State NV Zip Code 89132

Purpose of Disbursement  
2010 Primary Contribution

Candidate Name  
Harry Reid

Office Sought: ☐ House  
☒ Senate  
☐ President

State: NV

District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 97068-9723169207573

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** Friends for Mike McGavick

Mailing Address PO Box 9247

City Seattle State WA Zip Code 98109

Purpose of Disbursement  
2006 General Contribution

Candidate Name  
Michael McGavick

Office Sought: ☐ House  
☒ Senate  
☐ President

State: WA

District:

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** 97246-2319757342338

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

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

13000.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 208 / 216

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

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

**A. Friends of Jim Inhofe Committee**

Mailing Address PO Box 13300

City  
Oklahoma CityState  
OKZip Code  
73113Purpose of Disbursement  
2008 Primary ContributionCandidate Name  
James Inhofe011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OK District:

Transaction ID: 97068-2750207781791

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	6

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Friends of John Boehner**

Mailing Address 7908-I Cincinnati Dayton Road

City  
West ChesterState  
OHZip Code  
45069Purpose of Disbursement  
2006 General ContributionCandidate Name  
John Boehner011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 08

Transaction ID: 97738-3428918719291

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Grassley Committee Inc**

Mailing Address PO Box 1000

City  
Des MoinesState  
IAZip Code  
50304Purpose of Disbursement  
2010 Primary ContributionCandidate Name  
Charles Grassley011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District:

Transaction ID: 97068-9511987566948

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	6

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ►

8500.00

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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

**A.** Hatch Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City State Zip Code  
Salt Lake City UT 84101

Purpose of Disbursement  
2006 General Contribution

Candidate Name  
Orrin Hatch

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: UT District:

Transaction ID: 97068-4217798113822

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B.** Helping Advance the Republican Team PAC

Mailing Address PO Box 332

City State Zip Code  
Wexford PA 15090

Purpose of Disbursement  
2006 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 01069-7597162127494

Date of Disbursement

08 / 24 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.** Hooley for Congress

Mailing Address PO Box 2050

City State Zip Code  
Salem OR 97308

Purpose of Disbursement  
2006 General Contribution

Candidate Name  
Darlene Hooley

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 05

Transaction ID: 04143-0171777606010

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

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

5500.00

**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)

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

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

## **A. Hoosiers Supporting Buyer for Congress**

Mailing Address 200 North Main St. PO Box 712

City Monticello State IN Zip Code 47960

Purpose of Disbursement  
2006 General Contribution

Candidate Name  
Stephen Buyer

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 04

Transaction ID: 04143-5047571063041

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

## **B. Hoyer for Congress**

Mailing Address 7905 Malcolm Road Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement  
2006 Primary Contribution

Candidate Name  
Steny Hoyer

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 05

Transaction ID: 97738-1924402117729

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. Julia Carson for Congress Committee**

Mailing Address PO Box 44088  
740 Market Square Center

City Indianapolis State IN Zip Code 46244

Purpose of Disbursement  
2006 General Contribution

Candidate Name  
Julia Carson

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 07

Transaction ID: 97738-6488458514213

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

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

6500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

**A. Keep Our Majority Pac**

Mailing Address PO Box 20209

City  
AlexandriaState  
VAZip Code  
22320Purpose of Disbursement  
2006 Contribution

Candidate Name

011

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 97738-4377557635307

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	6

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Knollenberg for Congress Committee**

Mailing Address 31000 Telegraph Road #110

City  
Bingham FarmsState  
MIZip Code  
48025Purpose of Disbursement  
2006 General ContributionCandidate Name  
Joe Knollenberg

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 09

Transaction ID: 04143-8543969988823

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Louise Slaughter Re-Election Committee**Mailing Address PO Box 730  
C/O C. Bruce LawrenceCity  
HoneoyeState  
NYZip Code  
14471Purpose of Disbursement  
2006 Primary ContributionCandidate Name  
Louise Slaughter

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 28

Transaction ID: 97246-3703882098197

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	6

Amount of Each Disbursement this Period

2000.00

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

5500.00

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)

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

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

**A.** Lungren for Congress

Mailing Address 9321 Silverbend Lane

City  
Elk Grove

State  
CA

Zip Code  
95624

Purpose of Disbursement  
2006 General Contribution

Candidate Name  
Daniel Lungren

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 03

Transaction ID: 04143-0421869158744

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** McConnell Senate Committee '08

Mailing Address PO Box 1496

City  
Louisville

State  
KY

Zip Code  
40201

Purpose of Disbursement  
2008 Primary Contribution

Candidate Name  
Mitch McConnell

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District:

Transaction ID: 00603-8639947772026

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Nebraska Leadership Pac

Mailing Address PO Box 3325

City  
Omaha

State  
NE

Zip Code  
68103

Purpose of Disbursement  
2006 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 98154-9968377947807

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

5000.00

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

9500.00

**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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

## **A. Pac To the Future**

Mailing Address Pmb 3230  
268 Bush Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement  
2006 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 99909-9399682879448

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. People with Hart Inc**

Mailing Address PO Box 435

City Wexford State PA Zip Code 15090

Purpose of Disbursement  
2006 General Contribution

Candidate Name  
Melissa Hart

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: 97246-6895410418510

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

## **C. Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Mailing Address 2600 South River Road

City Des Plaines State IL Zip Code 60018

Purpose of Disbursement  
2006 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 17366-4245263934135

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

5000.00

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

14000.00

**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)

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

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

## **A. Reed Committee**

Mailing Address PO Box 8628

City  
Cranston

State  
RI

Zip Code  
02920

Purpose of Disbursement  
2008 Primary Contribution

Candidate Name  
Jack Reed

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI District:

Transaction ID: 97068-1833764910697

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

## **B. Rodney Alexander for Congress Inc.**

Mailing Address PO Box 367  
319 Nancy Road

City  
Quitman

State  
LA

Zip Code  
71268

Purpose of Disbursement  
2006 Primary Contribution

Candidate Name  
Rodney Alexander

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 05

Transaction ID: 97738-5772210955619

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Shelby for U S Senate**

Mailing Address Post Office Box 1091

City  
Tuscaloosa

State  
AL

Zip Code  
35403

Purpose of Disbursement  
2010 Primary Contribution

Candidate Name  
Richard Shelby

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District:

Transaction ID: 97068-1672479510307

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

2500.00

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

5000.00

**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)

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

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

**A.** Team Sununu

Mailing Address PO Box 500

City Rye State NH Zip Code 03870

Purpose of Disbursement  
2008 Primary Contribution

Candidate Name  
John Sununu

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NH District:

Transaction ID: 97068-7481347918510

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Texas Freedom Fund

Mailing Address 104 East Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
2006 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 92145-4603998064994

Date of Disbursement

08 / 30 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** Tom Feeney for Congress

Mailing Address 1420 Alafaya Trail #103

City Oviedo State FL Zip Code 32765

Purpose of Disbursement  
2006 Primary Contribution

Candidate Name  
Tom Feeney

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 24

Transaction ID: 04143-5091363787651

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

2500.00

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

10000.00

**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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

## **A. Volunteer Pac**

Mailing Address PO Box 158552

City Nashville State TN Zip Code 37215

Purpose of Disbursement  
2006 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 97068-1699792742729

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

## **B. Weldon Victory Committee**

Mailing Address PO Box 1992

City Media State PA Zip Code 19063

Purpose of Disbursement  
2006 General Contribution

Candidate Name  
Curt Weldon

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 07

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 97246-0060541033744

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Whitfield for Congress Committee**

Mailing Address PO Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement  
2006 General Contribution

Candidate Name  
Edward Whitfield

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: KY District: 01

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 04143-1408044695854

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

5000.00

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

8000.00

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

110500.00