

**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

11

28

2006

through

12

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

01

19

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
1	1	2	8	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	2	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 .....	86656.18	
(c) Total Receipts (from Line 19) .....	27508.87	373850.98
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	114165.05	689382.49
7. Total Disbursements (from Line 31) .....	15547.85	590765.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	98617.20	98617.20
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
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	20101.82	173324.18
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	7237.94	196541.91
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	27339.76	369866.09
(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) .....	27339.76	369866.09
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.) .....	169.11	3984.89
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)) .....	27508.87	373850.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27508.87	373850.98

**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.....		47.85	1823.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		47.85	1823.10
22. Transfers to Affiliated/Other Party Committees.....		0.00	22625.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		13000.00	525000.00
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.....		2500.00	40400.00
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))..		15547.85	590765.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		15547.85	590765.29

**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) .....	27339.76	369866.09
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	917.19
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27339.76	368948.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	47.85	1823.10
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	47.85	1823.10

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

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

FOR LINE NUMBER: PAGE 6 / 348

(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)

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 ▼

317.43

Date of Receipt

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

Transaction ID: 20061212114-FD-930

Amount of Each Receipt this Period

12.33

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

William Adams

Mailing Address 15710 Wildrye Drive

City State Zip Code  
 Westfield IN 46074-9094

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 ▼

266.96

Date of Receipt

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

Transaction ID: 20061212114-FD-1385

Amount of Each Receipt this Period

10.62

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

William Adams

Mailing Address 15710 Wildrye Drive

City State Zip Code  
 Westfield IN 46074-9094

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 ▼

266.96

Date of Receipt

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

Transaction ID: 20061223129-FD-1385

Amount of Each Receipt this Period

10.62

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

33.57

**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 7 / 348

(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 ▼

317.43

Date of Receipt

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

Transaction ID: 20061223129-FD-930

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 ▼

398.74

Date of Receipt

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

Transaction ID: 20061212114-FD-417

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 ▼

398.74

Date of Receipt

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

Transaction ID: 20061223129-FD-417

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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 348

(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 Occupation Liberty Mutual Chief Actuary Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 545.48			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-815 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 Occupation Liberty Mutual Chief Actuary Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 545.48			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-815 Amount of Each Receipt this Period 21.35
<b>C.</b> Full Name (Last, First, Middle Initial) Carlos Alicea Mailing Address 4498 Denker Drive City State Zip Code Pleasanton CA 94588-3924 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Regional Underwrtg Mgr., Cm Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 248.52			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-825 Amount of Each Receipt this Period 9.65

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

52.35

**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 / 348

(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) Carlos Alicea		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 4498 Denker Drive		<b>Transaction ID:</b> 20061223129-FD-825
City Pleasanton	State CA	Zip Code 94588-3924
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.65
Name of Employer Liberty Mutual	Occupation Regional Undwrtg Mgr., Cm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 248.52	

<b>B.</b> Full Name (Last, First, Middle Initial) Gregory Allard		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 77 Hollow Road		<b>Transaction ID:</b> 20061212114-FD-306
City Stony Brook	State NY	Zip Code 11790-1833
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 49.85
Name of Employer Liberty Mutual	Occupation General Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1280.98	

<b>C.</b> Full Name (Last, First, Middle Initial) Gregory Allard		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 77 Hollow Road		<b>Transaction ID:</b> 20061223129-FD-306
City Stony Brook	State NY	Zip Code 11790-1833
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 49.85
Name of Employer Liberty Mutual	Occupation General Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1280.98	

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

109.35

**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 / 348

(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) Donald Allison		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 2294 Hilton Head Road		<b>Transaction ID:</b> 20061212114-FD-1062
City State Zip Code Chula Vista CA 91915-1210	<b>Amount of Each Receipt this Period</b> 10.85	
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Mutual	Occupation Mgr. li, Agency Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.42	

<b>B.</b> Full Name (Last, First, Middle Initial) Donald Allison		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 2294 Hilton Head Road		<b>Transaction ID:</b> 20061223129-FD-1062
City State Zip Code Chula Vista CA 91915-1210	<b>Amount of Each Receipt this Period</b> 10.85	
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Mutual	Occupation Mgr. li, Agency Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.42	

<b>C.</b> Full Name (Last, First, Middle Initial) Marilyn Anaya		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 833 Noble Avenue Apt. A		<b>Transaction ID:</b> 20061212114-FD-1555
City State Zip Code Bronx NY 10473-4107	<b>Amount of Each Receipt this Period</b> 14.14	
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Mutual	Occupation Lead Accountant-Liu	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.28	

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

35.84

**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 11 / 348

(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) Marilyn Anaya		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 833 Noble Avenue Apt. A		<b>Transaction ID:</b> 20061223129-FD-1555	
City Bronx	State NY	Amount of Each Receipt this Period 14.14	
Zip Code 10473-4107			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Lead Accountant-Liu		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.28		

<b>B.</b> Full Name (Last, First, Middle Initial) Thomas Andersen		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 925 Southwest Westwood Drive		<b>Transaction ID:</b> 20061212114-FD-1091	
City Portland	State OR	Amount of Each Receipt this Period 11.16	
Zip Code 97239-2744			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Resident Attorney I, Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.36		

<b>C.</b> Full Name (Last, First, Middle Initial) Thomas Andersen		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 925 Southwest Westwood Drive		<b>Transaction ID:</b> 20061223129-FD-1091	
City Portland	State OR	Amount of Each Receipt this Period 11.16	
Zip Code 97239-2744			
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Resident Attorney I, Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.36		

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

36.46

**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 12 / 348

(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 Mutual

Occupation  
Regional Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.39

Date of Receipt

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

Transaction ID: 20061212114-FD-639

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 Mutual

Occupation  
Regional Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.39

Date of Receipt

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

Transaction ID: 20061223129-FD-639

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 Mutual

Occupation  
Sr. Mktg. Comm Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.55

Date of Receipt

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

Transaction ID: 20061212114-FD-214

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 348

(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 ▼

411.55

Date of Receipt

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

Transaction ID: 20061223129-FD-214

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 ▼

330.66

Date of Receipt

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

Transaction ID: 20061212114-FD-1327

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 ▼

330.66

Date of Receipt

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

Transaction ID: 20061223129-FD-1327

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**

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

FOR LINE NUMBER: PAGE 14 / 348

(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.** Tod Anderson

Mailing Address 34 Sprucetop Drive

City State Zip Code  
 Mahopac NY 10541-7002

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 ▼

274.72

Date of Receipt

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

Transaction ID: 20061212114-FD-411

Amount of Each Receipt this Period

10.62

Full Name (Last, First, Middle Initial)

**B.** Tod Anderson

Mailing Address 34 Sprucetop Drive

City State Zip Code  
 Mahopac NY 10541-7002

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 ▼

274.72

Date of Receipt

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

Transaction ID: 20061223129-FD-411

Amount of Each Receipt this Period

10.62

Full Name (Last, First, Middle Initial)

**C.** 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 ▼

556.36

Date of Receipt

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

Transaction ID: 20061212114-FD-873

Amount of Each Receipt this Period

21.63

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

42.87

**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 / 348

(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 ▼

556.36

Date of Receipt

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

Transaction ID: 20061223129-FD-873

Amount of Each Receipt this Period

21.63

Full Name (Last, First, Middle Initial)

**B.** Mark Ashwood

Mailing Address 8162 Buena Vista Drive

City State Zip Code  
 Denver NC 28037-7301

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 ▼

288.08

Date of Receipt

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

Transaction ID: 20061212114-FD-662

Amount of Each Receipt this Period

11.08

Full Name (Last, First, Middle Initial)

**C.** Mark Ashwood

Mailing Address 8162 Buena Vista Drive

City State Zip Code  
 Denver NC 28037-7301

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 ▼

288.08

Date of Receipt

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

Transaction ID: 20061223129-FD-662

Amount of Each Receipt this Period

11.08

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

43.79

**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 16 / 348

(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) Marie Athens		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-393
Mailing Address 9 Country Lane		
City Mahwah	State NJ	Zip Code 07430-2244
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> 20061212114-FD-393
Name of Employer Liberty Mutual		Occupation Sr. Account Executive
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 8.17
Aggregate Year-to-Date ▼ 210.46		

<b>B.</b> Full Name (Last, First, Middle Initial) Marie Athens		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-393
Mailing Address 9 Country Lane		
City Mahwah	State NJ	Zip Code 07430-2244
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> 20061223129-FD-393
Name of Employer Liberty Mutual		Occupation Sr. Account Executive
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 8.17
Aggregate Year-to-Date ▼ 210.46		

<b>C.</b> Full Name (Last, First, Middle Initial) Donald Atkinson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-532
Mailing Address 3340 Millwater Crossing		
City Dacula	State GA	Zip Code 30019-2983
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> 20061212114-FD-532
Name of Employer Liberty Mutual		Occupation Account Executive II
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 9.26
Aggregate Year-to-Date ▼ 238.10		

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

25.60

**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 17 / 348

(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) Donald Atkinson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 3340 Millwater Crossing		<b>Transaction ID:</b> 20061223129-FD-532
City Dacula	State GA	Zip Code 30019-2983
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.26
Name of Employer Liberty Mutual	Occupation Account Executive li	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.10	

<b>B.</b> Full Name (Last, First, Middle Initial) Kenneth Aucoin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 13868 Cypress Ridge Avenue		<b>Transaction ID:</b> 20061212114-FD-1500
City Baton Rouge	State LA	Zip Code 70817-2017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.34
Name of Employer Liberty Mutual	Occupation Mgr. I, CI Line Uw	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.97	

<b>C.</b> Full Name (Last, First, Middle Initial) Kenneth Aucoin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 13868 Cypress Ridge Avenue		<b>Transaction ID:</b> 20061223129-FD-1500
City Baton Rouge	State LA	Zip Code 70817-2017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.34
Name of Employer Liberty Mutual	Occupation Mgr. I, CI Line Uw	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.97	

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

25.94

**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 18 / 348

(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 Azrin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-978	
Mailing Address 20 Webster Street Unit 403		Amount of Each Receipt this Period 16.62	
City Brookline	State MA		Zip Code 02446-4964
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Sr. Invest Analyst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.61	

<b>B.</b> Full Name (Last, First, Middle Initial) Daniel Azrin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-978	
Mailing Address 20 Webster Street Unit 403		Amount of Each Receipt this Period 16.62	
City Brookline	State MA		Zip Code 02446-4964
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Sr. Invest Analyst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.61	

<b>C.</b> Full Name (Last, First, Middle Initial) Mark Backstrom		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1415	
Mailing Address 20801 Northwest 61st Avenue		Amount of Each Receipt this Period 9.62	
City Ridgefield	State WA		Zip Code 98642-9651
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Regional Mgr. I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 246.83	

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

42.86

**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 19 / 348

(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 Backstrom

Mailing Address 20801 Northwest 61st Avenue

City State Zip Code  
 Ridgefield WA 98642-9651

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 ▼

246.83

Date of Receipt

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

Transaction ID: 20061223129-FD-1415

Amount of Each Receipt this Period

9.62

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

John Baginski

Mailing Address 270 Ridgewood Avenue

City State Zip Code  
 Glen Ridge NJ 07028-1432

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 ▼

227.76

Date of Receipt

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

Transaction ID: 20061212114-FD-462

Amount of Each Receipt this Period

8.76

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

John Baginski

Mailing Address 270 Ridgewood Avenue

City State Zip Code  
 Glen Ridge NJ 07028-1432

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 ▼

227.76

Date of Receipt

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

Transaction ID: 20061223129-FD-462

Amount of Each Receipt this Period

8.76

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

27.14

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 20 / 348

(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 Baker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1268
Mailing Address 18 Laurel Heights		
City	State	Zip Code
Fitzwilliam	NH	03447-3371
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 17.13
Name of Employer Liberty Mutual		
Occupation Mgr., Customer Accounting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 438.80		

<b>B.</b> Full Name (Last, First, Middle Initial) Daniel Baker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1268
Mailing Address 18 Laurel Heights		
City	State	Zip Code
Fitzwilliam	NH	03447-3371
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 17.13
Name of Employer Liberty Mutual		
Occupation Mgr., Customer Accounting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 438.80		

<b>C.</b> Full Name (Last, First, Middle Initial) Peter Baker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1513
Mailing Address 103 Ridgewood Avenue		
City	State	Zip Code
Keene	NH	03431-2805
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 8.23
Name of Employer Liberty Mutual		
Occupation Bond Manager li		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 210.62		

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

42.49

**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 21 / 348

(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) Peter Baker		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 103 Ridgewood Avenue		<b>Transaction ID:</b> 20061223129-FD-1513
City Keene	State NH	Zip Code 03431-2805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.23
Name of Employer Liberty Mutual	Occupation Bond Manager li	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.62	

<b>B.</b> Full Name (Last, First, Middle Initial) John Barbour		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 5 Smith Park Lane		<b>Transaction ID:</b> 20061212114-FD-2
City Durham	State NH	Zip Code 03824-2701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.37
Name of Employer Liberty Mutual	Occupation Program Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 268.71	

<b>C.</b> Full Name (Last, First, Middle Initial) John Barbour		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 5 Smith Park Lane		<b>Transaction ID:</b> 20061223129-FD-2
City Durham	State NH	Zip Code 03824-2701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.37
Name of Employer Liberty Mutual	Occupation Program Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 268.71	

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

28.97

**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 22 / 348

(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)

Meredith Barnes-Cook

Mailing Address 82 Berkeley Road

City State Zip Code  
 North Andover MA 01845-5253

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 ▼

231.13

Date of Receipt

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

Transaction ID: 20061212114-FD-112

Amount of Each Receipt this Period

8.93

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

Meredith Barnes-Cook

Mailing Address 82 Berkeley Road

City State Zip Code  
 North Andover MA 01845-5253

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 ▼

231.13

Date of Receipt

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

Transaction ID: 20061223129-FD-112

Amount of Each Receipt this Period

8.93

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

Terry Bashline

Mailing Address 5210 Glenburn Drive

City State Zip Code  
 Pittsburgh PA 15236-2323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Resident Attorney I, Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.94

Date of Receipt

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

Transaction ID: 20061212114-FD-478

Amount of Each Receipt this Period

9.69

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

27.55

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 23 / 348

(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) Terry Bashline Mailing Address 5210 Glenburn Drive City State Zip Code Pittsburgh PA 15236-2323 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 ▼ 251.94		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-478 Amount of Each Receipt this Period 9.69
<b>B.</b> 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. <b>C</b> 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 ▼ 1175.06		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-985 Amount of Each Receipt this Period 45.69
<b>C.</b> 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. <b>C</b> 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 ▼ 1175.06		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-985 Amount of Each Receipt this Period 45.69
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		101.07
<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 24 / 348

(check only one)

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☐ 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) Larry Becker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 13735 Northwest Bridle Lane		<b>Transaction ID:</b> 20061212114-FD-1424
City Portland	State OR	Zip Code 97229-3602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.69
Name of Employer Liberty Mutual	Occupation Mgr., P&C Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 917.16	

<b>B.</b> Full Name (Last, First, Middle Initial) Larry Becker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 13735 Northwest Bridle Lane		<b>Transaction ID:</b> 20061223129-FD-1424
City Portland	State OR	Zip Code 97229-3602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.69
Name of Employer Liberty Mutual	Occupation Mgr., P&C Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 917.16	

<b>C.</b> Full Name (Last, First, Middle Initial) Steve Beckham		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 24122 S Skyline Drive		<b>Transaction ID:</b> 20061223129-FD-773
City Canby	State OR	Zip Code 97013-9730
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4.23
Name of Employer Liberty Mutual	Occupation Reg. Dir. of Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.12	

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

75.61

**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 / 348

(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 Bennett		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1578 Amount of Each Receipt this Period 115.38
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 ▼ 2882.59		

<b>B.</b> Full Name (Last, First, Middle Initial) Douglas Bennett		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1578 Amount of Each Receipt this Period 115.38
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 ▼ 2882.59		

<b>C.</b> Full Name (Last, First, Middle Initial) Melvyn Berger		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1365 Amount of Each Receipt this Period 17.54
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 ▼ 451.98		

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

248.30

**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 26 / 348

(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) Melvyn Berger		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 251 Mill Street		<b>Transaction ID:</b> 20061223129-FD-1365
City Newton	State MA	Zip Code 02460-2438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.54
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 ▼ 451.98	

<b>B.</b> Full Name (Last, First, Middle Initial) Lori Bernier		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 3 Winterberry Lane		<b>Transaction ID:</b> 20061212114-FD-205
City North Hampton	State NH	Zip Code 03862-2054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.15
Name of Employer Liberty Mutual	Occupation Project Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.80	

<b>C.</b> Full Name (Last, First, Middle Initial) Lori Bernier		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 3 Winterberry Lane		<b>Transaction ID:</b> 20061223129-FD-205
City North Hampton	State NH	Zip Code 03862-2054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.15
Name of Employer Liberty Mutual	Occupation Project Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.80	

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

49.84

**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 27 / 348

(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 Berube		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 17 Arrowwood Drive		<b>Transaction ID:</b> 20061212114-FD-1568
City Cromwell	State CT	Zip Code 06416-1201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.77
Name of Employer Liberty Mutual	Occupation Regional Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 531.97	

<b>B.</b> Full Name (Last, First, Middle Initial) David Berube		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 17 Arrowwood Drive		<b>Transaction ID:</b> 20061223129-FD-1568
City Cromwell	State CT	Zip Code 06416-1201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.77
Name of Employer Liberty Mutual	Occupation Regional Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 531.97	

<b>C.</b> Full Name (Last, First, Middle Initial) Peter Birkey		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 42 Serenade Park		<b>Transaction ID:</b> 20061212114-FD-1579
City North Easton	State MA	Zip Code 02356-2758
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.69
Name of Employer Liberty Mutual	Occupation Mgr., Risk Mgmt. Lib Int & Pe	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1489.16	

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

99.23

**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 28 / 348

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Peter Birkey		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 42 Serenade Park		<b>Transaction ID:</b> 20061223129-FD-1579
City North Easton	State MA	Zip Code 02356-2758
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.69
Name of Employer Liberty Mutual	Occupation Mgr., Risk Mgmt. Lib Int & Pe	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1489.16	

<b>B.</b> Full Name (Last, First, Middle Initial) Robert Birtel		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 4501 Orleans Boulevard		<b>Transaction ID:</b> 20061212114-FD-1554
City Jefferson	State LA	Zip Code 70121-1223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.69
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 ▼ 629.41	

<b>C.</b> Full Name (Last, First, Middle Initial) Robert Birtel		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 4501 Orleans Boulevard		<b>Transaction ID:</b> 20061223129-FD-1554
City Jefferson	State LA	Zip Code 70121-1223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.69
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 ▼ 629.41	

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

107.07

**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 29 / 348

(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) 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 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 ▼ 371.48		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-94 Amount of Each Receipt this Period 14.32
<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 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 ▼ 371.48		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-94 Amount of Each Receipt this Period 14.32
<b>C.</b> Full Name (Last, First, Middle Initial) Ken Blackwood Mailing Address 175 Darling Road City State Zip Code Keene NH 03431-4940 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr., Reg'l Company Claims Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.13		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1267 Amount of Each Receipt this Period 8.15
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		36.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

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

FOR LINE NUMBER: PAGE 30 / 348

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ken Blackwood Mailing Address 175 Darling Road City Keene State NH Zip Code 03431-4940 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr., Reg'l Company Claims Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.13			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1267 Amount of Each Receipt this Period 8.15
<b>B.</b> Full Name (Last, First, Middle Initial) Robert Blauvelt Mailing Address 52 Whittier Road City Needham State MA Zip Code 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 ▼ 1277.44			Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-406 Amount of Each Receipt this Period 49.52
<b>C.</b> Full Name (Last, First, Middle Initial) Robert Blauvelt Mailing Address 52 Whittier Road City Needham State MA Zip Code 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 ▼ 1277.44			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-406 Amount of Each Receipt this Period 49.52

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

107.19

**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 31 / 348

(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) Denise Block		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 16 Appleway		<b>Transaction ID:</b> 20061212114-FD-504	
City Stratham	State NH	Zip Code 03885-2503	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.73	
Name of Employer Liberty Mutual	Occupation Sr. Dir., Development Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.63		

<b>B.</b> Full Name (Last, First, Middle Initial) Denise Block		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 16 Appleway		<b>Transaction ID:</b> 20061223129-FD-504	
City Stratham	State NH	Zip Code 03885-2503	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.73	
Name of Employer Liberty Mutual	Occupation Sr. Dir., Development Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.63		

<b>C.</b> Full Name (Last, First, Middle Initial) Sascha Blom		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 280 King Street		<b>Transaction ID:</b> 20061212114-FD-823	
City Littleton	State MA	Zip Code 01460-1254	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.60	
Name of Employer Liberty Mutual	Occupation Counsel, Ho		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.96		

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

35.06

**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 32 / 348

(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) Sascha Blom		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 280 King Street		<b>Transaction ID:</b> 20061223129-FD-823	
City Littleton	State MA	Zip Code 01460-1254	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.60	
Name of Employer Liberty Mutual	Occupation Counsel, Ho		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.96		

<b>B.</b> Full Name (Last, First, Middle Initial) Robert Blomberg		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 31 Wanders Drive		<b>Transaction ID:</b> 20061212114-FD-268	
City Hingham	State MA	Zip Code 02043-3456	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.59	
Name of Employer Liberty Mutual	Occupation Manager-Workers Comp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.61		

<b>C.</b> Full Name (Last, First, Middle Initial) Robert Blomberg		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 31 Wanders Drive		<b>Transaction ID:</b> 20061223129-FD-268	
City Hingham	State MA	Zip Code 02043-3456	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.59	
Name of Employer Liberty Mutual	Occupation Manager-Workers Comp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.61		

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

56.78

**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  
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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Sherry Bohn		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 304 W Fairmont		<b>Transaction ID:</b> 20061212114-FD-438
City New Castle	State PA	Zip Code 16105-1912
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.21
Name of Employer Liberty Mutual	Occupation Project Leader-Special Proj	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.59	

<b>B.</b> Full Name (Last, First, Middle Initial) Sherry Bohn		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 304 W Fairmont		<b>Transaction ID:</b> 20061223129-FD-438
City New Castle	State PA	Zip Code 16105-1912
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.21
Name of Employer Liberty Mutual	Occupation Project Leader-Special Proj	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.59	

<b>C.</b> Full Name (Last, First, Middle Initial) Warren Boise		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 75 Mann's Drive		<b>Transaction ID:</b> 20061212114-FD-1510
City Hanover	State MA	Zip Code 02339-1559
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.31
Name of Employer Liberty Mutual	Occupation Senior Tax Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.06	

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

37.73

**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 34 / 348

(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.** 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 ▼

450.06

Date of Receipt

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

Transaction ID: 20061223129-FD-1510

Amount of Each Receipt this Period

17.31

Full Name (Last, First, Middle Initial)

**B.** William Bostic

Mailing Address 1105 Livingfield Court

City State Zip Code  
 Gallatin TN 37066-7460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Mgr. li, CI Line Uw

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.91

Date of Receipt

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

Transaction ID: 20061212114-FD-1336

Amount of Each Receipt this Period

8.08

Full Name (Last, First, Middle Initial)

**C.** William Bostic

Mailing Address 1105 Livingfield Court

City State Zip Code  
 Gallatin TN 37066-7460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Mgr. li, CI Line Uw

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.91

Date of Receipt

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

Transaction ID: 20061223129-FD-1336

Amount of Each Receipt this Period

8.08

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

33.47

**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 35 / 348

(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 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 ▼

430.29

Date of Receipt

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

Transaction ID: 20061212114-FD-1258

Amount of Each Receipt this Period

16.66

**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 ▼

430.29

Date of Receipt

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

Transaction ID: 20061223129-FD-1258

Amount of Each Receipt this Period

16.66

**C.** 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 ▼

756.87

Date of Receipt

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

Transaction ID: 20061212114-FD-1290

Amount of Each Receipt this Period

29.42

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

62.74

**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 36 / 348

(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) Dwight Bowie		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address PO Box 1076		<b>Transaction ID:</b> 20061223129-FD-1290
City Keene	State NH	Zip Code 03431-1076
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 29.42
Name of Employer Liberty Mutual	Occupation Pres. & C.E.O., Peerless	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 756.87	

<b>B.</b> Full Name (Last, First, Middle Initial) Elaine Brady		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 17 Heritage Lane		<b>Transaction ID:</b> 20061212114-FD-232
City Lynnfield	State MA	Zip Code 01940-2506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.27
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 ▼ 359.96	

<b>C.</b> Full Name (Last, First, Middle Initial) Elaine Brady		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 17 Heritage Lane		<b>Transaction ID:</b> 20061223129-FD-232
City Lynnfield	State MA	Zip Code 01940-2506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.27
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 ▼ 359.96	

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

57.96

**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 37 / 348

(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)  
Catherine Braughton Bazant

Mailing Address 1154 Andrews Road

City State Zip Code  
 Lake Oswego OR 97034-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Lnw Field Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.11

Date of Receipt

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

Transaction ID: 20061212114-FD-775

Amount of Each Receipt this Period

9.23

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

Mailing Address 1154 Andrews Road

City State Zip Code  
 Lake Oswego OR 97034-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Lnw Field Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.11

Date of Receipt

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

Transaction ID: 20061223129-FD-775

Amount of Each Receipt this Period

9.23

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

Mailing Address 5 Hassell Road

City State Zip Code  
 Merrimack NH 03054-4319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Product Director I, Cm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.65

Date of Receipt

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

Transaction ID: 20061212114-FD-563

Amount of Each Receipt this Period

8.90

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

27.36

**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 38 / 348

(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)

Theodore Braun

Mailing Address 5 Hassell Road

City State Zip Code  
Merrimack NH 03054-4319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Product Director I, Cm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.65

Date of Receipt

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

Transaction ID: 20061223129-FD-563

Amount of Each Receipt this Period

8.90

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

Marvin Braxton

Mailing Address 1485 Paseo De Las Flores

City State Zip Code  
Encinitas CA 92024-2364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Regional Mgr. Iii

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.05

Date of Receipt

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

Transaction ID: 20061212114-FD-1459

Amount of Each Receipt this Period

10.91

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

Marvin Braxton

Mailing Address 1485 Paseo De Las Flores

City State Zip Code  
Encinitas CA 92024-2364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Regional Mgr. Iii

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.05

Date of Receipt

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

Transaction ID: 20061223129-FD-1459

Amount of Each Receipt this Period

10.91

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

30.72

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 / 348

(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) Dane Bremer		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 42 Day Avenue		<b>Transaction ID:</b> 20061212114-FD-52
City Hamilton	State MA	Zip Code 01982-2010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.43
Name of Employer Liberty Mutual	Occupation I/S Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.73	

<b>B.</b> Full Name (Last, First, Middle Initial) Dane Bremer		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 42 Day Avenue		<b>Transaction ID:</b> 20061223129-FD-52
City Hamilton	State MA	Zip Code 01982-2010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.43
Name of Employer Liberty Mutual	Occupation I/S Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.73	

<b>C.</b> Full Name (Last, First, Middle Initial) Michael Brewer		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 12012 Pine Top Street		<b>Transaction ID:</b> 20061212114-FD-1288
City Parker	State CO	Zip Code 80138-8694
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.66
Name of Employer Liberty Mutual	Occupation Mgr., Field Claims Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 397.71	

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

32.52

**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 40 / 348

(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 Brewer

Mailing Address 12012 Pine Top Street

City State Zip Code  
Parker CO 80138-8694

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 ▼

397.71

Date of Receipt

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

Transaction ID: 20061223129-FD-1288

Amount of Each Receipt this Period

15.66

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 ▼

369.70

Date of Receipt

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

Transaction ID: 20061212114-FD-159

Amount of Each Receipt this Period

14.30

C. 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 ▼

369.70

Date of Receipt

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

Transaction ID: 20061223129-FD-159

Amount of Each Receipt this Period

14.30

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

44.26

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 41 / 348

(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 Brisee		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address #29 Cobblestone Road		<b>Transaction ID:</b> 20061212114-FD-267
City Glastonbury	State CT	Zip Code 06033-2505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.75
Name of Employer Liberty Mutual	Occupation Operations Support Mgr.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.14	

<b>B.</b> Full Name (Last, First, Middle Initial) Robert Brisee		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address #29 Cobblestone Road		<b>Transaction ID:</b> 20061223129-FD-267
City Glastonbury	State CT	Zip Code 06033-2505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.75
Name of Employer Liberty Mutual	Occupation Operations Support Mgr.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.14	

<b>C.</b> Full Name (Last, First, Middle Initial) J. Eric Brosius		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address PO Box 532		<b>Transaction ID:</b> 20061212114-FD-495
City Needham Heights	State MA	Zip Code 02494-0011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.21
Name of Employer Liberty Mutual	Occupation Manager-Domestic Reinsurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 619.43	

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

44.71

**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 / 348

(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 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 ▼

619.43

Date of Receipt

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

Transaction ID: 20061223129-FD-495

Amount of Each Receipt this Period

25.96

Full Name (Last, First, Middle Initial)

**B.** Stephen Brown

Mailing Address 42 Barrows Street

City State Zip Code  
 North Attleboro MA 02760-2242

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Portfolio Underwriter, Nau

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.27

Date of Receipt

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

Transaction ID: 20061223129-FD-489

Amount of Each Receipt this Period

7.94

Full Name (Last, First, Middle Initial)

**C.** Susan Brown

Mailing Address 15 Pray Street

City State Zip Code  
 Rochester NH 03868-5902

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 ▼

220.59

Date of Receipt

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

Transaction ID: 20061212114-FD-96

Amount of Each Receipt this Period

8.62

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

42.52

**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 / 348

(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)

Susan Brown

Mailing Address 15 Pray Street

City State Zip Code  
 Rochester NH 03868-5902

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 ▼

220.59

Date of Receipt

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

Transaction ID: 20061223129-FD-96

Amount of Each Receipt this Period

8.62

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

David Buonviri

Mailing Address 27005 Northeast 194th Avenue

City State Zip Code  
 Battle Ground WA 98604-6939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
President, Cascade

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.43

Date of Receipt

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

Transaction ID: 20061212114-FD-517

Amount of Each Receipt this Period

19.85

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

David Buonviri

Mailing Address 27005 Northeast 194th Avenue

City State Zip Code  
 Battle Ground WA 98604-6939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
President, Cascade

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.43

Date of Receipt

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

Transaction ID: 20061223129-FD-517

Amount of Each Receipt this Period

19.85

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

48.32

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 44 / 348

(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 ▼ 494.64		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-338 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 ▼ 494.64		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-338 Amount of Each Receipt this Period 19.10
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Burkhalter Mailing Address 9575 Nevada Trail City Missoula State MT Zip Code 59808-9335 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Regional Sales Manager, Lnw Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 243.30		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-757 Amount of Each Receipt this Period 9.46
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		47.66
<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 45 / 348

(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 Burkhalter  
Mailing Address 9575 Nevada Trail

City State Zip Code  
Missoula MT 59808-9335

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Regional Sales Manager, Lnw

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.30

Date of Receipt

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

Transaction ID: 20061223129-FD-757

Amount of Each Receipt this Period

9.46

**B.** Full Name (Last, First, Middle Initial)  
Donald Burt  
Mailing Address 239 Elm Avenue

City State Zip Code  
Wyoming OH 45215-4347

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Principal Tech Analyst, Mfs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.20

Date of Receipt

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

Transaction ID: 20061223129-FD-1255

Amount of Each Receipt this Period

7.70

**C.** 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 ▼

1107.59

Date of Receipt

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

Transaction ID: 20061212114-FD-728

Amount of Each Receipt this Period

42.85

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

60.01

**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 46 / 348

(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 Butler		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 1N230 Partridge Drive		<b>Transaction ID:</b> 20061223129-FD-728
City Wheaton	State IL	Zip Code 60188-4528
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.85
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 ▼ 1107.59	

<b>B.</b> Full Name (Last, First, Middle Initial) Joseph Caffrey		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 30 South Lenox Street		<b>Transaction ID:</b> 20061212114-FD-139
City Worcester	State MA	Zip Code 01602-2522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.04
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 ▼ 275.16	

<b>C.</b> Full Name (Last, First, Middle Initial) George Cagliuso		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 9 Noel Street		<b>Transaction ID:</b> 20061212114-FD-138
City Hampton	State NH	Zip Code 03842-2067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.95
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 ▼ 256.60	

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

63.84

**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 47 / 348

(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) George Cagliuso		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-138 Amount of Each Receipt this Period 9.95
Mailing Address 9 Noel Street City State Zip Code Hampton NH 03842-2067 FEC ID number of contributing federal political committee. C Name of Employer Occupation Liberty Mutual Operations Manager, I/S Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 256.60		

<b>B.</b> Full Name (Last, First, Middle Initial) Frederick Calcinari		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-984 Amount of Each Receipt this Period 10.23
Mailing Address 210 South Road City State Zip Code Kensington NH 03833-6702 FEC ID number of contributing federal political committee. C Name of Employer Occupation Liberty Mutual Frontline Manager, I/S Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 264.65		

<b>C.</b> Full Name (Last, First, Middle Initial) Frederick Calcinari		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-984 Amount of Each Receipt this Period 10.23
Mailing Address 210 South Road City State Zip Code Kensington NH 03833-6702 FEC ID number of contributing federal political committee. C Name of Employer Occupation Liberty Mutual Frontline Manager, I/S Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 264.65		

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

30.41

**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 48 / 348

(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 Cannon		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1015	
Mailing Address # 204 1650 Eighth Avenue		Amount of Each Receipt this Period 10.31	
City San Diego	State CA		Zip Code 92101-2864
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Counsel, Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 265.89	

<b>B.</b> Full Name (Last, First, Middle Initial) Catherine Cannon		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1015	
Mailing Address # 204 1650 Eighth Avenue		Amount of Each Receipt this Period 10.31	
City San Diego	State CA		Zip Code 92101-2864
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Counsel, Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 265.89	

<b>C.</b> Full Name (Last, First, Middle Initial) Mary Caracino		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-364	
Mailing Address 15 Downing Road		Amount of Each Receipt this Period 9.25	
City Lexington	State MA		Zip Code 02421-6918
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Dir., Business Systems Projects		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 238.61	

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

29.87

**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 / 348

(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) Mary Caracino Mailing Address 15 Downing Road City Lexington State MA Zip Code 02421-6918 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Dir., Business Systems Projects Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 238.61			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-364 Amount of Each Receipt this Period 9.25
<b>B.</b> Full Name (Last, First, Middle Initial) David Carey Mailing Address 5105 Redfield Road City Doylestown State PA Zip Code 18902-6106 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation C.O.O., Liberty Mutual Surety Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 568.74			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-270 Amount of Each Receipt this Period 22.02
<b>C.</b> Full Name (Last, First, Middle Initial) David Carey Mailing Address 5105 Redfield Road City Doylestown State PA Zip Code 18902-6106 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation C.O.O., Liberty Mutual Surety Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 568.74			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-270 Amount of Each Receipt this Period 22.02

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

53.29

**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 50 / 348

(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		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 42 Normandy Road		<b>Transaction ID:</b> 20061212114-FD-346
City Lexington	State MA	Zip Code 02421-7828
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.13
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 ▼ 1136.53	

<b>B.</b> Full Name (Last, First, Middle Initial) Deborah Carrow		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 42 Normandy Road		<b>Transaction ID:</b> 20061223129-FD-346
City Lexington	State MA	Zip Code 02421-7828
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.13
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 ▼ 1136.53	

<b>C.</b> Full Name (Last, First, Middle Initial) Kevin Carson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 2 Drinkwater Road		<b>Transaction ID:</b> 20061212114-FD-482
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 Ii, Cm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 397.55	

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

103.72

**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 / 348

(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) Kevin Carson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 2 Drinkwater Road		<b>Transaction ID:</b> 20061223129-FD-482
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 ▼ 397.55	

<b>B.</b> Full Name (Last, First, Middle Initial) Douglas Cauti		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address One Russett Hill Road		<b>Transaction ID:</b> 20061212114-FD-460
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 Construction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 524.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Douglas Cauti		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address One Russett Hill Road		<b>Transaction ID:</b> 20061223129-FD-460
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 Construction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 524.00	

**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 52 / 348

(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) Jeffrey Chase Mailing Address 8 Snowbird Lane City York State ME Zip Code 03909-1366 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 ▼ 286.92			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-14 Amount of Each Receipt this Period 11.10
<b>B.</b> Full Name (Last, First, Middle Initial) Jeffrey Chase Mailing Address 8 Snowbird Lane City York State ME Zip Code 03909-1366 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 ▼ 286.92			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-14 Amount of Each Receipt this Period 11.10
<b>C.</b> Full Name (Last, First, Middle Initial) Robert Chizmadia Mailing Address 63 River Street City Wellesley State MA Zip Code 02481-2001 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Regional Underwriting Mgr., Nm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.85			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-291 Amount of Each Receipt this Period 10.49
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			32.69
<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 53 / 348

(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 Chizmadia

Mailing Address 63 River Street

City State Zip Code  
 Wellesley MA 02481-2001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Regional Underwriting Mgr., Nm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.85

Date of Receipt

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

Transaction ID: 20061223129-FD-291

Amount of Each Receipt this Period

10.49

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

Li-Chuan Chou

Mailing Address 42 Cambridge Road

City State Zip Code  
 Bedford NH 03110-4307

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.36

Date of Receipt

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

Transaction ID: 20061212114-FD-1558

Amount of Each Receipt this Period

14.56

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

Li-Chuan Chou

Mailing Address 42 Cambridge Road

City State Zip Code  
 Bedford NH 03110-4307

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.36

Date of Receipt

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

Transaction ID: 20061223129-FD-1558

Amount of Each Receipt this Period

14.56

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

39.61

**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 / 348

(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  
Sr. Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.37

Date of Receipt

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

Transaction ID: 20061212114-FD-1552

Amount of Each Receipt this Period

17.97

Full Name (Last, First, Middle Initial)

B. 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  
Sr. Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.37

Date of Receipt

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

Transaction ID: 20061223129-FD-1552

Amount of Each Receipt this Period

17.97

Full Name (Last, First, Middle Initial)

C. Theodore Christensen

Mailing Address 36 Oak Ridge Drive

City State Zip Code  
 Charlton MA 01507-5218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Product Director I, Cm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.20

Date of Receipt

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

Transaction ID: 20061212114-FD-189

Amount of Each Receipt this Period

8.55

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

44.49

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

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(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.** Theodore Christensen

Mailing Address 36 Oak Ridge Drive

City State Zip Code  
 Charlton MA 01507-5218

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Product Director I, Cm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.20

Date of Receipt

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

Transaction ID: 20061223129-FD-189

Amount of Each Receipt this Period

8.55

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 ▼

771.76

Date of Receipt

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

Transaction ID: 20061212114-FD-152

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 ▼

771.76

Date of Receipt

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

Transaction ID: 20061223129-FD-152

Amount of Each Receipt this Period

29.85

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

68.25

**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

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(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) Brian Clark		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 130 Pinecrest Road		<b>Transaction ID:</b> 20061212114-FD-173
City Litchfield	State NH	Zip Code 03052-2343
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.69
Name of Employer Liberty Mutual	Occupation Home Office Lp Ops Mgr.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.18	

<b>B.</b> Full Name (Last, First, Middle Initial) Brian Clark		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 130 Pinecrest Road		<b>Transaction ID:</b> 20061223129-FD-173
City Litchfield	State NH	Zip Code 03052-2343
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.69
Name of Employer Liberty Mutual	Occupation Home Office Lp Ops Mgr.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.18	

<b>C.</b> Full Name (Last, First, Middle Initial) Stephen Clark		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 1237 Franklin Street		<b>Transaction ID:</b> 20061223129-FD-71
City Duxbury	State MA	Zip Code 02332-3419
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 7.88
Name of Employer Liberty Mutual	Occupation Managing Director-Line of Bus.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.20	

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

25.26

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



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

Use separate schedule(s)  
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(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) Laurel Cleary Mailing Address 5 Carson Street City State Zip Code Weymouth MA 02188-2104 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Reg. Bus. Opers Analyst Pm Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 225.77			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1023 Amount of Each Receipt this Period 8.74	
<b>B.</b> Full Name (Last, First, Middle Initial) Laurel Cleary Mailing Address 5 Carson Street City State Zip Code Weymouth MA 02188-2104 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Reg. Bus. Opers Analyst Pm Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 225.77			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1023 Amount of Each Receipt this Period 8.74	
<b>C.</b> Full Name (Last, First, Middle Initial) John Clifford Mailing Address 49 Dickinson Road City State Zip Code Keene NH 03431-5102 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) ▼ 332.70			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1271 Amount of Each Receipt this Period 12.85	

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

**30.33**

**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  
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☒ 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 Clifford

Mailing Address 49 Dickinson Road

City State Zip Code  
 Keene NH 03431-5102

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 ▼

332.70

Date of Receipt

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

Transaction ID: 20061223129-FD-1271

Amount of Each Receipt this Period

12.85

Full Name (Last, First, Middle Initial)

B. Nancy Cobb

Mailing Address 305 Center Hill Road

City State Zip Code  
 Centreville DE 19807-1119

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 ▼

822.92

Date of Receipt

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

Transaction ID: 20061212114-FD-976

Amount of Each Receipt this Period

31.92

Full Name (Last, First, Middle Initial)

C. Nancy Cobb

Mailing Address 305 Center Hill Road

City State Zip Code  
 Centreville DE 19807-1119

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 ▼

822.92

Date of Receipt

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

Transaction ID: 20061223129-FD-976

Amount of Each Receipt this Period

31.92

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

76.69

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  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Regan Cole		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 3108 Brookhollow		<b>Transaction ID:</b> 20061223129-FD-882 Amount of Each Receipt this Period 7.98	
City Oklahoma City	State OK		Zip Code 73120-5209
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Counsel, Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.45	

<b>B.</b> Full Name (Last, First, Middle Initial) John Collins		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 4 Freedom Way		<b>Transaction ID:</b> 20061212114-FD-771 Amount of Each Receipt this Period 41.83	
City Walpole	State MA		Zip Code 02081-2288
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation General Manager, Business Mkt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1080.86	

<b>C.</b> Full Name (Last, First, Middle Initial) John Collins		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 4 Freedom Way		<b>Transaction ID:</b> 20061223129-FD-771 Amount of Each Receipt this Period 41.83	
City Walpole	State MA		Zip Code 02081-2288
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation General Manager, Business Mkt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1080.86	

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

91.64

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Neal Colman		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 50 Forge Road		<b>Transaction ID:</b> 20061212114-FD-154
City Sharon	State MA	Zip Code 02067-2882
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.37
Name of Employer Liberty Mutual	Occupation Regional Underwriting Mgr., Nm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 293.59	

<b>B.</b> Full Name (Last, First, Middle Initial) Neal Colman		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 50 Forge Road		<b>Transaction ID:</b> 20061223129-FD-154
City Sharon	State MA	Zip Code 02067-2882
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.37
Name of Employer Liberty Mutual	Occupation Regional Underwriting Mgr., Nm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 293.59	

<b>C.</b> Full Name (Last, First, Middle Initial) J. Paul Condrin		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 12 Snows Hill Lane		<b>Transaction ID:</b> 20061212114-FD-57
City Dover	State MA	Zip Code 02030-2457
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 128.85
Name of Employer Liberty Mutual	Occupation President-Personal Markets	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3316.43	

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

151.59

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. 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 Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3316.43

Date of Receipt

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

Transaction ID: 20061223129-FD-57

Amount of Each Receipt this Period

128.85

Full Name (Last, First, Middle Initial)

B. Michael Connell

Mailing Address 973 Tulip Tree Lane

City State Zip Code  
West Des Moines IA 50266-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Pres. & C.E.O., Indiana Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.14

Date of Receipt

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

Transaction ID: 20061212114-FD-1333

Amount of Each Receipt this Period

10.58

Full Name (Last, First, Middle Initial)

C. Michael Connell

Mailing Address 973 Tulip Tree Lane

City State Zip Code  
West Des Moines IA 50266-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Pres. & C.E.O., Indiana Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.14

Date of Receipt

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

Transaction ID: 20061223129-FD-1333

Amount of Each Receipt this Period

10.58

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

150.01

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  
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(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 Conner

Mailing Address 20 Grove Street

City State Zip Code  
Greenland NH 03840-2337

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 ▼

241.98

Date of Receipt

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

Transaction ID: 20061212114-FD-802

Amount of Each Receipt this Period

9.42

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

Mailing Address 20 Grove Street

City State Zip Code  
Greenland NH 03840-2337

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 ▼

241.98

Date of Receipt

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

Transaction ID: 20061223129-FD-802

Amount of Each Receipt this Period

9.42

**C.** 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 ▼

541.94

Date of Receipt

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

Transaction ID: 20061212114-FD-61

Amount of Each Receipt this Period

21.00

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

39.84

**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  
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☒ 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 ▼

541.94

Date of Receipt

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

Transaction ID: 20061223129-FD-61

Amount of Each Receipt this Period

21.00

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

David Conway

Mailing Address 785 Whisper Woods Drive

City State Zip Code  
 Lakeland FL 33813-5649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Financial Officer li Am

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.14

Date of Receipt

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

Transaction ID: 20061212114-FD-1269

Amount of Each Receipt this Period

9.16

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 ▼

415.14

Date of Receipt

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

Transaction ID: 20061223129-FD-1269

Amount of Each Receipt this Period

9.16

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

39.32

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

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

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(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 Cooney Mailing Address 5 Blueberry Path City Acton State MA Zip Code 01720-4919 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 1025.61			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-106 Amount of Each Receipt this Period 39.81
<b>B.</b> Full Name (Last, First, Middle Initial) John Cooney Mailing Address 5 Blueberry Path City Acton State MA Zip Code 01720-4919 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 1025.61			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-106 Amount of Each Receipt this Period 39.81
<b>C.</b> Full Name (Last, First, Middle Initial) Kathy Cooper Mailing Address 103 Richdale Road City Needham State MA Zip Code 02494-1900 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Regional Financial Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 215.35			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-135 Amount of Each Receipt this Period 8.49
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			88.11
<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 65 / 348

(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) Kathy Cooper Mailing Address 103 Richdale Road City State Zip Code Needham MA 02494-1900 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Regional Financial Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 215.35		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-135 Amount of Each Receipt this Period 8.49
<b>B.</b> Full Name (Last, First, Middle Initial) William Cooper Mailing Address 5159 Stahley Drive City State Zip Code Schnecksville PA 18078-2241 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Cascade, Regional Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.93		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1503 Amount of Each Receipt this Period 9.06
<b>C.</b> Full Name (Last, First, Middle Initial) William Cooper Mailing Address 5159 Stahley Drive City State Zip Code Schnecksville PA 18078-2241 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Cascade, Regional Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.93		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1503 Amount of Each Receipt this Period 9.06

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

**26.61**

**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 66 / 348

(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 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 ▼

308.74

Date of Receipt

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

Transaction ID: 20061212114-FD-712

Amount of Each Receipt this Period

11.95

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

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 ▼

308.74

Date of Receipt

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

Transaction ID: 20061223129-FD-712

Amount of Each Receipt this Period

11.95

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

Kevin Cormier

Mailing Address 236 Darling Road

City State Zip Code  
Keene NH 03431-4942

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 ▼

224.33

Date of Receipt

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

Transaction ID: 20061212114-FD-1281

Amount of Each Receipt this Period

8.83

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

32.73

**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 67 / 348

(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 Cormier		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1281 Amount of Each Receipt this Period 8.83
Mailing Address 236 Darling Road  City State Zip Code Keene NH 03431-4942  FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual		Occupation Actuary  Aggregate Year-to-Date ▼ 224.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Elizabeth Cosgrove		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-817 Amount of Each Receipt this Period 37.69
Mailing Address 22 Gale Road  City State Zip Code Hampton NH 03842-1013  FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual		Occupation Manager-Bus. Dvlpt Ind. Life  Aggregate Year-to-Date ▼ 974.55
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Elizabeth Cosgrove		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-817 Amount of Each Receipt this Period 37.69
Mailing Address 22 Gale Road  City State Zip Code Hampton NH 03842-1013  FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual		Occupation Manager-Bus. Dvlpt Ind. Life  Aggregate Year-to-Date ▼ 974.55
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

84.21

**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 / 348

(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 Costa Mailing Address 33 Russell Trufant City State Zip Code Carver MA 02330-1055 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Sr. Project Manager-Leasing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 244.83		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-906 Amount of Each Receipt this Period 9.50
<b>B.</b> Full Name (Last, First, Middle Initial) William Costa Mailing Address 33 Russell Trufant City State Zip Code Carver MA 02330-1055 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Sr. Project Manager-Leasing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 244.83		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-906 Amount of Each Receipt this Period 9.50
<b>C.</b> Full Name (Last, First, Middle Initial) Roland Cote Mailing Address 31 Frank's Way City State Zip Code Epping NH 03042-1916 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr. of Mass Mktg. Und & Admin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 261.80		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-54 Amount of Each Receipt this Period 10.15
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		29.15
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

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

FOR LINE NUMBER: PAGE 69 / 348

(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)

Roland Cote

Mailing Address 31 Frank's Way

City State Zip Code  
 Epping NH 03042-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr. of Mass Mktg. Und & Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.80

Date of Receipt

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

Transaction ID: 20061223129-FD-54

Amount of Each Receipt this Period

10.15

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

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 ▼

355.42

Date of Receipt

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

Transaction ID: 20061212114-FD-466

Amount of Each Receipt this Period

13.67

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

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 ▼

355.42

Date of Receipt

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

Transaction ID: 20061223129-FD-466

Amount of Each Receipt this Period

13.67

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

37.49

**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 70 / 348

(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 ▼ 678.14			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-51 Amount of Each Receipt this Period 28.85
<b>B.</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 ▼ 678.14			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-51 Amount of Each Receipt this Period 28.85
<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 ▼ 557.50			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-464 Amount of Each Receipt this Period 21.69

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

**79.39**

**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 71 / 348

(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) Michele Cudemo		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 212 Glenfield Road		<b>Transaction ID:</b> 20061223129-FD-464	
City North Attleboro	State MA	Zip Code 02760-3948	Amount of Each Receipt this Period 21.69
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Manager-H.R. & Admin Svcs.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 557.50		

<b>B.</b> Full Name (Last, First, Middle Initial) Christopher Cuniff		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address One Rizoli Circle		<b>Transaction ID:</b> 20061212114-FD-72	
City Franklin	State MA	Zip Code 02038-3346	Amount of Each Receipt this Period 23.08
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Product Manager, Pm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 564.65		

<b>C.</b> Full Name (Last, First, Middle Initial) Christopher Cuniff		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address One Rizoli Circle		<b>Transaction ID:</b> 20061223129-FD-72	
City Franklin	State MA	Zip Code 02038-3346	Amount of Each Receipt this Period 23.08
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Product Manager, Pm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 564.65		

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

67.85

**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 72 / 348

(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 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 MutualOccupation  
Sr. Corporate Counsel, Ho

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.71

Date of Receipt

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

Transaction ID: 20061212114-FD-279

Amount of Each Receipt this Period

13.72

**B.** 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 MutualOccupation  
Sr. Corporate Counsel, Ho

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.71

Date of Receipt

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

Transaction ID: 20061223129-FD-279

Amount of Each Receipt this Period

13.72

**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 MutualOccupation  
Manager-External Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.89

Date of Receipt

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

Transaction ID: 20061212114-FD-113

Amount of Each Receipt this Period

15.87

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

43.31

**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

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(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 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 ▼

409.89

Date of Receipt

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

Transaction ID: 20061223129-FD-113

Amount of Each Receipt this Period

15.87

Full Name (Last, First, Middle Initial)

B. Donald D'Errico

Mailing Address 1276 Brownstone Drive

City State Zip Code  
 Marietta GA 30008-3251

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Sr. Legislative Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.75

Date of Receipt

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

Transaction ID: 20061212114-FD-845

Amount of Each Receipt this Period

8.19

Full Name (Last, First, Middle Initial)

C. 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 ▼

363.87

Date of Receipt

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

Transaction ID: 20061212114-FD-1537

Amount of Each Receipt this Period

15.01

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

39.07

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 74 / 348

(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.** Timothy Daily

Full Name (Last, First, Middle Initial)

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 ▼

363.87

Date of Receipt

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

Transaction ID: 20061223129-FD-1537

Amount of Each Receipt this Period

15.01

**B.** Richard Dapra

Full Name (Last, First, Middle Initial)

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 ▼

956.70

Date of Receipt

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

Transaction ID: 20061212114-FD-955

Amount of Each Receipt this Period

36.92

**C.** Richard Dapra

Full Name (Last, First, Middle Initial)

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 ▼

956.70

Date of Receipt

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

Transaction ID: 20061223129-FD-955

Amount of Each Receipt this Period

36.92

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

88.85

**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 75 / 348

(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 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 ▼

450.37

Date of Receipt

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

Transaction ID: 20061212114-FD-117

Amount of Each Receipt this Period

17.54

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 ▼

450.37

Date of Receipt

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

Transaction ID: 20061223129-FD-117

Amount of Each Receipt this Period

17.54

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

Gary DeGruttola

Mailing Address 1 Roy Drive

City State Zip Code  
 Hudson NH 03051-3539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
General Mgr., Pm Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1203.82

Date of Receipt

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

Transaction ID: 20061212114-FD-479

Amount of Each Receipt this Period

46.92

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

82.00

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 76 / 348

(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)

Gary DeGruttola

Mailing Address 1 Roy Drive

City State Zip Code  
Hudson NH 03051-3539

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
General Mgr., Pm Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1203.82

Date of Receipt

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

Transaction ID: 20061223129-FD-479

Amount of Each Receipt this Period

46.92

**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.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.37

Date of Receipt

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

Transaction ID: 20061212114-FD-1434

Amount of Each Receipt this Period

24.81

**C.** 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.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.37

Date of Receipt

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

Transaction ID: 20061223129-FD-1434

Amount of Each Receipt this Period

24.81

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

96.54

**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 77 / 348

(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) 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 ▼ 929.83			Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1110 Amount of Each Receipt this Period 35.83
<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 ▼ 929.83			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1110 Amount of Each Receipt this Period 35.83
<b>C.</b> Full Name (Last, First, Middle Initial) Kristin Denison Mailing Address 3 Long Cove Drive City State Zip Code Old Orchard Beach ME 04064-4116 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr., Pers Mkt Sys. Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 297.50			Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-244 Amount of Each Receipt this Period 11.69
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			83.35
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

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

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

FOR LINE NUMBER: PAGE 78 / 348

(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) Kristin Denison		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 3 Long Cove Drive		<b>Transaction ID:</b> 20061223129-FD-244
City Old Orchard Beach	State ME	Zip Code 04064-4116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.69
Name of Employer Liberty Mutual	Occupation Mgr., Pers Mkt Sys. Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.50	

<b>B.</b> Full Name (Last, First, Middle Initial) Michael Derrick		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 7627 Dunbridge Drive		<b>Transaction ID:</b> 20061212114-FD-638
City Odessa	State FL	Zip Code 33556-2259
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.77
Name of Employer Liberty Mutual	Occupation Sr. Trial Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.26	

<b>C.</b> Full Name (Last, First, Middle Initial) Michael Derrick		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 7627 Dunbridge Drive		<b>Transaction ID:</b> 20061223129-FD-638
City Odessa	State FL	Zip Code 33556-2259
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.77
Name of Employer Liberty Mutual	Occupation Sr. Trial Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.26	

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

35.23

**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 79 / 348

(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 ▼ 978.40			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-803 Amount of Each Receipt this Period 38.46
<b>B.</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 ▼ 978.40			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-803 Amount of Each Receipt this Period 38.46
<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 ▼ 485.69			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1276 Amount of Each Receipt this Period 18.85

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

95.77

**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 80 / 348

(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 DiRusso		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address PO Box 487 26 Church Street		<b>Transaction ID:</b> 20061223129-FD-1276
City Spofford	State NH	Zip Code 03462-0487
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.85
Name of Employer Liberty Mutual	Occupation Mgr., Legal/General Counsel Am	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 485.69	

<b>B.</b> Full Name (Last, First, Middle Initial) Jeffrey Donahue		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 8 Piscassic Street		<b>Transaction ID:</b> 20061212114-FD-180
City Newmarket	State NH	Zip Code 03857-1111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.96
Name of Employer Liberty Mutual	Occupation Senior Business Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 421.21	

<b>C.</b> Full Name (Last, First, Middle Initial) Jeffrey Donahue		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 8 Piscassic Street		<b>Transaction ID:</b> 20061223129-FD-180
City Newmarket	State NH	Zip Code 03857-1111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.96
Name of Employer Liberty Mutual	Occupation Senior Business Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 421.21	

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

44.77

**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 81 / 348

(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 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 ▼ 884.59			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061212114-FD-407 Amount of Each Receipt this Period <table border="1"> <tr> <td>34.23</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	0	6	34.23
M	M	/	D	D	/	Y	Y	Y	Y															
1	2		0	8		2	0	0	6															
34.23																								
<b>B.</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 ▼ 884.59			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061223129-FD-407 Amount of Each Receipt this Period <table border="1"> <tr> <td>34.23</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	2		2	0	0	6	34.23
M	M	/	D	D	/	Y	Y	Y	Y															
1	2		2	2		2	0	0	6															
34.23																								
<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 ▼ 1031.02			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061212114-FD-594 Amount of Each Receipt this Period <table border="1"> <tr> <td>40.15</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	0	6	40.15
M	M	/	D	D	/	Y	Y	Y	Y															
1	2		0	8		2	0	0	6															
40.15																								

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

108.61

**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 / 348

(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 Doonan

Mailing Address 124 Windy Row

City State Zip Code  
 Peterborough NH 03458-2012

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 ▼

1031.02

Date of Receipt

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

Transaction ID: 20061223129-FD-594

Amount of Each Receipt this Period

40.15

**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 ▼

390.43

Date of Receipt

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

Transaction ID: 20061212114-FD-105

Amount of Each Receipt this Period

15.17

**C.** 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 ▼

390.43

Date of Receipt

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

Transaction ID: 20061223129-FD-105

Amount of Each Receipt this Period

15.17

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

70.49

**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 83 / 348

(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 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 ▼

786.96

Date of Receipt

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

Transaction ID: 20061212114-FD-1193

Amount of Each Receipt this Period

30.58

B. 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 ▼

786.96

Date of Receipt

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

Transaction ID: 20061223129-FD-1193

Amount of Each Receipt this Period

30.58

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

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 Mutual

Occupation  
General Manager-Field Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1043.85

Date of Receipt

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

Transaction ID: 20061212114-FD-1586

Amount of Each Receipt this Period

40.77

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

101.93

**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 84 / 348

(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)

Susan Doyle

Mailing Address 2359 Woodglen Court

City

Aurora

State

IL

Zip Code

60502-9406

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 ▼

1043.85

Date of Receipt

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

Transaction ID: 20061223129-FD-1586

Amount of Each Receipt this Period

40.77

**B.**

Full Name (Last, First, Middle Initial)

Lori Doyle Place

Mailing Address 15 Longmeadow Road

City

Wellesley

State

MA

Zip Code

02482-7330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Assistant General Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

672.84

Date of Receipt

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

Transaction ID: 20061212114-FD-230

Amount of Each Receipt this Period

26.25

**C.**

Full Name (Last, First, Middle Initial)

Lori Doyle Place

Mailing Address 15 Longmeadow Road

City

Wellesley

State

MA

Zip Code

02482-7330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Assistant General Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

672.84

Date of Receipt

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

Transaction ID: 20061223129-FD-230

Amount of Each Receipt this Period

26.25

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

93.27

**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 / 348

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. 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 ▼

381.09

Date of Receipt

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

Transaction ID: 20061212114-FD-107

Amount of Each Receipt this Period

14.73

Full Name (Last, First, Middle Initial)

B. 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 ▼

381.09

Date of Receipt

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

Transaction ID: 20061223129-FD-107

Amount of Each Receipt this Period

14.73

Full Name (Last, First, Middle Initial)

C. Christopher Duffy

Mailing Address 154 Wapping Road

City State Zip Code  
 Kingston MA 02364-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Claims Manager Iii, Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.74

Date of Receipt

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

Transaction ID: 20061212114-FD-158

Amount of Each Receipt this Period

8.85

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

38.31

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 86 / 348

(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 Duffy

Mailing Address 154 Wapping Road

City State Zip Code  
 Kingston MA 02364-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Claims Manager Iii, Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.74

Date of Receipt

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

Transaction ID: 20061223129-FD-158

Amount of Each Receipt this Period

8.85

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 ▼

386.82

Date of Receipt

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

Transaction ID: 20061212114-FD-734

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 ▼

386.82

Date of Receipt

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

Transaction ID: 20061223129-FD-734

Amount of Each Receipt this Period

14.93

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

38.71

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 / 348

(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) 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 ▼ 502.64			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>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061212114-FD-248 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">19.58</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	0	6	19.58									
M	M	/	D	D	/	Y	Y	Y	Y																								
1	2		0	8		2	0	0	6																								
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 ▼ 502.64			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>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061223129-FD-248 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">19.58</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	2		2	0	0	6	19.58									
M	M	/	D	D	/	Y	Y	Y	Y																								
1	2		2	2		2	0	0	6																								
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 ▼ 680.31			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061212114-FD-1207 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">26.54</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	0	6	26.54									
M	M	/	D	D	/	Y	Y	Y	Y																								
1	2		0	8		2	0	0	6																								
26.54																																	
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			<table border="1"> <tr> <td colspan="10">65.70</td> </tr> </table>	65.70																													
65.70																																	
<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 88 / 348

(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 1 2 / 2 2 / 2 0 0 6
Mailing Address 4 Homestead Road		<b>Transaction ID:</b> 20061223129-FD-1207
City Marblehead	State MA	Zip Code 01945-1123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.54
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 ▼ 680.31	

<b>B.</b> Full Name (Last, First, Middle Initial) David Eaglen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 1189 Woodhill Drive		<b>Transaction ID:</b> 20061212114-FD-469
City Gibsonia	State PA	Zip Code 15044-9231
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 46.73
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 ▼ 1206.09	

<b>C.</b> Full Name (Last, First, Middle Initial) David Eaglen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 1189 Woodhill Drive		<b>Transaction ID:</b> 20061223129-FD-469
City Gibsonia	State PA	Zip Code 15044-9231
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 46.73
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 ▼ 1206.09	

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

120.00

**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 89 / 348

(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		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 33 Sandy Brook Drive		<b>Transaction ID:</b> 20061212114-FD-258
City Durham	State NH	Zip Code 03824-3137
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 Sftwr. & Svs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.91	

<b>B.</b> Full Name (Last, First, Middle Initial) Daniel Eckerson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 33 Sandy Brook Drive		<b>Transaction ID:</b> 20061223129-FD-258
City Durham	State NH	Zip Code 03824-3137
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 Sftwr. & Svs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.91	

<b>C.</b> Full Name (Last, First, Middle Initial) Donna Egyed		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 1540 Richlawn Drive		<b>Transaction ID:</b> 20061212114-FD-1257
City Brentwood	State TN	Zip Code 37027-8686
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.46
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 ▼ 478.35	

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

70.38

**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 90 / 348

(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		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 1540 Richlawn Drive		<b>Transaction ID:</b> 20061223129-FD-1257	
City Brentwood	State TN	Zip Code 37027-8686	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.46	
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 ▼ 478.35		

<b>B.</b> Full Name (Last, First, Middle Initial) George Eichman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 71 Andover Street		<b>Transaction ID:</b> 20061212114-FD-245	
City Andover	State MA	Zip Code 01810-4868	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.17	
Name of Employer Liberty Mutual	Occupation Project Leader		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.69		

<b>C.</b> Full Name (Last, First, Middle Initial) George Eichman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 71 Andover Street		<b>Transaction ID:</b> 20061223129-FD-245	
City Andover	State MA	Zip Code 01810-4868	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.17	
Name of Employer Liberty Mutual	Occupation Project Leader		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.69		

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

34.80

**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 91 / 348

(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 Eichten

Mailing Address 3645 Great Oaks Circle

City

Eagan

State

MN

Zip Code

55123-2427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Bond Manager Iii

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

373.89

Date of Receipt

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

Transaction ID: 20061212114-FD-1239

Amount of Each Receipt this Period

14.65

Full Name (Last, First, Middle Initial)

B. Joseph Eichten

Mailing Address 3645 Great Oaks Circle

City

Eagan

State

MN

Zip Code

55123-2427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Bond Manager Iii

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

373.89

Date of Receipt

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

Transaction ID: 20061223129-FD-1239

Amount of Each Receipt this Period

14.65

Full Name (Last, First, Middle Initial)

C. Charles Eisenmann

Mailing Address 5 Stone Meadow Farm

City

Shrewsbury

State

MA

Zip Code

01545-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Regional Sales Mgr., Bm

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

201.69

Date of Receipt

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

Transaction ID: 20061223129-FD-110

Amount of Each Receipt this Period

7.83

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

37.13

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 / 348

(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) Garnet Elliott		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 420 S Saddlebrook Circle		<b>Transaction ID:</b> 20061212114-FD-808	
City Chester Springs	State PA	Zip Code 19425-2331	Amount of Each Receipt this Period 10.07
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Manager-Operations & Admin		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.63		

<b>B.</b> Full Name (Last, First, Middle Initial) Garnet Elliott		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 420 S Saddlebrook Circle		<b>Transaction ID:</b> 20061223129-FD-808	
City Chester Springs	State PA	Zip Code 19425-2331	Amount of Each Receipt this Period 10.07
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Manager-Operations & Admin		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.63		

<b>C.</b> Full Name (Last, First, Middle Initial) Frederick Eromin		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 84 Highland Avenue		<b>Transaction ID:</b> 20061212114-FD-209	
City Arlington	State MA	Zip Code 02476-7839	Amount of Each Receipt this Period 10.88
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Counsel, Ho		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 267.97		

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

31.02

**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 93 / 348

(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) Frederick Eromin Mailing Address 84 Highland Avenue City State Zip Code Arlington MA 02476-7839 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Counsel, Ho Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 267.97			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-209 Amount of Each Receipt this Period 10.88
<b>B.</b> Full Name (Last, First, Middle Initial) Wayne Evans Mailing Address 11 Corbin Drive City State Zip Code Dover NH 03820-4488 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager-Special Projects Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 202.12			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-7 Amount of Each Receipt this Period 7.86
<b>C.</b> Full Name (Last, First, Middle Initial) Honore Fallon Mailing Address 139 School Street City State Zip Code Belmont MA 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 ▼ 1369.56			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-32 Amount of Each Receipt this Period 52.88

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

71.62

**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 94 / 348

(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 Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 1369.56			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-32 Amount of Each Receipt this Period 52.88
<b>B.</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 Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 755.78			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-183 Amount of Each Receipt this Period 30.00
<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 Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 755.78			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-183 Amount of Each Receipt this Period 30.00

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

112.88

**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 95 / 348

(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 Falvo			Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 15 Dumbarton Oaks			<b>Transaction ID:</b> 20061212114-FD-237	
City State Zip Code Stratham NH 03885-2149			Amount of Each Receipt this Period 11.03	
FEC ID number of contributing federal political committee. C				
Name of Employer Liberty Mutual		Occupation Operations Manager, I/S		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 283.00		
<b>B.</b> Full Name (Last, First, Middle Initial) David Falvo			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 15 Dumbarton Oaks			<b>Transaction ID:</b> 20061223129-FD-237	
City State Zip Code Stratham NH 03885-2149			Amount of Each Receipt this Period 11.03	
FEC ID number of contributing federal political committee. C				
Name of Employer Liberty Mutual		Occupation Operations Manager, I/S		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 283.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Charles Farber			Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 162 Cypress Street			<b>Transaction ID:</b> 20061212114-FD-870	
City State Zip Code Brookline MA 02445-6767			Amount of Each Receipt this Period 24.59	
FEC ID number of contributing federal political committee. C				
Name of Employer Liberty Mutual		Occupation Managing Dir., Private Equity		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 632.13		

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

46.65

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Charles Farber		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-870 Amount of Each Receipt this Period 24.59
Mailing Address 162 Cypress Street City State Zip Code Brookline MA 02445-6767 FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 632.13		

<b>B.</b> Full Name (Last, First, Middle Initial) Kristen Fassenfelt		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-792 Amount of Each Receipt this Period 9.08
Mailing Address 652 Southwest Westwood Drive City State Zip Code Portland OR 97239-2739 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 ▼ 236.62		

<b>C.</b> Full Name (Last, First, Middle Initial) Kristen Fassenfelt		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-792 Amount of Each Receipt this Period 9.62
Mailing Address 652 Southwest Westwood Drive City State Zip Code Portland OR 97239-2739 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 ▼ 236.62		

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

43.29

**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  
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(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 ▼

574.50

Date of Receipt

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

Transaction ID: 20061212114-FD-835

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 ▼

574.50

Date of Receipt

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

Transaction ID: 20061223129-FD-835

Amount of Each Receipt this Period

22.50

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

Leonard Ficaro

Mailing Address 247 Pennsylvania Avenue

City State Zip Code  
Manchester NH 03104-5565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Senior Business Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.92

Date of Receipt

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

Transaction ID: 20061212114-FD-108

Amount of Each Receipt this Period

8.88

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

53.88

**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  
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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Leonard Ficaro		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-108
Mailing Address 247 Pennsylvania Avenue		Amount of Each Receipt this Period 8.88
City Manchester	State NH	
Zip Code 03104-5565		
FEC ID number of contributing federal political committee. C		
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 ▼ 228.92	

<b>B.</b> Full Name (Last, First, Middle Initial) Mark Fiebrink		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1334
Mailing Address One Corporate Drive Suite 710		Amount of Each Receipt this Period 64.62
City Wausau	State WI	
Zip Code 54401-1724		
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Mutual	Occupation General Manager, Wcim	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1658.56	

<b>C.</b> Full Name (Last, First, Middle Initial) Mark Fiebrink		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1334
Mailing Address One Corporate Drive Suite 710		Amount of Each Receipt this Period 64.62
City Wausau	State WI	
Zip Code 54401-1724		
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Mutual	Occupation General Manager, Wcim	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1658.56	

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

138.12

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

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

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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 1 2 / 0 8 / 2 0 0 6
Mailing Address 202 W Brookline Street Apt. #2		<b>Transaction ID:</b> 20061212114-FD-924
City State Zip Code Boston MA 02118-1231	Amount of Each Receipt this Period 17.02	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual	Occupation Sr. Internal Audit Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 438.04	

<b>B.</b> Full Name (Last, First, Middle Initial) Edmund Flynn		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 202 W Brookline Street Apt. #2		<b>Transaction ID:</b> 20061223129-FD-924
City State Zip Code Boston MA 02118-1231	Amount of Each Receipt this Period 17.02	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual	Occupation Sr. Internal Audit Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 438.04	

<b>C.</b> Full Name (Last, First, Middle Initial) Melanie Foley		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 444 Winter Street		<b>Transaction ID:</b> 20061212114-FD-961
City State Zip Code Walpole MA 02081-1036	Amount of Each Receipt this Period 20.19	
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 ▼ 516.89	

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

54.23

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

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

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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 State Zip Code Walpole MA 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 ▼ 516.89			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-961 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 State Zip Code Hopkinton MA 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 ▼ 463.85			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1561 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 State Zip Code Hopkinton MA 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 ▼ 463.85			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1561 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**

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Detailed Summary Page

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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 ▼

3859.61

Date of Receipt

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

Transaction ID: 20061212114-FD-366

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 ▼

3859.61

Date of Receipt

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

Transaction ID: 20061223129-FD-366

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 ▼

811.83

Date of Receipt

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

Transaction ID: 20061212114-FD-932

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)  
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Detailed Summary Page

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☒ 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			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 43 Larchwood Drive			<b>Transaction ID:</b> 20061223129-FD-932	
City State Zip Code Cambridge MA 02138-4638			Amount of Each Receipt this Period 31.41	
FEC ID number of contributing federal political committee. C				
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 ▼ 811.83		
<b>B.</b> Full Name (Last, First, Middle Initial) Philip Freese			Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 27 Lawrence Street			<b>Transaction ID:</b> 20061212114-FD-1200	
City State Zip Code Boston MA 02116-6211			Amount of Each Receipt this Period 8.77	
FEC ID number of contributing federal political committee. C				
Name of Employer Liberty Mutual		Occupation Sr. Portfolio Underwriting Mgr.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 221.79		
<b>C.</b> Full Name (Last, First, Middle Initial) Philip Freese			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 27 Lawrence Street			<b>Transaction ID:</b> 20061223129-FD-1200	
City State Zip Code Boston MA 02116-6211			Amount of Each Receipt this Period 8.77	
FEC ID number of contributing federal political committee. C				
Name of Employer Liberty Mutual		Occupation Sr. Portfolio Underwriting Mgr.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 221.79		

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

48.95

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

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

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

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

Alan Freid

Mailing Address 1 Depot Lane

City State Zip Code  
 Lee NH 03824-6248

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 ▼

223.00

Date of Receipt

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

Transaction ID: 20061212114-FD-1622

Amount of Each Receipt this Period

11.15

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

Alan Freid

Mailing Address 1 Depot Lane

City State Zip Code  
 Lee NH 03824-6248

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 ▼

223.00

Date of Receipt

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

Transaction ID: 20061223129-FD-1622

Amount of Each Receipt this Period

11.15

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

Donald Frette

Mailing Address 9684 Brook Hill Court

City State Zip Code  
 Lone Tree CO 80124-5431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Pres. & C.E.O., Colorado Casualty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.65

Date of Receipt

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

Transaction ID: 20061212114-FD-1340

Amount of Each Receipt this Period

31.54

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

53.84

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 104 / 348

(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) Donald Frette		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1340 Amount of Each Receipt this Period 31.54
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 Aggregate Year-to-Date ▼ 800.65
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) R. Michael Fulton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1596 Amount of Each Receipt this Period 8.47
Mailing Address 621 Quail Crest City Collierville State TN Zip Code 38017-1755 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual		Occupation Bond Manager li Aggregate Year-to-Date ▼ 219.27
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) R. Michael Fulton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1596 Amount of Each Receipt this Period 8.47
Mailing Address 621 Quail Crest City Collierville State TN Zip Code 38017-1755 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual		Occupation Bond Manager li Aggregate Year-to-Date ▼ 219.27
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

48.48

**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 105 / 348

(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)

Victor Garrison

Mailing Address 3235 Satellite Boulevard  
Suite 400

City State Zip Code  
Duluth GA 30096-8688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Sr. Technical Consultant, Lp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.82

Date of Receipt

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

Transaction ID: 20061212114-FD-531

Amount of Each Receipt this Period

8.07

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

Victor Garrison

Mailing Address 3235 Satellite Boulevard  
Suite 400

City State Zip Code  
Duluth GA 30096-8688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Sr. Technical Consultant, Lp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.82

Date of Receipt

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

Transaction ID: 20061223129-FD-531

Amount of Each Receipt this Period

8.07

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

Christopher Gennock

Mailing Address 1505 E Niles Avenue

City State Zip Code  
Fresno CA 93720-2321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Director, State Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.07

Date of Receipt

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

Transaction ID: 20061223129-FD-431

Amount of Each Receipt this Period

7.98

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

24.12

**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 106 / 348

(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) Brenda George		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-252
Mailing Address 138 Back River Road		
City Dover	State NH	Amount of Each Receipt this Period 7.92
Zip Code 03820-4414		
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Mutual	Occupation Mgr., Cust Support Ops, Rmis	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.36	

<b>B.</b> Full Name (Last, First, Middle Initial) Charles Gerber		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1132
Mailing Address 183 Stonebridge Court		
City Lilydale	State MN	Amount of Each Receipt this Period 8.76
Zip Code 55118-4486		
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Mutual	Occupation Regional Lp Manager, Nm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.76	

<b>C.</b> Full Name (Last, First, Middle Initial) Charles Gerber		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1132
Mailing Address 183 Stonebridge Court		
City Lilydale	State MN	Amount of Each Receipt this Period 8.76
Zip Code 55118-4486		
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Mutual	Occupation Regional Lp Manager, Nm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.76	

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

25.44

**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 107 / 348

(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 Getting

Mailing Address 1808 Concord Drive

City State Zip Code  
 Flower Mound TX 75022-4463

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 ▼

307.99

Date of Receipt

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

Transaction ID: 20061212114-FD-1171

Amount of Each Receipt this Period

11.87

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

Gregory Getting

Mailing Address 1808 Concord Drive

City State Zip Code  
 Flower Mound TX 75022-4463

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 ▼

307.99

Date of Receipt

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

Transaction ID: 20061223129-FD-1171

Amount of Each Receipt this Period

11.87

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

Clifford Giantonio

Mailing Address 17 Lakeview Drive

City State Zip Code  
 Kinnelon NJ 07405-3113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Counsel, Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.59

Date of Receipt

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

Transaction ID: 20061223129-FD-997

Amount of Each Receipt this Period

7.98

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

31.72

**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 / 348

(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 ▼

471.21

Date of Receipt

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

Transaction ID: 20061212114-FD-1295

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 ▼

471.21

Date of Receipt

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

Transaction ID: 20061223129-FD-1295

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 ▼

591.96

Date of Receipt

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

Transaction ID: 20061212114-FD-511

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 109 / 348

(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		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 246 Beacon Street		<b>Transaction ID:</b> 20061223129-FD-511
City Boston	State MA	Zip Code 02116-1215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.08
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 ▼ 591.96	

<b>B.</b> Full Name (Last, First, Middle Initial) Joseph Gilles		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 9 Freedom Trail		<b>Transaction ID:</b> 20061212114-FD-656
City Medway	State MA	Zip Code 02053-6160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.89
Name of Employer Liberty Mutual	Occupation Mgr. Comm'l Lines, Agency Mkts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1111.08	

<b>C.</b> Full Name (Last, First, Middle Initial) Joseph Gilles		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 9 Freedom Trail		<b>Transaction ID:</b> 20061223129-FD-656
City Medway	State MA	Zip Code 02053-6160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.89
Name of Employer Liberty Mutual	Occupation Mgr. Comm'l Lines, Agency Mkts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1111.08	

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

108.86

**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 110 / 348

(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 Girard		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 633 Bennett Way		<b>Transaction ID:</b> 20061223129-FD-181
City Newmarket	State NH	Zip Code 03857-2357
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 7.73
Name of Employer Liberty Mutual	Occupation Project Manager I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.42	

<b>B.</b> Full Name (Last, First, Middle Initial) Jeanne Givner		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 6522 Chadwell Court		<b>Transaction ID:</b> 20061212114-FD-1439
City Fort Mill	State SC	Zip Code 29715-5847
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.15
Name of Employer Liberty Mutual	Occupation Unit Leader, Claims Am	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.90	

<b>C.</b> Full Name (Last, First, Middle Initial) Jeanne Givner		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 6522 Chadwell Court		<b>Transaction ID:</b> 20061223129-FD-1439
City Fort Mill	State SC	Zip Code 29715-5847
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.15
Name of Employer Liberty Mutual	Occupation Unit Leader, Claims Am	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.90	

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

24.03

**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 111 / 348

(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.** 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 MutualOccupation  
General Mgr., Agency Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2286.52

Date of Receipt

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

Transaction ID: 20061212114-FD-229

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 MutualOccupation  
General Mgr., Agency Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2286.52

Date of Receipt

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

Transaction ID: 20061223129-FD-229

Amount of Each Receipt this Period

88.46

Full Name (Last, First, Middle Initial)

**C.** Pamela Goodman

Mailing Address 28 Exeter Farms Road

City	State	Zip Code
Exeter	NH	03833-4885

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Supervising Business Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.89

Date of Receipt

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

Transaction ID: 20061223129-FD-168

Amount of Each Receipt this Period

5.12

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

182.04

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 112 / 348

(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) Everardo Goyanes		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address #302 221 Columbus Avenue		<b>Transaction ID:</b> 20061212114-FD-1210
City Boston	State MA	Zip Code 02116-4894
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.38
Name of Employer Liberty Mutual	Occupation President, Liberty Energy Corp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1434.56	

<b>B.</b> Full Name (Last, First, Middle Initial) Everardo Goyanes		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address #302 221 Columbus Avenue		<b>Transaction ID:</b> 20061223129-FD-1210
City Boston	State MA	Zip Code 02116-4894
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.38
Name of Employer Liberty Mutual	Occupation President, Liberty Energy Corp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1434.56	

<b>C.</b> Full Name (Last, First, Middle Initial) Edward Gramer		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 31 Centre Street		<b>Transaction ID:</b> 20061212114-FD-1444
City Dover	State MA	Zip Code 02030-2205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.08
Name of Employer Liberty Mutual	Occupation Manager-Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 449.28	

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

128.84

**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 113 / 348

(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)

Edward Gramer

Mailing Address 31 Centre Street

City State Zip Code  
Dover MA 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 ▼

449.28

Date of Receipt

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

Transaction ID: 20061223129-FD-1444

Amount of Each Receipt this Period

18.08

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

Gary Gregg

Mailing Address 82 Parkwood Drive

City State Zip Code  
Milton MA 02186-5230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
President- Lm Agency Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3498.13

Date of Receipt

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

Transaction ID: 20061212114-FD-172

Amount of Each Receipt this Period

135.58

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

Gary Gregg

Mailing Address 82 Parkwood Drive

City State Zip Code  
Milton MA 02186-5230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
President- Lm Agency Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3498.13

Date of Receipt

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

Transaction ID: 20061223129-FD-172

Amount of Each Receipt this Period

135.58

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

289.24

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 114 / 348

(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 Mailing Address 1313 Shinnecock Lane City State Zip Code Fort Mill SC 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 ▼ 642.73			Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-402 Amount of Each Receipt this Period 24.62
<b>B.</b> Full Name (Last, First, Middle Initial) Mark Gregson Mailing Address 1313 Shinnecock Lane City State Zip Code Fort Mill SC 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 ▼ 642.73			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-402 Amount of Each Receipt this Period 24.62
<b>C.</b> Full Name (Last, First, Middle Initial) Timothy Grieve Mailing Address 743 Rock Elm Court City State Zip Code Millersville MD 21108-2430 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Prop Loss Spec Iii, Pm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 354.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-568 Amount of Each Receipt this Period 13.68

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

62.92

**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 115 / 348

(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 Grieve

Mailing Address 743 Rock Elm Court

City State Zip Code  
 Millersville MD 21108-2430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Prop Loss Spec Iii, Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.00

Date of Receipt

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

Transaction ID: 20061223129-FD-568

Amount of Each Receipt this Period

13.68

Full Name (Last, First, Middle Initial)

**B.** Bryan Grimm

Mailing Address 296 Bacon Street

City State Zip Code  
 Natick MA 01760-2047

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 ▼

788.65

Date of Receipt

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

Transaction ID: 20061212114-FD-490

Amount of Each Receipt this Period

31.73

Full Name (Last, First, Middle Initial)

**C.** Bryan Grimm

Mailing Address 296 Bacon Street

City State Zip Code  
 Natick MA 01760-2047

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 ▼

788.65

Date of Receipt

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

Transaction ID: 20061223129-FD-490

Amount of Each Receipt this Period

31.73

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

77.14

**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 116 / 348

(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 ▼

911.27

Date of Receipt

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

Transaction ID: 20061212114-FD-59

Amount of Each Receipt this Period

35.38

Full Name (Last, First, Middle Initial)

**B.** 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 ▼

911.27

Date of Receipt

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

Transaction ID: 20061223129-FD-59

Amount of Each Receipt this Period

35.38

Full Name (Last, First, Middle Initial)

**C.** Michael Gwozdz

Mailing Address 99 Fisher Street

City State Zip Code  
 Medway MA 02053-2246

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Regional Underwriting Mgr., Nm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.21

Date of Receipt

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

Transaction ID: 20061212114-FD-90

Amount of Each Receipt this Period

10.02

**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 117 / 348

(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 Gwozdz

Mailing Address 99 Fisher Street

City State Zip Code  
Medway MA 02053-2246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Regional Underwriting Mgr., Nm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.21

Date of Receipt

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

Transaction ID: 20061223129-FD-90

Amount of Each Receipt this Period

10.02

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

Renee Harper

Mailing Address 41 Angelica Drive

City State Zip Code  
Framingham MA 01701-3643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Assistant Controller li

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.65

Date of Receipt

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

Transaction ID: 20061212114-FD-839

Amount of Each Receipt this Period

16.02

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

Renee Harper

Mailing Address 41 Angelica Drive

City State Zip Code  
Framingham MA 01701-3643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Assistant Controller li

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.65

Date of Receipt

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

Transaction ID: 20061223129-FD-839

Amount of Each Receipt this Period

16.02

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

42.06

**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 118 / 348

(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		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-88
Mailing Address 18 Holbrook Street		
City	State	Zip Code
Foxborough	MA	02035-1256
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 14.42
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 ▼ 372.12		

<b>B.</b> Full Name (Last, First, Middle Initial) Eugene Harris		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-88
Mailing Address 18 Holbrook Street		
City	State	Zip Code
Foxborough	MA	02035-1256
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 14.42
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 ▼ 372.12		

<b>C.</b> Full Name (Last, First, Middle Initial) Randall Harvill		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-981
Mailing Address 5812 Lavon Drive		
City	State	Zip Code
Flower Mound	TX	75028-2372
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 7.86
Name of Employer Liberty Mutual		
Occupation Sr. Prop Loss Spec lii, Pm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 204.36		

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

36.70

**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 119 / 348

(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 Hasson Mailing Address 132 Ellis Road City State Zip Code Havertown PA 19083-1109 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Sr. Trial Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 297.90			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-424 Amount of Each Receipt this Period 11.63
<b>B.</b> Full Name (Last, First, Middle Initial) Patrick Hasson Mailing Address 132 Ellis Road City State Zip Code Havertown PA 19083-1109 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Sr. Trial Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 297.90			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-424 Amount of Each Receipt this Period 11.63
<b>C.</b> Full Name (Last, First, Middle Initial) Timothy Hawkins Mailing Address 4 Chadwick Way City State Zip Code Hopkinton MA 01748-4604 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 233.71			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-62 Amount of Each Receipt this Period 9.04

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

**32.30**

**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 120 / 348

(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 Hawkins

Mailing Address 4 Chadwick Way

City

Hopkinton

State

MA

Zip Code

01748-4604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Managing Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

233.71

Date of Receipt

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

Transaction ID: 20061223129-FD-62

Amount of Each Receipt this Period

9.04

Full Name (Last, First, Middle Initial)

B. Matthew Hayden

Mailing Address 63 Audubon Drive

City

Walpole

State

MA

Zip Code

02081-2721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Chief Actuary

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

593.57

Date of Receipt

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

Transaction ID: 20061212114-FD-1051

Amount of Each Receipt this Period

23.08

Full Name (Last, First, Middle Initial)

C. Matthew Hayden

Mailing Address 63 Audubon Drive

City

Walpole

State

MA

Zip Code

02081-2721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Chief Actuary

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

593.57

Date of Receipt

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

Transaction ID: 20061223129-FD-1051

Amount of Each Receipt this Period

23.08

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

55.20

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 121 / 348

(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 Haynes		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 194 Old Jaffrey Road		<b>Transaction ID:</b> 20061223129-FD-1264
City Rindge	State NH	Zip Code 03461-5028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 7.93
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 ▼ 205.06	

<b>B.</b> Full Name (Last, First, Middle Initial) Paula Hays		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 23 Braddock Park, Unit 1		<b>Transaction ID:</b> 20061212114-FD-1591
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 ▼ 974.55	

<b>C.</b> Full Name (Last, First, Middle Initial) Paula Hays		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 23 Braddock Park, Unit 1		<b>Transaction ID:</b> 20061223129-FD-1591
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 ▼ 974.55	

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

83.31

**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 122 / 348

(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) Kevin Heffernan Mailing Address 199 John Wise Avenue City State Zip Code Essex MA 01929-1064 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Director-Leasing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 393.49			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-898 Amount of Each Receipt this Period 15.32
<b>B.</b> 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. <b>C</b> Name of Employer Liberty Mutual Occupation Director-Leasing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 393.49			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-898 Amount of Each Receipt this Period 15.32
<b>C.</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. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr., Pers Mkt Sys. Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 397.80			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-262 Amount of Each Receipt this Period 15.58
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			46.22
<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 123 / 348

(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) Richard Heidt		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 74 Schanda Drive		<b>Transaction ID:</b> 20061223129-FD-262
City Newmarket	State NH	Zip Code 03857-2151
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.58
Name of Employer Liberty Mutual	Occupation Mgr., Pers Mkt Sys. Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 397.80	

<b>B.</b> Full Name (Last, First, Middle Initial) Jon Helegda		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 141 Elmhurst Drive		<b>Transaction ID:</b> 20061212114-FD-559
City Coraopolis	State PA	Zip Code 15108-9022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.09
Name of Employer Liberty Mutual	Occupation Account Manager, Nm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.08	

<b>C.</b> Full Name (Last, First, Middle Initial) Jon Helegda		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 141 Elmhurst Drive		<b>Transaction ID:</b> 20061223129-FD-559
City Coraopolis	State PA	Zip Code 15108-9022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.09
Name of Employer Liberty Mutual	Occupation Account Manager, Nm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.08	

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

31.76

**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 124 / 348

(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) D. James Henning Mailing Address 1321 Cheshire Lane City Bel Air State MD Zip Code 21014-2553 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Claims Manager Iii, Pm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 217.58			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061212114-FD-428 Amount of Each Receipt this Period <table border="1"> <tr> <td>8</td><td>4</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	8	/	2	0	0	6	8	4	6
M	M	/	D	D	/	Y	Y	Y	Y																	
1	2	/	0	8	/	2	0	0	6																	
8	4	6																								
<b>B.</b> Full Name (Last, First, Middle Initial) D. James Henning Mailing Address 1321 Cheshire Lane City Bel Air State MD Zip Code 21014-2553 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Claims Manager Iii, Pm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 217.58			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061223129-FD-428 Amount of Each Receipt this Period <table border="1"> <tr> <td>8</td><td>4</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	2	/	2	0	0	6	8	4	6
M	M	/	D	D	/	Y	Y	Y	Y																	
1	2	/	2	2	/	2	0	0	6																	
8	4	6																								
<b>C.</b> Full Name (Last, First, Middle Initial) Paula Heppelmann Mailing Address 875 Fernbrook Lane City Plymouth State MN Zip Code 55447-4462 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Reg. Field Service Manager, Nm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 214.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061212114-FD-645 Amount of Each Receipt this Period <table border="1"> <tr> <td>8</td><td>2</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	8	/	2	0	0	6	8	2	9
M	M	/	D	D	/	Y	Y	Y	Y																	
1	2	/	0	8	/	2	0	0	6																	
8	2	9																								

**SUBTOTAL** of Receipts This Page (optional) .....**25.21****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 / 348

(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 Heppelmann Mailing Address 875 Fernbrook Lane City State Zip Code Plymouth MN 55447-4462 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Reg. Field Service Manager, Nm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 214.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-645 Amount of Each Receipt this Period 8.29
<b>B.</b> Full Name (Last, First, Middle Initial) William Herr Mailing Address 64 Highridge Road City State Zip Code Bellingham MA 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 ▼ 549.01			Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1253 Amount of Each Receipt this Period 21.35
<b>C.</b> Full Name (Last, First, Middle Initial) William Herr Mailing Address 64 Highridge Road City State Zip Code Bellingham MA 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 ▼ 549.01			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1253 Amount of Each Receipt this Period 21.35

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

50.99

**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 126 / 348

(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.** 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 ▼

958.83

Date of Receipt

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

Transaction ID: 20061212114-FD-1292

Amount of Each Receipt this Period

37.50

Full Name (Last, First, Middle Initial)

**B.** 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 ▼

958.83

Date of Receipt

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

Transaction ID: 20061223129-FD-1292

Amount of Each Receipt this Period

37.50

Full Name (Last, First, Middle Initial)

**C.** 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 ▼

967.33

Date of Receipt

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

Transaction ID: 20061212114-FD-1186

Amount of Each Receipt this Period

37.31

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

112.31

**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 127 / 348

(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 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 ▼

967.33

Date of Receipt

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

Transaction ID: 20061223129-FD-1186

Amount of Each Receipt this Period

37.31

Full Name (Last, First, Middle Initial)

**B.** Mary Hollis

Mailing Address 111 West Maple #3301  
Apt. 3301

City State Zip Code  
Chicago IL 60610-5411

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 ▼

205.66

Date of Receipt

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

Transaction ID: 20061223129-FD-572

Amount of Each Receipt this Period

7.98

Full Name (Last, First, Middle Initial)

**C.** 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 ▼

768.56

Date of Receipt

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

Transaction ID: 20061212114-FD-134

Amount of Each Receipt this Period

29.59

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

74.88

**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 128 / 348

(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) Paul Horgan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-134
Mailing Address 11 Michael Lane		
City Mansfield	State MA	Zip Code 02048-2870
FEC ID number of contributing federal political committee. C		<b>Amount of Each Receipt this Period</b> 38.89
Name of Employer Liberty Mutual	Occupation Chief Und Officer, Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 768.56	

<b>B.</b> Full Name (Last, First, Middle Initial) Walter Houghton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1041
Mailing Address 3 Owl Road		
City Londonderry	State NH	Zip Code 03053-4023
FEC ID number of contributing federal political committee. C		<b>Amount of Each Receipt this Period</b> 9.65
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 ▼ 247.96	

<b>C.</b> Full Name (Last, First, Middle Initial) Walter Houghton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1041
Mailing Address 3 Owl Road		
City Londonderry	State NH	Zip Code 03053-4023
FEC ID number of contributing federal political committee. C		<b>Amount of Each Receipt this Period</b> 9.65
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 ▼ 247.96	

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

58.19

**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 129 / 348

(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 Howe		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-774
Mailing Address 5116 Northeast Halsey		
City	State	Zip Code
Portland	OR	97213-2716
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 10.73
Name of Employer Liberty Mutual		
Occupation Manager Iii, Cmc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 273.31		

<b>B.</b> Full Name (Last, First, Middle Initial) Barbara Howe		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-774
Mailing Address 5116 Northeast Halsey		
City	State	Zip Code
Portland	OR	97213-2716
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 10.73
Name of Employer Liberty Mutual		
Occupation Manager Iii, Cmc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 273.31		

<b>C.</b> Full Name (Last, First, Middle Initial) Gary Hubbard		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1027
Mailing Address 90 Southwest 68th Avenue		
City	State	Zip Code
Portland	OR	97225-6175
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 15.23
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 ▼ 393.81		

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

36.69

**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 130 / 348

(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 Hubbard		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 90 Southwest 68th Avenue		<b>Transaction ID:</b> 20061223129-FD-1027
City Portland	State OR	Zip Code 97225-6175
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.23
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 ▼ 393.81	

<b>B.</b> Full Name (Last, First, Middle Initial) Francis Hucks		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address PO Box 249		<b>Transaction ID:</b> 20061212114-FD-1540
City Benton	State PA	Zip Code 17814-0249
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.88
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 ▼ 379.84	

<b>C.</b> Full Name (Last, First, Middle Initial) Francis Hucks		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address PO Box 249		<b>Transaction ID:</b> 20061223129-FD-1540
City Benton	State PA	Zip Code 17814-0249
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.90
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 ▼ 379.84	

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

42.01

**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 / 348

(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 Huston

Mailing Address 510 43rd Street

City State Zip Code  
Des Moines IA 50312-2406

FEC ID number of contributing federal political committee.

C

Name of Employer  
Liberty MutualOccupation  
General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.86

Date of Receipt

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

Transaction ID: 20061212114-FD-1443

Amount of Each Receipt this Period

15.66

**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.

C

Name of Employer  
Liberty MutualOccupation  
General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.86

Date of Receipt

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

Transaction ID: 20061223129-FD-1443

Amount of Each Receipt this Period

15.66

**C.** 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.

C

Name of Employer  
Liberty MutualOccupation  
Mgr., Staff Operations & H.R.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.56

Date of Receipt

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

Transaction ID: 20061212114-FD-60

Amount of Each Receipt this Period

21.81

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

53.13

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 132 / 348

(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) Francis Hyatt		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-60
Mailing Address 4065 Crestwood Drive		
City <b>Wausau</b>	State <b>WI</b>	Zip Code 54403-8125
FEC ID number of contributing federal political committee. <b>C</b>		<b>Amount of Each Receipt this Period</b> 21.81
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 ▼ 556.56

<b>B.</b> Full Name (Last, First, Middle Initial) Alphonso Ibrahim		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1055
Mailing Address 1480 Stock Grange Drive		
City <b>Downingtown</b>	State <b>PA</b>	Zip Code 19335-5101
FEC ID number of contributing federal political committee. <b>C</b>		<b>Amount of Each Receipt this Period</b> 9.75
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 ▼ 250.63

<b>C.</b> Full Name (Last, First, Middle Initial) Alphonso Ibrahim		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1055
Mailing Address 1480 Stock Grange Drive		
City <b>Downingtown</b>	State <b>PA</b>	Zip Code 19335-5101
FEC ID number of contributing federal political committee. <b>C</b>		<b>Amount of Each Receipt this Period</b> 9.75
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 ▼ 250.63

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

41.31

**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 133 / 348

(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) George Ihle		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-327
Mailing Address 186 Deerwood Lane		
City	State	Zip Code
Grand Island	NY	14072-3306
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 15.32
C		
Name of Employer Liberty Mutual	Occupation Sales Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 452.27	

<b>B.</b> Full Name (Last, First, Middle Initial) George Ihle		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-327
Mailing Address 186 Deerwood Lane		
City	State	Zip Code
Grand Island	NY	14072-3306
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 15.32
C		
Name of Employer Liberty Mutual	Occupation Sales Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 452.27	

<b>C.</b> Full Name (Last, First, Middle Initial) Maria Izquierdo		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-538
Mailing Address 41 George Hill Road		
City	State	Zip Code
Grafton	MA	01519-1417
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 17.02
C		
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 ▼ 437.69	

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

47.66

**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 / 348

(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)  
Maria Izquierdo  
Mailing Address 41 George Hill Road

City State Zip Code  
Grafton MA 01519-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager-Wc Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.69

Date of Receipt

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

Transaction ID: 20061223129-FD-538

Amount of Each Receipt this Period

17.02

**B.** Full Name (Last, First, Middle Initial)  
Teri Jackson  
Mailing Address 51 Sawyer Avenue  
Unit #3

City State Zip Code  
Dorchester MA 02125-2040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Product Manager Ii, Cm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.80

Date of Receipt

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

Transaction ID: 20061212114-FD-578

Amount of Each Receipt this Period

8.20

**C.** Full Name (Last, First, Middle Initial)  
Teri Jackson  
Mailing Address 51 Sawyer Avenue  
Unit #3

City State Zip Code  
Dorchester MA 02125-2040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Product Manager Ii, Cm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.80

Date of Receipt

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

Transaction ID: 20061223129-FD-578

Amount of Each Receipt this Period

8.20

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

33.42

**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

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(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 2709 Lake Flower Drive

City State Zip Code  
 Flower Mound TX 75022-4381

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Director of Sales-Wsa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.76

Date of Receipt

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

Transaction ID: 20061212114-FD-1150

Amount of Each Receipt this Period

13.85

Full Name (Last, First, Middle Initial)

**B.** Timothy Jackson

Mailing Address 2709 Lake Flower Drive

City State Zip Code  
 Flower Mound TX 75022-4381

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Director of Sales-Wsa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.76

Date of Receipt

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

Transaction ID: 20061223129-FD-1150

Amount of Each Receipt this Period

13.85

Full Name (Last, First, Middle Initial)

**C.** Karl Jacobson

Mailing Address 794 East Seventh Street  
 Unit # L

City State Zip Code  
 South Boston MA 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 ▼

975.00

Date of Receipt

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

Transaction ID: 20061212114-FD-121

Amount of Each Receipt this Period

37.50

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

65.20

**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  
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FOR LINE NUMBER: PAGE 136 / 348

(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) 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. <b>C</b> Name of Employer Liberty Mutual Occupation General Manager-Loss Prev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 975.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-121 Amount of Each Receipt this Period 37.50
<b>B.</b> Full Name (Last, First, Middle Initial) Robert Jacobson Mailing Address 592 Belle Meade Farm Drive City Loveland State OH Zip Code 45140-7302 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 343.60		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1339 Amount of Each Receipt this Period 13.35
<b>C.</b> Full Name (Last, First, Middle Initial) Robert Jacobson Mailing Address 592 Belle Meade Farm Drive City Loveland State OH Zip Code 45140-7302 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 343.60		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1339 Amount of Each Receipt this Period 13.35
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		64.20
<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 137 / 348

(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 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 ▼

2079.79

Date of Receipt

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

Transaction ID: 20061212114-FD-143

Amount of Each Receipt this Period

80.77

Full Name (Last, First, Middle Initial)

B. 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 ▼

2079.79

Date of Receipt

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

Transaction ID: 20061223129-FD-143

Amount of Each Receipt this Period

80.77

Full Name (Last, First, Middle Initial)

C. Deborah Jaquith

Mailing Address Apt. 22B  
 1 Avery Street

City State Zip Code  
 Boston MA 02111-1025

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 ▼

462.62

Date of Receipt

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

Transaction ID: 20061212114-FD-1117

Amount of Each Receipt this Period

18.10

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

179.64

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 138 / 348

(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 Jaquith		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address Apt. 22B 1 Avery Street		<b>Transaction ID:</b> 20061223129-FD-1117
City Boston	State MA	Zip Code 02111-1025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.10
Name of Employer Liberty Mutual	Occupation Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.62	

<b>B.</b> Full Name (Last, First, Middle Initial) Steven Jaramillo		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 8811 39th Avenue Southwest		<b>Transaction ID:</b> 20061212114-FD-807
City Seattle	State WA	Zip Code 98136-2511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.67
Name of Employer Liberty Mutual	Occupation Bond Manager li	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.32	

<b>C.</b> Full Name (Last, First, Middle Initial) Steven Jaramillo		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 8811 39th Avenue Southwest		<b>Transaction ID:</b> 20061223129-FD-807
City Seattle	State WA	Zip Code 98136-2511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.67
Name of Employer Liberty Mutual	Occupation Bond Manager li	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.32	

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

35.44

**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 139 / 348

(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)

Julia Johnson

Mailing Address 67 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  
Mgr., Medical Svcs. Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.62

Date of Receipt

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

Transaction ID: 20061212114-FD-575

Amount of Each Receipt this Period

11.37

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

Julia Johnson

Mailing Address 67 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  
Mgr., Medical Svcs. Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.62

Date of Receipt

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

Transaction ID: 20061223129-FD-575

Amount of Each Receipt this Period

11.37

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

Michael Johnson

Mailing Address 96 Magnolia Road

City State Zip Code  
Swampscott MA 01907-2224

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Counsel, Ho

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.02

Date of Receipt

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

Transaction ID: 20061212114-FD-66

Amount of Each Receipt this Period

10.51

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

33.25

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

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

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☐ 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 Johnson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-66
Mailing Address 96 Magnolia Road		
City Swampscott	State MA	Zip Code 01907-2224
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.51
Name of Employer Liberty Mutual	Occupation Counsel, Ho	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 261.02	

<b>B.</b> Full Name (Last, First, Middle Initial) Allyson Jordan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-542
Mailing Address 1584 Thoreau Drive		
City Suwanee	State GA	Zip Code 30024-2086
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.17
Name of Employer Liberty Mutual	Occupation Account Manager, Nm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.39	

<b>C.</b> Full Name (Last, First, Middle Initial) Allyson Jordan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-542
Mailing Address 1584 Thoreau Drive		
City Suwanee	State GA	Zip Code 30024-2086
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.17
Name of Employer Liberty Mutual	Occupation Account Manager, Nm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.39	

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

26.85

**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

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☒ 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) Karen Kallander Mailing Address 5 Crownridge Road City State Zip Code Westborough MA 01581-3203 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Manager-Corp Real Estate Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 444.08			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-130 Amount of Each Receipt this Period 18.69	
<b>B.</b> Full Name (Last, First, Middle Initial) Karen Kallander Mailing Address 5 Crownridge Road City State Zip Code Westborough MA 01581-3203 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Manager-Corp Real Estate Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 444.08			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-130 Amount of Each Receipt this Period 18.69	
<b>C.</b> Full Name (Last, First, Middle Initial) Danya Kazakovich Mailing Address 88 Waltham Street #6 City State Zip Code Boston MA 02118-3630 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Chief Und Officer, Division Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 255.50			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-806 Amount of Each Receipt this Period 9.94	

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

47.32

**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  
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FOR LINE NUMBER: PAGE 142 / 348

(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) Danya Kazakavich Mailing Address 88 Waltham Street #6 City State Zip Code Boston MA 02118-3630 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Chief Und Officer, Division Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.50		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-806 Amount of Each Receipt this Period 9.94
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Kazmierczak Mailing Address 17 Pondview Drive City State Zip Code Dover NH 03820-4483 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr., Production Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 378.82		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-607 Amount of Each Receipt this Period 14.57
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Kazmierczak Mailing Address 17 Pondview Drive City State Zip Code Dover NH 03820-4483 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr., Production Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 378.82		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-607 Amount of Each Receipt this Period 14.57
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		39.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

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

FOR LINE NUMBER: PAGE 143 / 348

(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) Maggie Keaton Mailing Address 1209 Fairfield Drive City Marietta State GA Zip Code 30068-2632 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Dir. Sales/Service Ops - Wsa Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.58			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1508 Amount of Each Receipt this Period 8.20
<b>B.</b> Full Name (Last, First, Middle Initial) Maggie Keaton Mailing Address 1209 Fairfield Drive City Marietta State GA Zip Code 30068-2632 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Dir. Sales/Service Ops - Wsa Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.58			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1508 Amount of Each Receipt this Period 8.20
<b>C.</b> Full Name (Last, First, Middle Initial) Paula Keenan Mailing Address 12 Rodeo Drive City East Bridgewater State MA Zip Code 02333-3104 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 ▼ 217.86			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-199 Amount of Each Receipt this Period 8.46

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

**24.86**

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

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

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or each category of the  
Detailed Summary Page

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(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 Keenan Mailing Address 12 Rodeo Drive City East Bridgewater State MA Zip Code 02333-3104 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 ▼ 217.86			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-199 Amount of Each Receipt this Period 8.46
<b>B.</b> Full Name (Last, First, Middle Initial) John Kellaway Mailing Address 27 Gulf Road City Derry State NH Zip Code 03038-5929 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Contract Manager li Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 202.70			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-157 Amount of Each Receipt this Period 7.85
<b>C.</b> Full Name (Last, First, Middle Initial) James Kelleher Mailing Address 17 Hillcrest Road City Belmont State MA Zip Code 02478-2953 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Deputy General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1593.82			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-95 Amount of Each Receipt this Period 61.92

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

**78.23**

**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

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(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 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 ▼

1593.82

Date of Receipt

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

Transaction ID: 20061223129-FD-95

Amount of Each Receipt this Period

61.92

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

John Keller

Mailing Address 19317 Sea Mist Lane

City State Zip Code  
 Lutz FL 33558-9752

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 ▼

247.63

Date of Receipt

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

Transaction ID: 20061212114-FD-1231

Amount of Each Receipt this Period

10.04

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

John Keller

Mailing Address 19317 Sea Mist Lane

City State Zip Code  
 Lutz FL 33558-9752

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 ▼

247.63

Date of Receipt

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

Transaction ID: 20061223129-FD-1231

Amount of Each Receipt this Period

10.04

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

82.00

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

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

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(check only one)

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☐ 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) Diana Kelly Mailing Address 62 Nh Route 119 West City State Zip Code Fitzwilliam NH 03447-3321 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr., Claims Sys. & Support Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.92		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1274 Amount of Each Receipt this Period 15.49
<b>B.</b> Full Name (Last, First, Middle Initial) Diana Kelly Mailing Address 62 Nh Route 119 West City State Zip Code Fitzwilliam NH 03447-3321 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr., Claims Sys. & Support Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.92		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1274 Amount of Each Receipt this Period 15.49
<b>C.</b> Full Name (Last, First, Middle Initial) Kelly Kendall Mailing Address 153 Elmwood Road City State Zip Code Swampscott MA 01907-2033 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Regional Underwriting Mgr., Nm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 266.05		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1064 Amount of Each Receipt this Period 10.37
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		41.35
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

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

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(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) Kelly Kendall		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1064 Amount of Each Receipt this Period 10.37
Mailing Address 153 Elmwood Road City State Zip Code Swampscott MA 01907-2033 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual Occupation Regional Underwriting Mgr., Nm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 266.05		

<b>B.</b> Full Name (Last, First, Middle Initial) David Kenepp		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-496 Amount of Each Receipt this Period 15.52
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 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 ▼ 399.88		

<b>C.</b> Full Name (Last, First, Middle Initial) David Kenepp		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-496 Amount of Each Receipt this Period 15.52
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 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 ▼ 399.88		

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

41.41

**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 PageFOR LINE NUMBER: PAGE 148 / 348  
(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.** Deborah Kenney

Mailing Address 5810 Masters Court

City	State	Zip Code
Charlotte	NC	28226-8046

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Regional Sales Mgr., Bm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.86

Date of Receipt

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

Transaction ID: 20061212114-FD-390

Amount of Each Receipt this Period

13.74

Full Name (Last, First, Middle Initial)

**B.** Deborah Kenney

Mailing Address 5810 Masters Court

City	State	Zip Code
Charlotte	NC	28226-8046

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Regional Sales Mgr., Bm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.86

Date of Receipt

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

Transaction ID: 20061223129-FD-390

Amount of Each Receipt this Period

13.74

Full Name (Last, First, Middle Initial)

**C.** Gary Kentner

Mailing Address 11669 Northwest Vallevue Court

City	State	Zip Code
Portland	OR	97229-5075

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.31

Date of Receipt

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

Transaction ID: 20061212114-FD-782

Amount of Each Receipt this Period

11.15

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

38.63

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  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Gary Kentner Mailing Address 11669 Northwest Vallevue Court City Portland State OR Zip Code 97229-5075 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr., Claims Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 284.31			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-782 Amount of Each Receipt this Period 11.15
<b>B.</b> Full Name (Last, First, Middle Initial) Paul Kimball Mailing Address 16 Princeton Road City Burlington State MA Zip Code 01803-2325 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 ▼ 353.39			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-75 Amount of Each Receipt this Period 13.81
<b>C.</b> Full Name (Last, First, Middle Initial) Paul Kimball Mailing Address 16 Princeton Road City Burlington State MA Zip Code 01803-2325 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 ▼ 353.39			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-75 Amount of Each Receipt this Period 13.81

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

38.77

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

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

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or each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

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

John King

Mailing Address 27 Landau Road

City State Zip Code  
 Plainville MA 02762-5007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Bond Manager li

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.82

Date of Receipt

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

Transaction ID: 20061212114-FD-1228

Amount of Each Receipt this Period

9.08

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

John King

Mailing Address 27 Landau Road

City State Zip Code  
 Plainville MA 02762-5007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Bond Manager li

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.82

Date of Receipt

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

Transaction ID: 20061223129-FD-1228

Amount of Each Receipt this Period

9.08

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

Robert Kintz

Mailing Address 196 Eastwood Drive

City State Zip Code  
 Portsmouth NH 03801-6070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
I.T. Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.54

Date of Receipt

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

Transaction ID: 20061212114-FD-880

Amount of Each Receipt this Period

9.36

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

27.52

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

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

Use separate schedule(s)  
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☐ 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 Kintz		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 196 Eastwood Drive		<b>Transaction ID:</b> 20061223129-FD-880
City Portsmouth	State NH	Zip Code 03801-6070
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.36
Name of Employer Liberty Mutual	Occupation I.T. Planning Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.54	

<b>B.</b> Full Name (Last, First, Middle Initial) David Klossner		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 2909 Winding Trail		<b>Transaction ID:</b> 20061212114-FD-361
City Valrico	State FL	Zip Code 33594-7919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.98
Name of Employer Liberty Mutual	Occupation Regional Claims Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.40	

<b>C.</b> Full Name (Last, First, Middle Initial) David Klossner		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 2909 Winding Trail		<b>Transaction ID:</b> 20061223129-FD-361
City Valrico	State FL	Zip Code 33594-7919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.98
Name of Employer Liberty Mutual	Occupation Regional Claims Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.40	

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

29.32

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

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

Use separate schedule(s)  
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☒ 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 ▼ 851.08			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-609 Amount of Each Receipt this Period 32.89
<b>B.</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 ▼ 851.08			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-609 Amount of Each Receipt this Period 32.89
<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 ▼ 460.89			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-42 Amount of Each Receipt this Period 17.88

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

83.66

**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  
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☐ 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) Randall Kneeland		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-42
Mailing Address 68 Longwood Road		
City Reading	State MA	Zip Code 01867-2223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.88
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 ▼ 460.89

<b>B.</b> Full Name (Last, First, Middle Initial) James Koliha		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1049
Mailing Address 41 Park Drive Th		
City Boston	State MA	Zip Code 02215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.92
Name of Employer Liberty Mutual		Occupation Director of Law Libraries
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.07

<b>C.</b> Full Name (Last, First, Middle Initial) James Koliha		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1049
Mailing Address 41 Park Drive Th		
City Boston	State MA	Zip Code 02215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.92
Name of Employer Liberty Mutual		Occupation Director of Law Libraries
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.07

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

35.72

**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  
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☒ 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) George Kramer		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-350
Mailing Address 41 Coventry Road		
City Atkinson	State NH	Zip Code 03811-2552
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.12
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 ▼ 311.13		

<b>B.</b> Full Name (Last, First, Middle Initial) George Kramer		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-350
Mailing Address 41 Coventry Road		
City Atkinson	State NH	Zip Code 03811-2552
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.12
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 ▼ 311.13		

<b>C.</b> Full Name (Last, First, Middle Initial) William Kratch		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-290
Mailing Address 360 Balcom Street		
City Mansfield	State MA	Zip Code 02048-1734
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.08
Name of Employer Liberty Mutual		
Occupation Asst. Mgr. Claims Field Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 208.05		

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

32.32

**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 155 / 348

(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) Beth Kreidenweis Mailing Address 2854 Evergreen Drive City Springfield State OH Zip Code 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 ▼ 391.24			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1314 Amount of Each Receipt this Period 15.08
<b>B.</b> Full Name (Last, First, Middle Initial) Beth Kreidenweis Mailing Address 2854 Evergreen Drive City Springfield State OH Zip Code 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 ▼ 391.24			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1314 Amount of Each Receipt this Period 15.08
<b>C.</b> Full Name (Last, First, Middle Initial) Jim Kreinbrink Mailing Address 5926 Flatwoods Manor Circle City Lithia State FL Zip Code 33547-5000 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Home Office Lp Ops Mgr. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.14			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-561 Amount of Each Receipt this Period 10.92

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

41.08

**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 156 / 348

(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) Jim Kreinbrink Mailing Address 5926 Flatwoods Manor Circle City Lithia State FL Zip Code 33547-5000 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Home Office Lp Ops Mgr. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.14		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-561 Amount of Each Receipt this Period 10.92
<b>B.</b> Full Name (Last, First, Middle Initial) James Kress Mailing Address 601 Franklin Street City Cambridge State MA Zip Code 02139-2923 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 ▼ 245.31		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1536 Amount of Each Receipt this Period 9.54
<b>C.</b> Full Name (Last, First, Middle Initial) James Kress Mailing Address 601 Franklin Street City Cambridge State MA Zip Code 02139-2923 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 ▼ 245.31		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1536 Amount of Each Receipt this Period 9.54
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		30.00
<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 157 / 348

(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 ▼ 366.14			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061212114-FD-676 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">14.12</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	0	6	14.12									
M	M	/	D	D	/	Y	Y	Y	Y																								
1	2		0	8		2	0	0	6																								
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 ▼ 366.14			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061223129-FD-676 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">14.12</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	2		2	0	0	6	14.12									
M	M	/	D	D	/	Y	Y	Y	Y																								
1	2		2	2		2	0	0	6																								
14.12																																	
<b>C.</b> Full Name (Last, First, Middle Initial) Richard LaBonte Mailing Address 36 Boban Road City York State ME Zip Code 03909-1438 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Sr. Contracts Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.51			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061212114-FD-983 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">8.18</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	0	6	8.18									
M	M	/	D	D	/	Y	Y	Y	Y																								
1	2		0	8		2	0	0	6																								
8.18																																	

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

36.42

**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 158 / 348

(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 LaBonte Mailing Address 36 Boban Road City York State ME Zip Code 03909-1438 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Sr. Contracts Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.51		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-983 Amount of Each Receipt this Period 8.18
<b>B.</b> Full Name (Last, First, Middle Initial) Joseph Labute Mailing Address 5932 Franklin Trail City Liberty Township State OH Zip Code 45011-1252 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Consultant, CI Underwriting Am Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 266.59		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1332 Amount of Each Receipt this Period 10.52
<b>C.</b> Full Name (Last, First, Middle Initial) Joseph Labute Mailing Address 5932 Franklin Trail City Liberty Township State OH Zip Code 45011-1252 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Consultant, CI Underwriting Am Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 266.59		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1332 Amount of Each Receipt this Period 10.52
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		29.22
<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 159 / 348

(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) 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 ▼ 542.08		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-987 Amount of Each Receipt this Period 21.06
<b>B.</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 ▼ 542.08		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-987 Amount of Each Receipt this Period 21.06
<b>C.</b> Full Name (Last, First, Middle Initial) Gregory Lake Mailing Address 14 Sonoma Drive City Bedford State NH Zip Code 03110-5048 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager, Receivables Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.08		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-185 Amount of Each Receipt this Period 8.08

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

50.20

**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 160 / 348

(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) Gregory Lake Mailing Address 14 Sonoma Drive City Bedford State NH Zip Code 03110-5048 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager, Receivables Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.08		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-185 Amount of Each Receipt this Period 8.08
<b>B.</b> Full Name (Last, First, Middle Initial) David Landry Mailing Address 130 Boxwood Lane City Dover State NH Zip Code 03820 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager-Environmental Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 243.87		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-320 Amount of Each Receipt this Period 9.49
<b>C.</b> Full Name (Last, First, Middle Initial) David Landry Mailing Address 130 Boxwood Lane City Dover State NH Zip Code 03820 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager-Environmental Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 243.87		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-320 Amount of Each Receipt this Period 9.49

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

27.06

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 161 / 348

(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) Dennis Langwell Mailing Address 7 Jackson Circle City State Zip Code Franklin MA 02038-3373 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-233 Amount of Each Receipt this Period 96.22	
<b>B.</b> Full Name (Last, First, Middle Initial) Ralph Laspina Mailing Address 301 Castlestone Lane City State Zip Code Matthews NC 28104-7238 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Mgr., Company Marketing Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 466.01			Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1289 Amount of Each Receipt this Period 17.98	
<b>C.</b> Full Name (Last, First, Middle Initial) Ralph Laspina Mailing Address 301 Castlestone Lane City State Zip Code Matthews NC 28104-7238 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Mgr., Company Marketing Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 466.01			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1289 Amount of Each Receipt this Period 17.98	
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			132.18	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶				

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

FOR LINE NUMBER: PAGE 162 / 348

(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. Richard Lassow

Mailing Address 9 Bear Path

City

Hampton

State

NH

Zip Code

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 ▼

341.90

Date of Receipt

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

Transaction ID: 20061212114-FD-828

Amount of Each Receipt this Period

13.15

Full Name (Last, First, Middle Initial)

B. Richard Lassow

Mailing Address 9 Bear Path

City

Hampton

State

NH

Zip Code

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 ▼

341.90

Date of Receipt

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

Transaction ID: 20061223129-FD-828

Amount of Each Receipt this Period

13.15

Full Name (Last, First, Middle Initial)

C. Caren Latona

Mailing Address 117 Fringetree Drive

City

West Chester

State

PA

Zip Code

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 ▼

474.57

Date of Receipt

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

Transaction ID: 20061212114-FD-391

Amount of Each Receipt this Period

18.46

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

44.76

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 163 / 348

(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) Caren Latona		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-391
Mailing Address 117 Fringetree Drive		
City <u>West Chester</u>	State <u>PA</u>	Zip Code <u>19380-7334</u>
FEC ID number of contributing federal political committee. C		<b>Amount of Each Receipt this Period</b> 18.46
Name of Employer Liberty Mutual		Occupation Regional Sales Mgr., Bm
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 474.57

<b>B.</b> Full Name (Last, First, Middle Initial) Gregory Lazar		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-131
Mailing Address 12 Captain Parker Drive		
City <u>Lee</u>	State <u>NH</u>	Zip Code <u>03824-6569</u>
FEC ID number of contributing federal political committee. C		<b>Amount of Each Receipt this Period</b> 11.47
Name of Employer Liberty Mutual		Occupation Manager-Special Projects
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 295.56

<b>C.</b> Full Name (Last, First, Middle Initial) Gregory Lazar		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-131
Mailing Address 12 Captain Parker Drive		
City <u>Lee</u>	State <u>NH</u>	Zip Code <u>03824-6569</u>
FEC ID number of contributing federal political committee. C		<b>Amount of Each Receipt this Period</b> 11.47
Name of Employer Liberty Mutual		Occupation Manager-Special Projects
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 295.56

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

41.40

**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 164 / 348

(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 Leavitt		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 8 Greybird Farm Circle		<b>Transaction ID:</b> 20061212114-FD-539	
City Exeter	State NH	Zip Code 03833-4200	Amount of Each Receipt this Period 17.13
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Mgr., Systems Int & Devl		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 445.38		

<b>B.</b> Full Name (Last, First, Middle Initial) Stephen Leavitt		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 8 Greybird Farm Circle		<b>Transaction ID:</b> 20061223129-FD-539	
City Exeter	State NH	Zip Code 03833-4200	Amount of Each Receipt this Period 17.13
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Mgr., Systems Int & Devl		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 445.38		

<b>C.</b> Full Name (Last, First, Middle Initial) David Lebel		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 6 Fille Street		<b>Transaction ID:</b> 20061212114-FD-1020	
City Ipswich	State MA	Zip Code 01938-1141	Amount of Each Receipt this Period 9.13
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Project Mgr.-Investment Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.35		

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

43.39

**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 165 / 348

(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)

David Lebel

Mailing Address 6 Fille Street

City State Zip Code  
 Ipswich MA 01938-1141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Project Mgr.-Investment Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.35

Date of Receipt

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

Transaction ID: 20061223129-FD-1020

Amount of Each Receipt this Period

9.13

**B.** 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 ▼

1016.62

Date of Receipt

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

Transaction ID: 20061212114-FD-967

Amount of Each Receipt this Period

39.58

**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 ▼

1016.62

Date of Receipt

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

Transaction ID: 20061223129-FD-967

Amount of Each Receipt this Period

39.58

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

88.29

**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 166 / 348

(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)

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 ▼

771.94

Date of Receipt

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

Transaction ID: 20061212114-FD-156

Amount of Each Receipt this Period

29.69

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

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 ▼

771.94

Date of Receipt

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

Transaction ID: 20061223129-FD-156

Amount of Each Receipt this Period

29.69

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

Dexter Legg

Mailing Address 846 Middle Street

City State Zip Code  
 Portsmouth NH 03801-5022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Secretary & Asst. To C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

869.32

Date of Receipt

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

Transaction ID: 20061212114-FD-222

Amount of Each Receipt this Period

33.85

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

93.23

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 167 / 348

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☒ 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) Dexter Legg		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 846 Middle Street		<b>Transaction ID:</b> 20061223129-FD-222
City Portsmouth	State NH	Zip Code 03801-5022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.85
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 ▼ 869.32	

<b>B.</b> Full Name (Last, First, Middle Initial) John Lemire		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 95 Linden Road		<b>Transaction ID:</b> 20061212114-FD-197
City Hampton Falls	State NH	Zip Code 03844-2035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.38
Name of Employer Liberty Mutual	Occupation Managing Director-Grp Acct. Svc.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.88	

<b>C.</b> Full Name (Last, First, Middle Initial) John Lemire		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 95 Linden Road		<b>Transaction ID:</b> 20061223129-FD-197
City Hampton Falls	State NH	Zip Code 03844-2035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.38
Name of Employer Liberty Mutual	Occupation Managing Director-Grp Acct. Svc.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.88	

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

54.61

**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 / 348

(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) 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. <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) ▼ 471.12		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1545 Amount of Each Receipt this Period 18.12
<b>B.</b> Full Name (Last, First, Middle Initial) 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. <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) ▼ 471.12		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1545 Amount of Each Receipt this Period 18.12
<b>C.</b> Full Name (Last, First, Middle Initial) Kathleen Lienhard Mailing Address 16 Brittany Lane City State Zip Code Barrington NH 03825-3737 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Mgr., Claims Examining Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 397.03		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-129 Amount of Each Receipt this Period 15.81
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		52.05
<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 169 / 348

(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) Kathleen Lienhard Mailing Address 16 Brittany Lane City State Zip Code Barrington NH 03825-3737 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr., Claims Examining Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 397.03			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-129 Amount of Each Receipt this Period 15.81
<b>B.</b> Full Name (Last, First, Middle Initial) David Limauro Mailing Address 79 Bucks Hill Road City State Zip Code Durham NH 03824-3209 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Enterprise Technologist, Sys. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 247.10			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-160 Amount of Each Receipt this Period 9.59
<b>C.</b> Full Name (Last, First, Middle Initial) David Limauro Mailing Address 79 Bucks Hill Road City State Zip Code Durham NH 03824-3209 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Enterprise Technologist, Sys. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 247.10			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-160 Amount of Each Receipt this Period 9.59

**SUBTOTAL** of Receipts This Page (optional) .....**34.99****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

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(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 Lippincott

Mailing Address 338 Highland Street

City State Zip Code  
 Weston MA 02493-2627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Equity Strategy Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.60

Date of Receipt

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

Transaction ID: 20061212114-FD-1044

Amount of Each Receipt this Period

13.87

Full Name (Last, First, Middle Initial)

B. John Lippincott

Mailing Address 338 Highland Street

City State Zip Code  
 Weston MA 02493-2627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Equity Strategy Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.60

Date of Receipt

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

Transaction ID: 20061223129-FD-1044

Amount of Each Receipt this Period

17.31

Full Name (Last, First, Middle Initial)

C. John Loccisano

Mailing Address 93 Shellbank Place

City State Zip Code  
 Rockville Centre NY 11570-5832

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 ▼

221.61

Date of Receipt

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

Transaction ID: 20061212114-FD-1543

Amount of Each Receipt this Period

8.58

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

39.76

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

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(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 Loccisano

Mailing Address 93 Shellbank Place

City State Zip Code  
 Rockville Centre NY 11570-5832

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 ▼

221.61

Date of Receipt

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

Transaction ID: 20061223129-FD-1543

Amount of Each Receipt this Period

8.58

Full Name (Last, First, Middle Initial)

**B.** Irma Lockridge

Mailing Address 670 Ridgemont Place

City State Zip Code  
 Highlands Ranch CO 80126-5583

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.32

Date of Receipt

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

Transaction ID: 20061212114-FD-1599

Amount of Each Receipt this Period

13.27

Full Name (Last, First, Middle Initial)

**C.** Irma Lockridge

Mailing Address 670 Ridgemont Place

City State Zip Code  
 Highlands Ranch CO 80126-5583

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.32

Date of Receipt

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

Transaction ID: 20061223129-FD-1599

Amount of Each Receipt this Period

13.27

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

35.12

**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 172 / 348

(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 ▼ 3057.67			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-80 Amount of Each Receipt this Period 120.19
<b>B.</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 ▼ 3057.67			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-80 Amount of Each Receipt this Period 120.19
<b>C.</b> Full Name (Last, First, Middle Initial) Douglas Long Mailing Address PO Box 90 City State Zip Code Palmer MA 01069-0090 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Marketing Director-Mass Auto Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 206.03			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1442 Amount of Each Receipt this Period 7.97
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			248.35
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

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

FOR LINE NUMBER: PAGE 173 / 348

(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) Edward Lopes Mailing Address 32 Tracy Beth Drive City North Attleboro State MA Zip Code 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 ▼ 454.79			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-241 Amount of Each Receipt this Period 17.71
<b>B.</b> Full Name (Last, First, Middle Initial) Edward Lopes Mailing Address 32 Tracy Beth Drive City North Attleboro State MA Zip Code 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 ▼ 454.79			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-241 Amount of Each Receipt this Period 17.71
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Lucas Mailing Address 12445 Cirrus Drive City Fishers State IN Zip Code 46037-7529 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr., School Lines Am Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.63			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1307 Amount of Each Receipt this Period 16.45

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

51.87

**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 / 348

(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 Lucas		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1307 Amount of Each Receipt this Period 16.45
Mailing Address 12445 Cirrus Drive City State Zip Code Fishers IN 46037-7529 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr., School Lines Am Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.63		

<b>B.</b> Full Name (Last, First, Middle Initial) Charles Lundeen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-769 Amount of Each Receipt this Period 15.00
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 ▼ 388.48		

<b>C.</b> Full Name (Last, First, Middle Initial) Charles Lundeen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-769 Amount of Each Receipt this Period 15.00
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 ▼ 388.48		

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

46.45

**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 175 / 348

(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)

Maria Lutz

Mailing Address 18 Scott Drive

City State Zip Code  
 Monroe Township NJ 08831-3543

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Claims Manager li, Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.61

Date of Receipt

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

Transaction ID: 20061212114-FD-396

Amount of Each Receipt this Period

8.59

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

Maria Lutz

Mailing Address 18 Scott Drive

City State Zip Code  
 Monroe Township NJ 08831-3543

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Claims Manager li, Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.61

Date of Receipt

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

Transaction ID: 20061223129-FD-396

Amount of Each Receipt this Period

8.59

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

John Lux

Mailing Address 3335 Excalibur Avenue

City State Zip Code  
 Westlake OH 44145-6750

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Sr. Account Representative I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.22

Date of Receipt

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

Transaction ID: 20061212114-FD-738

Amount of Each Receipt this Period

9.97

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

27.15

**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 176 / 348

(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 Lux		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-738 Amount of Each Receipt this Period 9.97
Mailing Address 3335 Excalibur Avenue City State Zip Code Westlake OH 44145-6750 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual Occupation Sr. Account Representative I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 259.22		

<b>B.</b> Full Name (Last, First, Middle Initial) Joanne Lynch		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-163 Amount of Each Receipt this Period 10.08
Mailing Address #2 114 High Street City State Zip Code Charlestown MA 02129-3020 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual Occupation Sr. Mgr., Financial Analysis Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 258.72		

<b>C.</b> Full Name (Last, First, Middle Initial) Joanne Lynch		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-163 Amount of Each Receipt this Period 10.08
Mailing Address #2 114 High Street City State Zip Code Charlestown MA 02129-3020 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual Occupation Sr. Mgr., Financial Analysis Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 258.72		

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

30.13

**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 / 348

(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 Lynch		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-992
Mailing Address 10 Dorset Road		
City	State	Zip Code
Belmont	MA	02478-2113
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 12.31
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 ▼ 316.14		

<b>B.</b> Full Name (Last, First, Middle Initial) William Lynch		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-992
Mailing Address 10 Dorset Road		
City	State	Zip Code
Belmont	MA	02478-2113
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 12.31
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 ▼ 316.14		

<b>C.</b> Full Name (Last, First, Middle Initial) Patrick Lyons		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1209
Mailing Address 65 Dowling Lane		
City	State	Zip Code
Marlborough	MA	01752-1744
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 16.69
Name of Employer Liberty Mutual		
Occupation Market Segment Mgr., Property		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 420.74		

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

41.31

**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 178 / 348

(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 Lyons		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1209 Amount of Each Receipt this Period 16.69
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 Market Segment Mgr., Property Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.74		

<b>B.</b> Full Name (Last, First, Middle Initial) James MacPhee		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-136 Amount of Each Receipt this Period 36.15
Mailing Address 8 Winnecunnet Way City State Zip Code South Easton MA 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 ▼ 929.19		

<b>C.</b> Full Name (Last, First, Middle Initial) James MacPhee		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-136 Amount of Each Receipt this Period 36.15
Mailing Address 8 Winnecunnet Way City State Zip Code South Easton MA 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 ▼ 929.19		

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

88.99

**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 179 / 348

(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) Matthew Mahan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1211	
Mailing Address Apt. 906 28 Exeter Street		Amount of Each Receipt this Period 9.77	
City Boston	State MA		Zip Code 02116-2843
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Managing Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 238.56	

<b>B.</b> Full Name (Last, First, Middle Initial) Matthew Mahan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1211	
Mailing Address Apt. 906 28 Exeter Street		Amount of Each Receipt this Period 9.77	
City Boston	State MA		Zip Code 02116-2843
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Managing Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 238.56	

<b>C.</b> Full Name (Last, First, Middle Initial) Dennis Maher		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-122	
Mailing Address 14 Samuel Gamwell Road		Amount of Each Receipt this Period 10.91	
City Northborough	State MA		Zip Code 01532-2290
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Counsel, Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.93	

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

30.45

**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 180 / 348

(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) Dennis Maher Mailing Address 14 Samuel Gamwell Road City Northborough State MA Zip Code 01532-2290 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 ▼ 280.93			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-122 Amount of Each Receipt this Period 10.91
<b>B.</b> Full Name (Last, First, Middle Initial) Joseph Maher Mailing Address 713 Woodland Avenue City Norristown State PA Zip Code 19403-4421 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Sr. Account Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 335.66			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-945 Amount of Each Receipt this Period 12.91
<b>C.</b> Full Name (Last, First, Middle Initial) Joseph Maher Mailing Address 713 Woodland Avenue City Norristown State PA Zip Code 19403-4421 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Sr. Account Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 335.66			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-945 Amount of Each Receipt this Period 12.91
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			36.73
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 181 / 348

(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  
Sr. Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1445.39

Date of Receipt

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

Transaction ID: 20061212114-FD-436

Amount of Each Receipt this Period

57.69

**B.** 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  
Sr. Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1445.39

Date of Receipt

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

Transaction ID: 20061223129-FD-436

Amount of Each Receipt this Period

57.69

**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 ▼

382.42

Date of Receipt

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

Transaction ID: 20061212114-FD-64

Amount of Each Receipt this Period

14.94

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

130.32

**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  
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☒ 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)

Lynne Maloney

Mailing Address 72 Dimmock Street

City

Quincy

State

MA

Zip Code

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 ▼

382.42

Date of Receipt

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

Transaction ID: 20061223129-FD-64

Amount of Each Receipt this Period

14.94

**B.**

Full Name (Last, First, Middle Initial)

Robert Maloney

Mailing Address 35 Harmony Trail

City

Hopedale

State

MA

Zip Code

01747-1432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Manager-Affinity Mktg. Sales

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.44

Date of Receipt

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

Transaction ID: 20061212114-FD-344

Amount of Each Receipt this Period

13.69

**C.**

Full Name (Last, First, Middle Initial)

Robert Maloney

Mailing Address 35 Harmony Trail

City

Hopedale

State

MA

Zip Code

01747-1432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Manager-Affinity Mktg. Sales

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.44

Date of Receipt

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

Transaction ID: 20061223129-FD-344

Amount of Each Receipt this Period

13.69

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

42.32

**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  
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(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) Christopher Mansfield			Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 50 Woodleigh Road			<b>Transaction ID:</b> 20061212114-FD-76	
City Dedham	State MA	Zip Code 02026-3116	Amount of Each Receipt this Period 115.38	
FEC ID number of contributing federal political committee. C				
Name of Employer Liberty Mutual		Occupation General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2966.28		
<b>B.</b> Full Name (Last, First, Middle Initial) Christopher Mansfield			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 50 Woodleigh Road			<b>Transaction ID:</b> 20061223129-FD-76	
City Dedham	State MA	Zip Code 02026-3116	Amount of Each Receipt this Period 115.38	
FEC ID number of contributing federal political committee. C				
Name of Employer Liberty Mutual		Occupation General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2966.28		
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Marko			Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 99-50 Florence Street			<b>Transaction ID:</b> 20061212114-FD-401	
City Chestnut Hill	State MA	Zip Code 02467-1930	Amount of Each Receipt this Period 18.85	
FEC ID number of contributing federal political committee. C				
Name of Employer Liberty Mutual		Occupation Manager, Cm Strategic Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 479.08		

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

249.61

**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  
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(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 Marko Mailing Address 99-50 Florence Street City Chestnut Hill State MA Zip Code 02467-1930 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager, Cm Strategic Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 479.08			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-401 Amount of Each Receipt this Period 18.85
<b>B.</b> Full Name (Last, First, Middle Initial) Melanie Marsh Mailing Address 140 Silver Street City Dover State NH Zip Code 03820-3953 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr. Inter Mktg. & Web Analytics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.60			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-956 Amount of Each Receipt this Period 8.46
<b>C.</b> Full Name (Last, First, Middle Initial) Adrian Marshall Mailing Address 3349 Cranmore Chase City Marietta State GA Zip Code 30066-4792 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Sr. Account Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.17			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-474 Amount of Each Receipt this Period 11.65

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

38.96

**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  
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FOR LINE NUMBER: PAGE 185 / 348

(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.** Adrian Marshall

Mailing Address 3349 Cranmore Chase

City State Zip Code  
 Marietta GA 30066-4792

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 ▼

300.17

Date of Receipt

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

Transaction ID: 20061223129-FD-474

Amount of Each Receipt this Period

11.65

Full Name (Last, First, Middle Initial)

**B.** Paul Mattera

Mailing Address 16 Fuller Avenue

City State Zip Code  
 Swampscott MA 01907-2111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Chief Public Affairs Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1235.05

Date of Receipt

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

Transaction ID: 20061212114-FD-190

Amount of Each Receipt this Period

48.00

Full Name (Last, First, Middle Initial)

**C.** Paul Mattera

Mailing Address 16 Fuller Avenue

City State Zip Code  
 Swampscott MA 01907-2111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Chief Public Affairs Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1235.05

Date of Receipt

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

Transaction ID: 20061223129-FD-190

Amount of Each Receipt this Period

48.00

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

107.65

**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 186 / 348

(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)

David May

Mailing Address 158 South Street

City

Hingham

State

MA

Zip Code

02043-4616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Manager of Service Operation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

303.22

Date of Receipt

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

Transaction ID: 20061212114-FD-510

Amount of Each Receipt this Period

11.77

**B.**

Full Name (Last, First, Middle Initial)

David May

Mailing Address 158 South Street

City

Hingham

State

MA

Zip Code

02043-4616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Manager of Service Operation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

303.22

Date of Receipt

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

Transaction ID: 20061223129-FD-510

Amount of Each Receipt this Period

11.77

**C.**

Full Name (Last, First, Middle Initial)

Wayne Maynard

Mailing Address 4 Clinton Lane

City

Duxbury

State

MA

Zip Code

02332-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Product Director I, Cm

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

231.99

Date of Receipt

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

Transaction ID: 20061212114-FD-47

Amount of Each Receipt this Period

8.99

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

32.53

**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  
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FOR LINE NUMBER: PAGE 187 / 348

(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. Wayne Maynard

Mailing Address 4 Clinton Lane

City State Zip Code  
Duxbury MA 02332-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Product Director I, Cm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.99

Date of Receipt

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

Transaction ID: 20061223129-FD-47

Amount of Each Receipt this Period

8.99

Full Name (Last, First, Middle Initial)

B. John McCarthy

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

City State Zip Code  
Franklin MA 02038-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
President, Lib Hospitality Grp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.19

Date of Receipt

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

Transaction ID: 20061212114-FD-298

Amount of Each Receipt this Period

14.14

Full Name (Last, First, Middle Initial)

C. John McCarthy

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

City State Zip Code  
Franklin MA 02038-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
President, Lib Hospitality Grp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.19

Date of Receipt

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

Transaction ID: 20061223129-FD-298

Amount of Each Receipt this Period

14.14

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

37.27

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

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

Use separate schedule(s)  
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☒ 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 McElroy

Mailing Address 2 Hawk Drive

City State Zip Code  
 Princeton Junction NJ 08550-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager, Environmental, Liu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.49

Date of Receipt

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

Transaction ID: 20061212114-FD-1529

Amount of Each Receipt this Period

9.04

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

William McElroy

Mailing Address 2 Hawk Drive

City State Zip Code  
 Princeton Junction NJ 08550-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager, Environmental, Liu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.49

Date of Receipt

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

Transaction ID: 20061223129-FD-1529

Amount of Each Receipt this Period

9.04

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

Deborah McGonigle

Mailing Address 3 Taft Circle

City State Zip Code  
 Winchester MA 01890-3721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Sbu Marketing Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.38

Date of Receipt

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

Transaction ID: 20061212114-FD-1004

Amount of Each Receipt this Period

17.04

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

35.12

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

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

Use separate schedule(s)  
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☐ 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)

Deborah McGonigle

Mailing Address 3 Taft Circle

City State Zip Code  
 Winchester MA 01890-3721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Sbu Marketing Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.38

Date of Receipt

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

Transaction ID: 20061223129-FD-1004

Amount of Each Receipt this Period

22.63

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

John McGrath

Mailing Address 272 Lindsey Street

City State Zip Code  
 North Attleboro MA 02760-4766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager Ii, Department Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.87

Date of Receipt

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

Transaction ID: 20061212114-FD-748

Amount of Each Receipt this Period

8.37

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

John McGrath

Mailing Address 272 Lindsey Street

City State Zip Code  
 North Attleboro MA 02760-4766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager Ii, Department Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.87

Date of Receipt

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

Transaction ID: 20061223129-FD-748

Amount of Each Receipt this Period

8.37

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

39.37

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  
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(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)  
Kathleen McGrath  
Mailing Address 31 Eastland Terrace

City State Zip Code  
Haverhill MA 01830-2841

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 ▼

303.60

Date of Receipt

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

Transaction ID: 20061212114-FD-861

Amount of Each Receipt this Period

12.22

**B.** Full Name (Last, First, Middle Initial)  
Kathleen McGrath  
Mailing Address 31 Eastland Terrace

City State Zip Code  
Haverhill MA 01830-2841

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 ▼

303.60

Date of Receipt

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

Transaction ID: 20061223129-FD-861

Amount of Each Receipt this Period

12.22

**C.** 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 ▼

2323.00

Date of Receipt

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

Transaction ID: 20061212114-FD-1566

Amount of Each Receipt this Period

90.38

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

114.82

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

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

Use separate schedule(s)  
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☒ 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 ▼

2323.00

Date of Receipt

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

Transaction ID: 20061223129-FD-1566

Amount of Each Receipt this Period

90.38

B. 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 ▼

476.28

Date of Receipt

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

Transaction ID: 20061212114-FD-187

Amount of Each Receipt this Period

36.56

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 ▼

476.28

Date of Receipt

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

Transaction ID: 20061223129-FD-187

Amount of Each Receipt this Period

18.28

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

145.22

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  
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FOR LINE NUMBER: PAGE 192 / 348

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☒ 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 McKenna

Mailing Address 21 Alder Creek Lane

City State Zip Code  
 Rochester NH 03867-1707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager, Info. Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

558.41

Date of Receipt

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

Transaction ID: 20061212114-FD-6

Amount of Each Receipt this Period

21.69

Full Name (Last, First, Middle Initial)

B. John McKenna

Mailing Address 21 Alder Creek Lane

City State Zip Code  
 Rochester NH 03867-1707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager, Info. Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

558.41

Date of Receipt

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

Transaction ID: 20061223129-FD-6

Amount of Each Receipt this Period

21.69

Full Name (Last, First, Middle Initial)

C. 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 ▼

315.91

Date of Receipt

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

Transaction ID: 20061212114-FD-1467

Amount of Each Receipt this Period

12.46

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

55.84

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



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

Use separate schedule(s)  
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☒ 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 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 ▼

315.91

Date of Receipt

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

Transaction ID: 20061223129-FD-1467

Amount of Each Receipt this Period

12.46

Full Name (Last, First, Middle Initial)

**B.** Ronald McKissick

Mailing Address 4129 Lisa Drive

City State Zip Code  
 Harrisburg PA 17112-1029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Team Leader, CI Underwrtg Am

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.26

Date of Receipt

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

Transaction ID: 20061212114-FD-1450

Amount of Each Receipt this Period

8.01

Full Name (Last, First, Middle Initial)

**C.** Ronald McKissick

Mailing Address 4129 Lisa Drive

City State Zip Code  
 Harrisburg PA 17112-1029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Team Leader, CI Underwrtg Am

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.26

Date of Receipt

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

Transaction ID: 20061223129-FD-1450

Amount of Each Receipt this Period

8.01

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

28.48

**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 194 / 348

(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 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 ▼

851.96

Date of Receipt

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

Transaction ID: 20061212114-FD-790

Amount of Each Receipt this Period

33.08

Full Name (Last, First, Middle Initial)

B. 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 ▼

851.96

Date of Receipt

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

Transaction ID: 20061223129-FD-790

Amount of Each Receipt this Period

33.08

Full Name (Last, First, Middle Initial)

C. James McLaughlin

Mailing Address 1420 Tamarack Way

City State Zip Code  
 Alpharetta GA 30005-3719

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 ▼

466.18

Date of Receipt

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

Transaction ID: 20061212114-FD-484

Amount of Each Receipt this Period

17.93

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

84.09

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 / 348

(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 McLaughlin

Mailing Address 1420 Tamarack Way

City State Zip Code  
 Alpharetta GA 30005-3719

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 ▼

466.18

Date of Receipt

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

Transaction ID: 20061223129-FD-484

Amount of Each Receipt this Period

17.93

Full Name (Last, First, Middle Initial)

**B.** 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 ▼

376.41

Date of Receipt

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

Transaction ID: 20061212114-FD-188

Amount of Each Receipt this Period

14.55

Full Name (Last, First, Middle Initial)

**C.** 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 ▼

376.41

Date of Receipt

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

Transaction ID: 20061223129-FD-188

Amount of Each Receipt this Period

14.55

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

47.03

**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 196 / 348

(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) Ian McNeil		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 5052 Jade Court		<b>Transaction ID:</b> 20061212114-FD-1105
City Chino Hills	State CA	Zip Code 91709-4902
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.88
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 ▼ 608.77	

<b>B.</b> Full Name (Last, First, Middle Initial) Ian McNeil		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 5052 Jade Court		<b>Transaction ID:</b> 20061223129-FD-1105
City Chino Hills	State CA	Zip Code 91709-4902
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.88
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 ▼ 608.77	

<b>C.</b> Full Name (Last, First, Middle Initial) Sean McSweeney		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 6 Taggart Court		<b>Transaction ID:</b> 20061212114-FD-740
City Ashland	State MA	Zip Code 01721-1099
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 49.04
Name of Employer Liberty Mutual	Occupation Deputy General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1254.81	

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

96.80

**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 197 / 348

(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.** 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 ▼

1254.81

Date of Receipt

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

Transaction ID: 20061223129-FD-740

Amount of Each Receipt this Period

49.04

Full Name (Last, First, Middle Initial)

**B.** 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 ▼

498.47

Date of Receipt

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

Transaction ID: 20061212114-FD-1403

Amount of Each Receipt this Period

19.25

Full Name (Last, First, Middle Initial)

**C.** 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 ▼

498.47

Date of Receipt

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

Transaction ID: 20061223129-FD-1403

Amount of Each Receipt this Period

19.25

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

87.54

**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  
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FOR LINE NUMBER: PAGE 198 / 348

(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) Robbie Meitler		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 27 Wareham Street Apt. 203		<b>Transaction ID:</b> 20061212114-FD-1196
City Boston	State MA	Zip Code 02118-2539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62
Name of Employer Liberty Mutual	Occupation Manager, Pm Undwrtg Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.15	

<b>B.</b> Full Name (Last, First, Middle Initial) Robbie Meitler		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 27 Wareham Street Apt. 203		<b>Transaction ID:</b> 20061223129-FD-1196
City Boston	State MA	Zip Code 02118-2539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62
Name of Employer Liberty Mutual	Occupation Manager, Pm Undwrtg Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.15	

<b>C.</b> Full Name (Last, First, Middle Initial) Brian Melas		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 43 Essex Street		<b>Transaction ID:</b> 20061212114-FD-879
City Wenham	State MA	Zip Code 01984-1711
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 43.08
Name of Employer Liberty Mutual	Occupation Manager-Commercial Mkts Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1102.84	

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

62.32

**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 199 / 348

(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) Brian Melas		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-879
Mailing Address 43 Essex Street		
City	State	Zip Code
Wenham	MA	01984-1711
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 43.08
C		
Name of Employer Liberty Mutual	Occupation Manager-Commercial Mkts Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1102.84	

<b>B.</b> Full Name (Last, First, Middle Initial) William Mersch		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1121
Mailing Address 24 Hawtree Way		
City	State	Zip Code
Groton	MA	01450-1482
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 37.88
C		
Name of Employer Liberty Mutual	Occupation Manager-H.R. & Admin Svcs.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 978.16	

<b>C.</b> Full Name (Last, First, Middle Initial) William Mersch		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1121
Mailing Address 24 Hawtree Way		
City	State	Zip Code
Groton	MA	01450-1482
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 37.88
C		
Name of Employer Liberty Mutual	Occupation Manager-H.R. & Admin Svcs.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 978.16	

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

118.84

**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 200 / 348

(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 ▼

415.48

Date of Receipt

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

Transaction ID: 20061212114-FD-1006

Amount of Each Receipt this Period

15.98

B. 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 ▼

415.48

Date of Receipt

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

Transaction ID: 20061223129-FD-1006

Amount of Each Receipt this Period

15.98

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

Charles Metros

Mailing Address 68 Kimball Road

City State Zip Code  
 Braintree MA 02184-7532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Project Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.73

Date of Receipt

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

Transaction ID: 20061212114-FD-68

Amount of Each Receipt this Period

8.97

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

40.93

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  
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(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 Metros		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 68 Kimball Road		<b>Transaction ID:</b> 20061223129-FD-68
City Braintree	State MA	Zip Code 02184-7532
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.97
Name of Employer Liberty Mutual	Occupation Project Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 232.73	

<b>B.</b> Full Name (Last, First, Middle Initial) Katherine Mezzanotte		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 221 Huntsman Lane		<b>Transaction ID:</b> 20061212114-FD-1069
City Blue Bell	State PA	Zip Code 19422-2819
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.48
Name of Employer Liberty Mutual	Occupation Sr. Trial Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.67	

<b>C.</b> Full Name (Last, First, Middle Initial) Katherine Mezzanotte		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 221 Huntsman Lane		<b>Transaction ID:</b> 20061223129-FD-1069
City Blue Bell	State PA	Zip Code 19422-2819
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.48
Name of Employer Liberty Mutual	Occupation Sr. Trial Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.67	

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

31.93

**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 202 / 348

(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.** Adam Miarka

Mailing Address 12157 Princewood Court

City State Zip Code  
 Fishers IN 46037-3944

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Sr. Software Engineer, Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.39

Date of Receipt

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

Transaction ID: 20061212114-FD-1371

Amount of Each Receipt this Period

8.34

Full Name (Last, First, Middle Initial)

**B.** Adam Miarka

Mailing Address 12157 Princewood Court

City State Zip Code  
 Fishers IN 46037-3944

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Sr. Software Engineer, Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.39

Date of Receipt

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

Transaction ID: 20061223129-FD-1371

Amount of Each Receipt this Period

8.34

Full Name (Last, First, Middle Initial)

**C.** 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 ▼

550.92

Date of Receipt

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

Transaction ID: 20061212114-FD-1172

Amount of Each Receipt this Period

21.41

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

38.09

**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  
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FOR LINE NUMBER: PAGE 203 / 348

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☒ 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)

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 ▼

550.92

Date of Receipt

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

Transaction ID: 20061223129-FD-1172

Amount of Each Receipt this Period

21.41

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

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 Mutual

Occupation  
Regional Service Mgr., Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.48

Date of Receipt

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

Transaction ID: 20061212114-FD-314

Amount of Each Receipt this Period

12.99

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

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 Mutual

Occupation  
Regional Service Mgr., Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.48

Date of Receipt

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

Transaction ID: 20061223129-FD-314

Amount of Each Receipt this Period

12.99

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

47.39

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 204 / 348

(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 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 Division General Mgr. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 623.88			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-63 Amount of Each Receipt this Period 25.73
<b>B.</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 Division General Mgr. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 623.88			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-63 Amount of Each Receipt this Period 25.73
<b>C.</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 ▼ 310.55			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1576 Amount of Each Receipt this Period 12.06

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

**63.52**

**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 205 / 348

(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) Frederick Moore			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 30 Evergreen Farms Road			<b>Transaction ID:</b> 20061223129-FD-1576	
City State Zip Code Scarborough ME 04074-8376			Amount of Each Receipt this Period 12.06	
FEC ID number of contributing federal political committee. C				
Name of Employer Liberty Mutual		Occupation Resident Attorney I, Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 310.55		
<b>B.</b> Full Name (Last, First, Middle Initial) John Moore			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 102 Avalon Court			<b>Transaction ID:</b> 20061212114-FD-660	
City State Zip Code Canton GA 30115-6420			Amount of Each Receipt this Period 11.60	
FEC ID number of contributing federal political committee. C				
Name of Employer Liberty Mutual		Occupation Managing Consultant Iii, Cm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.20		
<b>C.</b> Full Name (Last, First, Middle Initial) John Moore			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 102 Avalon Court			<b>Transaction ID:</b> 20061223129-FD-660	
City State Zip Code Canton GA 30115-6420			Amount of Each Receipt this Period 11.60	
FEC ID number of contributing federal political committee. C				
Name of Employer Liberty Mutual		Occupation Managing Consultant Iii, Cm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.20		

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

35.26

**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 206 / 348

(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 Moreland  
Mailing Address 9811 Pond Run Court

City State Zip Code  
Myersville MD 21773-8418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Claims Team Manager, Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.78

Date of Receipt

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

Transaction ID: 20061212114-FD-505

Amount of Each Receipt this Period

9.22

**B.** Full Name (Last, First, Middle Initial)  
Richard Moreland  
Mailing Address 9811 Pond Run Court

City State Zip Code  
Myersville MD 21773-8418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Claims Team Manager, Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.78

Date of Receipt

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

Transaction ID: 20061223129-FD-505

Amount of Each Receipt this Period

9.22

**C.** Full Name (Last, First, Middle Initial)  
Roy Morell  
Mailing Address 52 Saltwind Drive

City State Zip Code  
Hanover MA 02339-2846

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 ▼

384.61

Date of Receipt

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

Transaction ID: 20061212114-FD-198

Amount of Each Receipt this Period

15.00

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

33.44

**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 207 / 348

(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 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-198
Mailing Address 52 Saltwind Drive		
City Hanover	State MA	Zip Code 02339-2846
FEC ID number of contributing federal political committee. C		<b>Amount of Each Receipt this Period</b> 15.00
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 ▼ 384.61	

<b>B.</b> Full Name (Last, First, Middle Initial) Raquel Morgan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1376
Mailing Address 6709 Paces Ferry Lane		
City Charlotte	State NC	Zip Code 28226-7790
FEC ID number of contributing federal political committee. C		<b>Amount of Each Receipt this Period</b> 9.83
Name of Employer Liberty Mutual	Occupation Mgr., Am Company Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.55	

<b>C.</b> Full Name (Last, First, Middle Initial) Raquel Morgan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1376
Mailing Address 6709 Paces Ferry Lane		
City Charlotte	State NC	Zip Code 28226-7790
FEC ID number of contributing federal political committee. C		<b>Amount of Each Receipt this Period</b> 9.83
Name of Employer Liberty Mutual	Occupation Mgr., Am Company Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.55	

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

34.66

**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 208 / 348

(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 Morzano

Mailing Address 107 Love Lane

City State Zip Code  
 Weston MA 02493-1113

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Mgr. Liberty Energy Corporation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459.56

Date of Receipt

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

Transaction ID: 20061212114-FD-1352

Amount of Each Receipt this Period

17.88

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

Gregory Morzano

Mailing Address 107 Love Lane

City State Zip Code  
 Weston MA 02493-1113

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Mgr. Liberty Energy Corporation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459.56

Date of Receipt

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

Transaction ID: 20061223129-FD-1352

Amount of Each Receipt this Period

17.88

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

Robert Moynihan

Mailing Address 53 Sandybrook Drive

City State Zip Code  
 Durham NH 03824-3137

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager Iv, Cmc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.75

Date of Receipt

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

Transaction ID: 20061212114-FD-104

Amount of Each Receipt this Period

9.86

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

45.62

**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 209 / 348

(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 Moynihan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-104
Mailing Address 53 Sandybrook Drive		
City	State	Zip Code
Durham	NH	03824-3137
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 9.86
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 ▼ 254.75		

<b>B.</b> Full Name (Last, First, Middle Initial) Carl Mueller		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-860
Mailing Address 37 Annetta Road		
City	State	Zip Code
Ashland	MA	01721-2301
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 15.52
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 ▼ 399.88		

<b>C.</b> Full Name (Last, First, Middle Initial) Carl Mueller		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-860
Mailing Address 37 Annetta Road		
City	State	Zip Code
Ashland	MA	01721-2301
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 15.52
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 ▼ 399.88		

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

40.90

**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 210 / 348

(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 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 ▼ 1632.46			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-718 Amount of Each Receipt this Period 63.46
<b>B.</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 ▼ 1632.46			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-718 Amount of Each Receipt this Period 63.46
<b>C.</b> Full Name (Last, First, Middle Initial) Timothy Mulloy Mailing Address 66 E Waukau Avenue City Oshkosh State WI Zip Code 54902-7253 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 ▼ 1230.37			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1185 Amount of Each Receipt this Period 47.31
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			174.23
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

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

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

FOR LINE NUMBER: PAGE 211 / 348

(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 Mulloy

Mailing Address 66 E Waukau Avenue

City State Zip Code  
 Oshkosh WI 54902-7253

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Division General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.37

Date of Receipt

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

Transaction ID: 20061223129-FD-1185

Amount of Each Receipt this Period

47.31

Full Name (Last, First, Middle Initial)

**B.** Patrick Murphy

Mailing Address 3926 Columbia Street

City State Zip Code  
 Des Moines IA 50313-3648

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Field Claims Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.54

Date of Receipt

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

Transaction ID: 20061212114-FD-1404

Amount of Each Receipt this Period

16.23

Full Name (Last, First, Middle Initial)

**C.** Patrick Murphy

Mailing Address 3926 Columbia Street

City State Zip Code  
 Des Moines IA 50313-3648

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Field Claims Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.54

Date of Receipt

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

Transaction ID: 20061223129-FD-1404

Amount of Each Receipt this Period

16.23

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

79.77

**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 212 / 348

(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) Russell Murphy Mailing Address 230 Winter Street City Norwell State MA Zip Code 02061-1404 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Director, Product Research Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 274.33			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>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061212114-FD-1575 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">11.15</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	0	6	11.15									
M	M	/	D	D	/	Y	Y	Y	Y																								
1	2		0	8		2	0	0	6																								
11.15																																	
<b>B.</b> Full Name (Last, First, Middle Initial) Russell Murphy Mailing Address 230 Winter Street City Norwell State MA Zip Code 02061-1404 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Director, Product Research Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 274.33			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>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061223129-FD-1575 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">11.15</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	2		2	0	0	6	11.15									
M	M	/	D	D	/	Y	Y	Y	Y																								
1	2		2	2		2	0	0	6																								
11.15																																	
<b>C.</b> Full Name (Last, First, Middle Initial) L. David Murray Mailing Address 5500 Watford Court City Glen Allen State VA Zip Code 23059-3432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Regional Sales Mgr., Bm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 202.02			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061223129-FD-534 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">7.77</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	2		2	0	0	6	7.77									
M	M	/	D	D	/	Y	Y	Y	Y																								
1	2		2	2		2	0	0	6																								
7.77																																	

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

30.07

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 213 / 348

(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 Mutschler

Mailing Address 14 Granite Street

City State Zip Code  
Hopkinton MA 01748-2300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Regional Claims Manager, Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.28

Date of Receipt

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

Transaction ID: 20061212114-FD-449

Amount of Each Receipt this Period

11.09

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

James Mutschler

Mailing Address 14 Granite Street

City State Zip Code  
Hopkinton MA 01748-2300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Regional Claims Manager, Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.28

Date of Receipt

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

Transaction ID: 20061223129-FD-449

Amount of Each Receipt this Period

11.09

C. 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 ▼

439.25

Date of Receipt

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

Transaction ID: 20061212114-FD-1266

Amount of Each Receipt this Period

17.08

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

39.26

**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 214 / 348

(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 ▼

439.25

Date of Receipt

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

Transaction ID: 20061223129-FD-1266

Amount of Each Receipt this Period

17.08

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

Robert Nadeau

Mailing Address 13 Scenic Drive

City State Zip Code  
 Tilton NH 03276-5930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Reg. Director Sales Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.80

Date of Receipt

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

Transaction ID: 20061212114-FD-35

Amount of Each Receipt this Period

9.30

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

Robert Nadeau

Mailing Address 13 Scenic Drive

City State Zip Code  
 Tilton NH 03276-5930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Reg. Director Sales Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.80

Date of Receipt

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

Transaction ID: 20061223129-FD-35

Amount of Each Receipt this Period

9.30

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

35.68

**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 215 / 348

(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 Names

Mailing Address 3107 Sandgate Court

City

Weston

State

WI

Zip Code

54476-5686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Financial Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

267.71

Date of Receipt

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

Transaction ID: 20061212114-FD-1160

Amount of Each Receipt this Period

10.52

Full Name (Last, First, Middle Initial)

**B.** Scott Names

Mailing Address 3107 Sandgate Court

City

Weston

State

WI

Zip Code

54476-5686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Financial Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

267.71

Date of Receipt

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

Transaction ID: 20061223129-FD-1160

Amount of Each Receipt this Period

10.52

Full Name (Last, First, Middle Initial)

**C.** Irene Napoli

Mailing Address 57 Howard Avenue

City

Eastchester

State

NY

Zip Code

10709-2714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Manager Iii, Cmc

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

206.39

Date of Receipt

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

Transaction ID: 20061223129-FD-335

Amount of Each Receipt this Period

8.00

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

29.04

**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 216 / 348

(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) George Neale Mailing Address 88 Wharf Street Unit 305 City Milton State MA Zip Code 02186-3434 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 ▼ 815.15		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1519 Amount of Each Receipt this Period 31.85
<b>B.</b> Full Name (Last, First, Middle Initial) George Neale Mailing Address 88 Wharf Street Unit 305 City Milton State MA Zip Code 02186-3434 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 ▼ 815.15		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1519 Amount of Each Receipt this Period 31.85
<b>C.</b> Full Name (Last, First, Middle Initial) John Neil Mailing Address 10 Alipine Circle City Sagamore Beach State MA Zip Code 02562-2303 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Product Director I, Cm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 233.91		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-177 Amount of Each Receipt this Period 9.08

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

72.78

**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 217 / 348

(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 Neil

Mailing Address 10 Alpine Circle

City State Zip Code  
Sagamore Beach MA 02562-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Product Director I, Cm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.91

Date of Receipt

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

Transaction ID: 20061223129-FD-177

Amount of Each Receipt this Period

9.08

**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 ▼

1458.43

Date of Receipt

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

Transaction ID: 20061212114-FD-272

Amount of Each Receipt this Period

56.92

**C.** 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 ▼

1458.43

Date of Receipt

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

Transaction ID: 20061223129-FD-272

Amount of Each Receipt this Period

56.92

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

122.92

**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 218 / 348

(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) Nancy Newmister Mailing Address 14210 Plantation Park Boulevard #1221 City State Zip Code Charlotte NC 28277-2269 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Mgr., Company Uw Comm'l Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 290.65		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1490 Amount of Each Receipt this Period 11.30
<b>B.</b> Full Name (Last, First, Middle Initial) Nancy Newmister Mailing Address 14210 Plantation Park Boulevard #1221 City State Zip Code Charlotte NC 28277-2269 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Mgr., Company Uw Comm'l Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 290.65		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1490 Amount of Each Receipt this Period 11.30
<b>C.</b> 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. <b>C</b> Name of Employer Occupation Liberty Mutual Pres. & C.E.O., Lnw Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 581.89		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-123 Amount of Each Receipt this Period 22.69
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		45.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

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or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 348

(check only one)

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☐ 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) Matthew Nickerson Mailing Address 14084 Goodall Road City Lake Oswego State OR Zip Code 97034-2046 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Pres. & C.E.O., Lnw Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 581.89		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-123 Amount of Each Receipt this Period 22.69
<b>B.</b> Full Name (Last, First, Middle Initial) Robert Niebel Mailing Address 6157 Wingstem Street City Westerville State OH Zip Code 43082-8008 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 685.03		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-497 Amount of Each Receipt this Period 29.81
<b>C.</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 ▼ 877.68		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-184 Amount of Each Receipt this Period 34.15

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

86.65

**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 220 / 348

(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) Kathleen Nomicos		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-184
Mailing Address 78 Crestview Road		
City Belmont	State MA	Zip Code 02478-2108
FEC ID number of contributing federal political committee. C		<b>Amount of Each Receipt this Period</b> 34.15
Name of Employer Liberty Mutual	Occupation Mgr., Uw Strategy & Q.A.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 877.68	

<b>B.</b> Full Name (Last, First, Middle Initial) James Norris		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-804
Mailing Address 1877 Rachels Ridge Loop		
City Ocoee	State FL	Zip Code 34761-9011
FEC ID number of contributing federal political committee. C		<b>Amount of Each Receipt this Period</b> 9.58
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 ▼ 246.28	

<b>C.</b> Full Name (Last, First, Middle Initial) James Norris		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-804
Mailing Address 1877 Rachels Ridge Loop		
City Ocoee	State FL	Zip Code 34761-9011
FEC ID number of contributing federal political committee. C		<b>Amount of Each Receipt this Period</b> 9.58
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 ▼ 246.28	

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

53.31

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

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

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or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 348

(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) Ann Nowak Mailing Address 6 Pleasant Street City Charlestown State MA Zip Code 02129-3602 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr. of College Rel Programs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 236.20			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1240 Amount of Each Receipt this Period 9.23
<b>B.</b> Full Name (Last, First, Middle Initial) Ann Nowak Mailing Address 6 Pleasant Street City Charlestown State MA Zip Code 02129-3602 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr. of College Rel Programs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 236.20			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1240 Amount of Each Receipt this Period 9.23
<b>C.</b> Full Name (Last, First, Middle Initial) Phillip Nyburg Mailing Address 1215 West 17th Avenue City Junction City State OR Zip Code 97448-8309 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Resident Attorney I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.80			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-809 Amount of Each Receipt this Period 8.63

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

27.09

**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 222 / 348

(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) Phillip Nyburg		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-809
Mailing Address 1215 West 17th Avenue		
City	State	Zip Code
Junction City	OR	97448-8309
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 8.63
Name of Employer Liberty Mutual		
Occupation Resident Attorney I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 221.80		

<b>B.</b> Full Name (Last, First, Middle Initial) Patrick O Connor		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1175
Mailing Address 23 Smith Road		
City	State	Zip Code
Hopkinton	MA	01748-2574
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 11.12
Name of Employer Liberty Mutual		
Occupation Manager-Property Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 284.15		

<b>C.</b> Full Name (Last, First, Middle Initial) Patrick O Connor		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1175
Mailing Address 23 Smith Road		
City	State	Zip Code
Hopkinton	MA	01748-2574
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 11.12
Name of Employer Liberty Mutual		
Occupation Manager-Property Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 284.15		

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

30.87

**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 223 / 348

(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) Jay O'Brien Mailing Address 9 Constitution Road City State Zip Code Kennebunk ME 04043-7206 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager li, Department Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.18			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-426 Amount of Each Receipt this Period 8.72
<b>B.</b> Full Name (Last, First, Middle Initial) Jay O'Brien Mailing Address 9 Constitution Road City State Zip Code Kennebunk ME 04043-7206 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager li, Department Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.18			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-426 Amount of Each Receipt this Period 8.72
<b>C.</b> 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. <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 ▼ 764.25			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-201 Amount of Each Receipt this Period 29.65

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

47.09

**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 224 / 348

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☒ 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 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 Mutual

Occupation  
Assistant General Counsel, Ho

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

764.25

Date of Receipt

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

Transaction ID: 20061223129-FD-201

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 Mutual

Occupation  
Claims Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.75

Date of Receipt

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

Transaction ID: 20061212114-FD-499

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 Mutual

Occupation  
Claims Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.75

Date of Receipt

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

Transaction ID: 20061223129-FD-499

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 225 / 348

(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  
Mgr., a/L Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.43

Date of Receipt

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

Transaction ID: 20061212114-FD-382

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  
Mgr., a/L Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.43

Date of Receipt

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

Transaction ID: 20061223129-FD-382

Amount of Each Receipt this Period

13.04

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey O'Connor  
Mailing Address 12116 Oakcrest Estates Court

City State Zip Code  
Saint Louis MO 63128-2158

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 ▼

298.19

Date of Receipt

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

Transaction ID: 20061212114-FD-724

Amount of Each Receipt this Period

11.59

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

37.67

**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 226 / 348

(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 O'Connor

Mailing Address 12116 Oakcrest Estates Court

City State Zip Code  
 Saint Louis MO 63128-2158

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 ▼

298.19

Date of Receipt

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

Transaction ID: 20061223129-FD-724

Amount of Each Receipt this Period

11.59

Full Name (Last, First, Middle Initial)

**B.** 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 ▼

443.15

Date of Receipt

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

Transaction ID: 20061212114-FD-1011

Amount of Each Receipt this Period

17.16

Full Name (Last, First, Middle Initial)

**C.** 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 ▼

443.15

Date of Receipt

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

Transaction ID: 20061223129-FD-1011

Amount of Each Receipt this Period

17.16

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

45.91

**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 227 / 348

(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 O'Neil		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1357
Mailing Address 49 Linden Street		
City	State	Zip Code
North Attleboro	MA	02760-4201
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 20.77
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 ▼ 512.12		

<b>B.</b> Full Name (Last, First, Middle Initial) Robert O'Neil		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1357
Mailing Address 49 Linden Street		
City	State	Zip Code
North Attleboro	MA	02760-4201
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 20.77
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 ▼ 512.12		

<b>C.</b> Full Name (Last, First, Middle Initial) Daniel O'Sullivan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1633
Mailing Address 10 Waterhouse Road		
City	State	Zip Code
Stoneham	MA	02180-2115
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 12.66
Name of Employer Liberty Mutual		
Occupation Sr. Director, Data & Demand Mgt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 252.85		

**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 228 / 348

(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) Daniel O'Sullivan Mailing Address 10 Waterhouse Road City State Zip Code Stoneham MA 02180-2115 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Sr. Director, Data & Demand Mgt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.85		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1633 Amount of Each Receipt this Period 12.66
<b>B.</b> Full Name (Last, First, Middle Initial) William Olafsson Mailing Address 1215 Winton Street City State Zip Code Wausau WI 54403-3283 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Sr. Corp Counsel, Ho Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.72		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1165 Amount of Each Receipt this Period 10.13
<b>C.</b> Full Name (Last, First, Middle Initial) William Olafsson Mailing Address 1215 Winton Street City State Zip Code Wausau WI 54403-3283 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Sr. Corp Counsel, Ho Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.72		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1165 Amount of Each Receipt this Period 10.13

**SUBTOTAL** of Receipts This Page (optional) .....**32.92****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 229 / 348

(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) Marvin Olinde		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 2915 Valcour Aime		<b>Transaction ID:</b> 20061212114-FD-670
City Baton Rouge	State LA	Zip Code 70820-4426
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.32
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 ▼ 446.68	

<b>B.</b> Full Name (Last, First, Middle Initial) Marvin Olinde		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 2915 Valcour Aime		<b>Transaction ID:</b> 20061223129-FD-670
City Baton Rouge	State LA	Zip Code 70820-4426
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.32
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 ▼ 446.68	

<b>C.</b> Full Name (Last, First, Middle Initial) Shelley Oravec		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 33 Quabbin Path		<b>Transaction ID:</b> 20061212114-FD-996
City Sutton	State MA	Zip Code 01590-2749
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.31
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 ▼ 238.21	

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

43.95

**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 230 / 348

(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) Shelley Oravec		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 33 Quabbin Path		<b>Transaction ID:</b> 20061223129-FD-996
City Sutton	State MA	Zip Code 01590-2749
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.31
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 ▼ 238.21	

<b>B.</b> Full Name (Last, First, Middle Initial) Gary Ostrow		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 10 Wadsworth Way		<b>Transaction ID:</b> 20061212114-FD-1081
City Sharon	State MA	Zip Code 02067-2763
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 47.69
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 ▼ 1218.45	

<b>C.</b> Full Name (Last, First, Middle Initial) Gary Ostrow		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 10 Wadsworth Way		<b>Transaction ID:</b> 20061223129-FD-1081
City Sharon	State MA	Zip Code 02067-2763
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 47.69
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 ▼ 1218.45	

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

104.69

**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

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(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 Paperiello

Mailing Address 3518 Princeton Avenue

City State Zip Code  
Aurora IL 60504-6181

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Claims Team Manager, Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.88

Date of Receipt

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

Transaction ID: 20061212114-FD-952

Amount of Each Receipt this Period

8.80

Full Name (Last, First, Middle Initial)

**B.** Thomas Paperiello

Mailing Address 3518 Princeton Avenue

City State Zip Code  
Aurora IL 60504-6181

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Claims Team Manager, Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.88

Date of Receipt

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

Transaction ID: 20061223129-FD-952

Amount of Each Receipt this Period

8.80

Full Name (Last, First, Middle Initial)

**C.** Mark Pare

Mailing Address 5 Donovan Drive

City State Zip Code  
Bedford MA 01730-1151

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 ▼

514.52

Date of Receipt

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

Transaction ID: 20061212114-FD-886

Amount of Each Receipt this Period

20.77

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

38.37

**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 232 / 348

(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 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 Sr. Invest Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 514.52			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-886 Amount of Each Receipt this Period 20.77
<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 ▼ 413.14			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-34 Amount of Each Receipt this Period 15.89
<b>C.</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 ▼ 413.14			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-34 Amount of Each Receipt this Period 15.89
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			52.55
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			



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

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

FOR LINE NUMBER: PAGE 233 / 348

(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 Parker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1149
Mailing Address 42W546 Eagle Court		
City Saint Charles	State IL	Zip Code 60175-8239
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.42
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 ▼ 421.32	

<b>B.</b> Full Name (Last, First, Middle Initial) Michael Parker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1149
Mailing Address 42W546 Eagle Court		
City Saint Charles	State IL	Zip Code 60175-8239
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.42
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 ▼ 421.32	

<b>C.</b> Full Name (Last, First, Middle Initial) Dean Parmer		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-483
Mailing Address 1 Ezras Way		
City Dover	State NH	Zip Code 03820-5504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.49
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 ▼ 350.74	

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

46.33

**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 234 / 348

(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)

Dean Parmer

Mailing Address 1 Ezras Way

City State Zip Code  
Dover NH 03820-5504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Portfolio Analysis, Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.74

Date of Receipt

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

Transaction ID: 20061223129-FD-483

Amount of Each Receipt this Period

13.49

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

Kevin Pastoor

Mailing Address 48766 Kent Court

City State Zip Code  
Novi MI 48374-2744

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 ▼

206.21

Date of Receipt

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

Transaction ID: 20061223129-FD-640

Amount of Each Receipt this Period

7.95

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

Himanshu Patel

Mailing Address 1267 Hamilton Lane

City State Zip Code  
Naperville IL 60540-8377

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager-Regional Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.32

Date of Receipt

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

Transaction ID: 20061212114-FD-904

Amount of Each Receipt this Period

23.85

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

45.29

**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 235 / 348

(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		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-904
Mailing Address 1267 Hamilton Lane		
City Naperville	State IL	Zip Code 60540-8377
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.85
Name of Employer Liberty Mutual		
Occupation Manager-Regional Operations		Aggregate Year-to-Date ▼ 609.32
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Daniel Paterline		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-454
Mailing Address 929 Dianthus Court		
City Reynoldsburg	State OH	Zip Code 43068-6713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.55
Name of Employer Liberty Mutual		
Occupation Regional Undwrtg Mgr., Cm		Aggregate Year-to-Date ▼ 246.06
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Daniel Paterline		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-454
Mailing Address 929 Dianthus Court		
City Reynoldsburg	State OH	Zip Code 43068-6713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.55
Name of Employer Liberty Mutual		
Occupation Regional Undwrtg Mgr., Cm		Aggregate Year-to-Date ▼ 246.06
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

42.95

**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 236 / 348

(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 Mailing Address 1034 Penniman Drive City State Zip Code El Dorado Hills CA 95762-5210 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 ▼ 443.50			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-368 Amount of Each Receipt this Period 17.71
<b>B.</b> Full Name (Last, First, Middle Initial) Randy Paul Mailing Address 1034 Penniman Drive City State Zip Code El Dorado Hills CA 95762-5210 FEC ID number of contributing federal political committee. <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 ▼ 443.50			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-368 Amount of Each Receipt this Period 17.71
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Peak Mailing Address 6407 Price Lane City State Zip Code Louisville KY 40229-1629 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Senior Consultant - Cm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 317.47			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1335 Amount of Each Receipt this Period 12.31

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

47.73

**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 237 / 348

(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 Peak

Mailing Address 6407 Price Lane

City State Zip Code  
 Louisville KY 40229-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Senior Consultant - Cm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.47

Date of Receipt

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

Transaction ID: 20061223129-FD-1335

Amount of Each Receipt this Period

12.31

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

Dean Peasley

Mailing Address 9 Bradford Terrace  
 Unit 3

City State Zip Code  
 Brookline MA 02446-6036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager, Internet Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.44

Date of Receipt

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

Transaction ID: 20061212114-FD-1374

Amount of Each Receipt this Period

11.15

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

Dean Peasley

Mailing Address 9 Bradford Terrace  
 Unit 3

City State Zip Code  
 Brookline MA 02446-6036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager, Internet Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.44

Date of Receipt

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

Transaction ID: 20061223129-FD-1374

Amount of Each Receipt this Period

11.15

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

34.61

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 238 / 348

(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 Pecchio		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-974 Amount of Each Receipt this Period 18.36
Mailing Address 2021 Bloomsbury Run City Heathrow State FL Zip Code 32746-1997 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual Occupation Manager-Direct Response Mktg. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 473.09		

<b>B.</b> Full Name (Last, First, Middle Initial) Michael Pecchio		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-974 Amount of Each Receipt this Period 18.36
Mailing Address 2021 Bloomsbury Run City Heathrow State FL Zip Code 32746-1997 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual Occupation Manager-Direct Response Mktg. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 473.09		

<b>C.</b> Full Name (Last, First, Middle Initial) Christopher Peirce		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-878 Amount of Each Receipt this Period 23.08
Mailing Address 66 Pine Bough Avenue City North Attleboro State MA Zip Code 02760-4669 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 ▼ 530.57		

**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 239 / 348

(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)  
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 MutualOccupation  
Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.57

Date of Receipt

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

Transaction ID: 20061223129-FD-878

Amount of Each Receipt this Period

23.08

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

Mailing Address 49 Ortins Road

City State Zip Code  
Hamilton MA 01982-1430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty MutualOccupation  
Director of Federal Taxation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

551.35

Date of Receipt

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

Transaction ID: 20061212114-FD-1453

Amount of Each Receipt this Period

21.58

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

Mailing Address 49 Ortins Road

City State Zip Code  
Hamilton MA 01982-1430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty MutualOccupation  
Director of Federal Taxation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

551.35

Date of Receipt

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

Transaction ID: 20061223129-FD-1453

Amount of Each Receipt this Period

21.58

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

66.24

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 240 / 348

(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 Pennington		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-855
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 ▼ 317.33		

<b>B.</b> Full Name (Last, First, Middle Initial) Melanie Pennington		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-855
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 ▼ 317.33		

<b>C.</b> Full Name (Last, First, Middle Initial) George Perrotta		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1534
Mailing Address 48 Grand Boulevard		
City	State	Zip Code
Scarsdale	NY	10583-5219
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 15.77
Name of Employer Liberty Mutual		
Occupation Financial Officer-Liu		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 406.80		

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

40.39

**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

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(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) George Perrotta		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1534 Amount of Each Receipt this Period 15.77
Mailing Address 48 Grand Boulevard City State Zip Code Scarsdale NY 10583-5219 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual Occupation Financial Officer-Liu Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 406.80		

<b>B.</b> Full Name (Last, First, Middle Initial) Eric Peterson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1421 Amount of Each Receipt this Period 10.02
Mailing Address 61 Mohawk Lane City State Zip Code Brentwood NH 03833-6427 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 ▼ 257.58		

<b>C.</b> Full Name (Last, First, Middle Initial) Eric Peterson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1421 Amount of Each Receipt this Period 10.02
Mailing Address 61 Mohawk Lane City State Zip Code Brentwood NH 03833-6427 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 ▼ 257.58		

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

35.81

**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  
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☒ 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) Kenneth Phillips		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1293 Amount of Each Receipt this Period 8.26
Mailing Address 3415 Bridgefield Drive City State Zip Code Lakeland FL 33803-5914 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Regional Medical Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 209.81		

<b>B.</b> Full Name (Last, First, Middle Initial) Kenneth Phillips		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1293 Amount of Each Receipt this Period 8.26
Mailing Address 3415 Bridgefield Drive City State Zip Code Lakeland FL 33803-5914 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Regional Medical Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 209.81		

<b>C.</b> Full Name (Last, First, Middle Initial) Dennis Piatt		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1405 Amount of Each Receipt this Period 9.70
Mailing Address 4649 Cardinal Drive City State Zip Code Mount Carmel OH 45244-1140 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Team Leader, CI Underwrtg Am Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 249.33		

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

26.22

**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  
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(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) Dennis Piatt		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 4649 Cardinal Drive		<b>Transaction ID:</b> 20061223129-FD-1405
City Mount Carmel	State OH	Zip Code 45244-1140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.70
Name of Employer Liberty Mutual	Occupation Team Leader, CI Underwrtg Am	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.33	

<b>B.</b> Full Name (Last, First, Middle Initial) Donald Pickens		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 418 East Street		<b>Transaction ID:</b> 20061212114-FD-921
City Dedham	State MA	Zip Code 02026-3058
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Liberty Mutual	Occupation Chief Underwriting Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1029.22	

<b>C.</b> Full Name (Last, First, Middle Initial) Donald Pickens		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 418 East Street		<b>Transaction ID:</b> 20061223129-FD-921
City Dedham	State MA	Zip Code 02026-3058
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Liberty Mutual	Occupation Chief Underwriting Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1029.22	

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

89.70

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

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

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or each category of the  
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(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) Christopher Piela Mailing Address 37 Berkshire Street City Norfolk State MA Zip Code 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 ▼ 578.42			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1222 Amount of Each Receipt this Period 22.62
<b>B.</b> Full Name (Last, First, Middle Initial) Christopher Piela Mailing Address 37 Berkshire Street City Norfolk State MA Zip Code 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 ▼ 578.42			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1222 Amount of Each Receipt this Period 22.62
<b>C.</b> Full Name (Last, First, Middle Initial) Arthur Pilley Mailing Address 2502 Strawberry Lane City Wausau State WI Zip Code 54401-7592 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 ▼ 294.60			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-541 Amount of Each Receipt this Period 11.46

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

56.70

**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

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(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.** Arthur Pilley

Mailing Address 2502 Strawberry Lane

City State Zip Code  
Wausau WI 54401-7592

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Chief Examiner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.60

Date of Receipt

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

Transaction ID: 20061223129-FD-541

Amount of Each Receipt this Period

11.46

Full Name (Last, First, Middle Initial)

**B.** David Pitts

Mailing Address 17 Westridge Drive

City State Zip Code  
Hampton NH 03842-1154

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager-Claims Field Svcs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.06

Date of Receipt

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

Transaction ID: 20061212114-FD-754

Amount of Each Receipt this Period

19.79

Full Name (Last, First, Middle Initial)

**C.** David Pitts

Mailing Address 17 Westridge Drive

City State Zip Code  
Hampton NH 03842-1154

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager-Claims Field Svcs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.06

Date of Receipt

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

Transaction ID: 20061223129-FD-754

Amount of Each Receipt this Period

19.79

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

51.04

**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 246 / 348

(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 Poirier

Mailing Address 8 Beechwood Drive

City State Zip Code  
 Strafford NH 03884-6802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Associate Actuary, Life

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.38

Date of Receipt

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

Transaction ID: 20061212114-FD-939

Amount of Each Receipt this Period

9.71

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

Christopher Poirier

Mailing Address 8 Beechwood Drive

City State Zip Code  
 Strafford NH 03884-6802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Associate Actuary, Life

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.38

Date of Receipt

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

Transaction ID: 20061223129-FD-939

Amount of Each Receipt this Period

9.71

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

John Pomerleau

Mailing Address 19 Hubbard Road

City State Zip Code  
 Dover NH 03820-4273

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Director-Special Projects

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.45

Date of Receipt

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

Transaction ID: 20061212114-FD-50

Amount of Each Receipt this Period

8.98

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

28.40

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 247 / 348

(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 Pomerleau

Mailing Address 19 Hubbard Road

City

Dover

State

NH

Zip Code

03820-4273

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Director-Special Projects

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.45

Date of Receipt

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

Transaction ID: 20061223129-FD-50

Amount of Each Receipt this Period

8.98

Full Name (Last, First, Middle Initial)

B. Catherine Pomiecko

Mailing Address 9 Chestnut Street

City

Natick

State

MA

Zip Code

01760-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Manager-Legal Info. Systems

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

797.79

Date of Receipt

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

Transaction ID: 20061212114-FD-20

Amount of Each Receipt this Period

31.15

Full Name (Last, First, Middle Initial)

C. Catherine Pomiecko

Mailing Address 9 Chestnut Street

City

Natick

State

MA

Zip Code

01760-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Manager-Legal Info. Systems

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

797.79

Date of Receipt

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

Transaction ID: 20061223129-FD-20

Amount of Each Receipt this Period

31.15

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

71.28

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 248 / 348

(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) Debra Pooley		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-912
Mailing Address 9 Fontainebleau Drive		
City Hingham	State MA	Zip Code 02043-2907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.68
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 ▼ 506.59	

<b>B.</b> Full Name (Last, First, Middle Initial) Debra Pooley		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-912
Mailing Address 9 Fontainebleau Drive		
City Hingham	State MA	Zip Code 02043-2907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.68
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 ▼ 506.59	

<b>C.</b> Full Name (Last, First, Middle Initial) Joseph Poplaski		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1033
Mailing Address 24 Orchard Drive		
City North Reading	State MA	Zip Code 01864-2436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.41
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 ▼ 319.58	

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

51.77

**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 249 / 348

(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) Joseph Poplaski Mailing Address 24 Orchard Drive City North Reading State MA Zip Code 01864-2436 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 ▼ 319.58		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1033 Amount of Each Receipt this Period 12.41
<b>B.</b> Full Name (Last, First, Middle Initial) Anthony Puccio Mailing Address 77 Carriage Drive City Warwick State RI Zip Code 02886-0173 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager-Compensation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.50		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1096 Amount of Each Receipt this Period 20.31
<b>C.</b> Full Name (Last, First, Middle Initial) Anthony Puccio Mailing Address 77 Carriage Drive City Warwick State RI Zip Code 02886-0173 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager-Compensation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.50		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1096 Amount of Each Receipt this Period 20.31
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		53.03
<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 250 / 348

(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 Pullar Mailing Address 30 Ross Road City Durham State NH Zip Code 03824-4219 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Dir., Business Systems Projects Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 219.52			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-16 Amount of Each Receipt this Period 8.54
<b>B.</b> Full Name (Last, First, Middle Initial) Charles Pullar Mailing Address 30 Ross Road City Durham State NH Zip Code 03824-4219 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Dir., Business Systems Projects Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 219.52			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-16 Amount of Each Receipt this Period 8.54
<b>C.</b> Full Name (Last, First, Middle Initial) James Quade Mailing Address 14 Blue Jay Drive City North Attleboro State MA Zip Code 02760-2774 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Director-Field Sales Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.04			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-717 Amount of Each Receipt this Period 8.05
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			25.13
<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 251 / 348

(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 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1197
Mailing Address 17 Myers Farm Road		
City Hingham	State MA	Zip Code 02043-3182
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 43.54
Name of Employer Liberty Mutual		Occupation Deputy General Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1123.43

<b>B.</b> Full Name (Last, First, Middle Initial) Richard Quinlan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1197
Mailing Address 17 Myers Farm Road		
City Hingham	State MA	Zip Code 02043-3182
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 43.54
Name of Employer Liberty Mutual		Occupation Deputy General Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1123.43

<b>C.</b> Full Name (Last, First, Middle Initial) Lee Rabkin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-11
Mailing Address 9 Hawthorne Place #16N		
City Boston	State MA	Zip Code 02114-2331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.18
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 ▼ 365.11

**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 252 / 348

(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)  
Lee Rabkin  
Mailing Address 9 Hawthorne Place #16N

City State Zip Code  
Boston MA 02114-2331

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 ▼

365.11

Date of Receipt

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

Transaction ID: 20061223129-FD-11

Amount of Each Receipt this Period

14.18

**B.** Full Name (Last, First, Middle Initial)  
David Radakovich  
Mailing Address 14 Bermuda Dunes Court

City State Zip Code  
Frisco TX 75034-6827

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 ▼

471.91

Date of Receipt

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

Transaction ID: 20061212114-FD-450

Amount of Each Receipt this Period

18.46

**C.** Full Name (Last, First, Middle Initial)  
David Radakovich  
Mailing Address 14 Bermuda Dunes Court

City State Zip Code  
Frisco TX 75034-6827

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 ▼

471.91

Date of Receipt

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

Transaction ID: 20061223129-FD-450

Amount of Each Receipt this Period

18.46

**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 253 / 348

(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 02138-5793

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 ▼

3523.09

Date of Receipt

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

Transaction ID: 20061212114-FD-513

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 02138-5793

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 ▼

3523.09

Date of Receipt

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

Transaction ID: 20061223129-FD-513

Amount of Each Receipt this Period

136.54

Full Name (Last, First, Middle Initial)

C. William Rasmussen

Mailing Address 23550 Southwest Newland Road

City State Zip Code  
Wilsonville OR 97070-6702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager, Info. Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.76

Date of Receipt

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

Transaction ID: 20061212114-FD-1426

Amount of Each Receipt this Period

12.35

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

285.43

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 254 / 348

(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.** William Rasmussen

Mailing Address 23550 Southwest Newland Road

City	State	Zip Code
Wilsonville	OR	97070-6702

FEC ID number of contributing federal political committee.

**C**Name of Employer  
Liberty MutualOccupation  
Manager, Info. Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.76

Date of Receipt

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

Transaction ID: 20061223129-FD-1426

Amount of Each Receipt this Period

12.35

Full Name (Last, First, Middle Initial)

**B.** Darrell Rasor

Mailing Address 899 West Barrymore Drive

City	State	Zip Code
Meridian	ID	83646-4827

FEC ID number of contributing federal political committee.

**C**Name of Employer  
Liberty MutualOccupation  
Regional Sales Manager, Lnw

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.23

Date of Receipt

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

Transaction ID: 20061212114-FD-893

Amount of Each Receipt this Period

8.58

Full Name (Last, First, Middle Initial)

**C.** Darrell Rasor

Mailing Address 899 West Barrymore Drive

City	State	Zip Code
Meridian	ID	83646-4827

FEC ID number of contributing federal political committee.

**C**Name of Employer  
Liberty MutualOccupation  
Regional Sales Manager, Lnw

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.23

Date of Receipt

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

Transaction ID: 20061223129-FD-893

Amount of Each Receipt this Period

8.58

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

29.51

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 255 / 348

(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 1 2 / 0 8 / 2 0 0 6	
Mailing Address 47 Russett Hill Road		<b>Transaction ID:</b> 20061212114-FD-1061	
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 ▼ 620.81		

<b>B.</b> Full Name (Last, First, Middle Initial) Henry Rauch		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 47 Russett Hill Road		<b>Transaction ID:</b> 20061223129-FD-1061	
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 ▼ 620.81		

<b>C.</b> Full Name (Last, First, Middle Initial) Alicia Rawnsley		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 1 River Street		<b>Transaction ID:</b> 20061212114-FD-211	
City <u>Newburyport</u>	State <u>MA</u>	Zip Code <u>01950-2025</u>	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.83	
Name of Employer Liberty Mutual	Occupation Director-Risktrac & Pol'hdr Sv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.83		

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

57.29

**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 256 / 348

(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.** Alicia Rawnsley

Mailing Address 1 River Street

City	State	Zip Code
Newburyport	MA	01950-2025

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Director-Risktrac & Pol'hdr Sv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.83

Date of Receipt

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

Transaction ID: 20061223129-FD-211

Amount of Each Receipt this Period

8.83

Full Name (Last, First, Middle Initial)

**B.** Joshua Raymond

Mailing Address 8 Rhodes Circle

City	State	Zip Code
Brentwood	NH	03833-6534

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Manager, Comm'l Mkt Finl Svcs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.93

Date of Receipt

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

Transaction ID: 20061212114-FD-1375

Amount of Each Receipt this Period

20.42

Full Name (Last, First, Middle Initial)

**C.** Joshua Raymond

Mailing Address 8 Rhodes Circle

City	State	Zip Code
Brentwood	NH	03833-6534

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Liberty MutualOccupation  
Manager, Comm'l Mkt Finl Svcs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.93

Date of Receipt

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

Transaction ID: 20061223129-FD-1375

Amount of Each Receipt this Period

20.42

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

49.67

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 257 / 348

(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 Reger

Mailing Address #708

25 Lakeview Gardens

City

Natick

State

MA

Zip Code

01760-2659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Project Mgr. H.R. Admin Systems

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.89

Date of Receipt

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

Transaction ID: 20061212114-FD-208

Amount of Each Receipt this Period

9.31

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

Stephen Reger

Mailing Address #708

25 Lakeview Gardens

City

Natick

State

MA

Zip Code

01760-2659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Project Mgr. H.R. Admin Systems

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.89

Date of Receipt

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

Transaction ID: 20061223129-FD-208

Amount of Each Receipt this Period

9.31

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

Richard Rey

Mailing Address 13 Crystal Drive

City

Franklin

State

MA

Zip Code

02038-1565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Regional Underwriting Mgr., Nm

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.30

Date of Receipt

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

Transaction ID: 20061212114-FD-91

Amount of Each Receipt this Period

11.05

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

29.67

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 258 / 348

(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 Rey

Mailing Address 13 Crystal Drive

City State Zip Code  
 Franklin MA 02038-1565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Regional Underwriting Mgr., Nm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.30

Date of Receipt

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

Transaction ID: 20061223129-FD-91

Amount of Each Receipt this Period

11.05

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

Jay Rhoads

Mailing Address 17 Avalon Lane

City State Zip Code  
 Marlborough CT 06447-1054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Reg. Director Sales Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.06

Date of Receipt

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

Transaction ID: 20061212114-FD-881

Amount of Each Receipt this Period

8.54

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

Jay Rhoads

Mailing Address 17 Avalon Lane

City State Zip Code  
 Marlborough CT 06447-1054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Reg. Director Sales Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.06

Date of Receipt

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

Transaction ID: 20061223129-FD-881

Amount of Each Receipt this Period

8.54

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

28.13

**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 259 / 348

(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) Maureen Riley		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 34 Dean Road		<b>Transaction ID:</b> 20061212114-FD-841
City Wayland	State MA	Zip Code 01778-5025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.36
Name of Employer Liberty Mutual	Occupation General Manager-Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 498.53	

<b>B.</b> Full Name (Last, First, Middle Initial) Maureen Riley		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 34 Dean Road		<b>Transaction ID:</b> 20061223129-FD-841
City Wayland	State MA	Zip Code 01778-5025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.36
Name of Employer Liberty Mutual	Occupation General Manager-Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 498.53	

<b>C.</b> Full Name (Last, First, Middle Initial) Robert Ring		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 2866 Kinnett Drive, Southwest		<b>Transaction ID:</b> 20061212114-FD-1151
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 ▼ 622.38	

**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 260 / 348

(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 Ring		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1151 Amount of Each Receipt this Period 24.04
Mailing Address 2866 Kinnett Drive, Southwest City Lilburn State GA Zip Code 30047-5744 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual		Occupation Division Und Mgr., Property Aggregate Year-to-Date ▼ 622.38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Daniel Rioux		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-200 Amount of Each Receipt this Period 17.88
Mailing Address 1 Coach Road City North Attleboro State MA Zip Code 02760-2752 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual		Occupation Mgr. Liberty Energy Corporation Aggregate Year-to-Date ▼ 459.56
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Daniel Rioux		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-200 Amount of Each Receipt this Period 17.88
Mailing Address 1 Coach Road City North Attleboro State MA Zip Code 02760-2752 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual		Occupation Mgr. Liberty Energy Corporation Aggregate Year-to-Date ▼ 459.56
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**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 261 / 348

(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) Nancy Roberts		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 93 Walker Lane		<b>Transaction ID:</b> 20061212114-FD-150
City Fremont	State NH	Zip Code 03044-3527
FEC ID number of contributing federal political committee. C		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 ▼ 389.01	

<b>B.</b> Full Name (Last, First, Middle Initial) Nancy Roberts		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 93 Walker Lane		<b>Transaction ID:</b> 20061223129-FD-150
City Fremont	State NH	Zip Code 03044-3527
FEC ID number of contributing federal political committee. C		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 ▼ 389.01	

<b>C.</b> Full Name (Last, First, Middle Initial) Ronald Robertson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 42 Forge Road		<b>Transaction ID:</b> 20061212114-FD-801
City Sharon	State MA	Zip Code 02067-2882
FEC ID number of contributing federal political committee. C		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 ▼ 1098.52	

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

73.16

**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 262 / 348

(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)

Ronald Robertson

Mailing Address 42 Forge Road

City State Zip Code  
 Sharon MA 02067-2882

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager-Corp Internal Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1098.52

Date of Receipt

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

Transaction ID: 20061223129-FD-801

Amount of Each Receipt this Period

43.08

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

Mark Robinson

Mailing Address 896 McKenzie Stat Drive

City State Zip Code  
 Lisle IL 60532-5810

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 ▼

256.26

Date of Receipt

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

Transaction ID: 20061212114-FD-1199

Amount of Each Receipt this Period

9.98

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

Mark Robinson

Mailing Address 896 McKenzie Stat Drive

City State Zip Code  
 Lisle IL 60532-5810

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 ▼

256.26

Date of Receipt

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

Transaction ID: 20061223129-FD-1199

Amount of Each Receipt this Period

9.98

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

63.04

**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 263 / 348

(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) William Robinson Mailing Address 2106 Griffith Road City State Zip Code Monroe NC 28112-8833 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 263.40			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1272 Amount of Each Receipt this Period 10.33	
<b>B.</b> Full Name (Last, First, Middle Initial) William Robinson Mailing Address 2106 Griffith Road City State Zip Code Monroe NC 28112-8833 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 263.40			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1272 Amount of Each Receipt this Period 10.33	
<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 ▼ 1209.14			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-224 Amount of Each Receipt this Period 46.92	
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			67.58	
<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 264 / 348

(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) Paul Rodliff		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 57 Angela Way		<b>Transaction ID:</b> 20061223129-FD-224
City West Barnstable	State MA	Zip Code 02668-1200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 46.92
Name of Employer Liberty Mutual	Occupation General Manager-Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1209.14	

<b>B.</b> Full Name (Last, First, Middle Initial) Timothy Rose		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 46 Northgate Road		<b>Transaction ID:</b> 20061212114-FD-451
City Wellesley	State MA	Zip Code 02481-1135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.41
Name of Employer Liberty Mutual	Occupation President-Liberty Property	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 707.66	

<b>C.</b> Full Name (Last, First, Middle Initial) Timothy Rose		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 46 Northgate Road		<b>Transaction ID:</b> 20061223129-FD-451
City Wellesley	State MA	Zip Code 02481-1135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.41
Name of Employer Liberty Mutual	Occupation President-Liberty Property	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 707.66	

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

101.74

**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 265 / 348

(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)

Claire Ross

Mailing Address 9 Hawk Drive

City State Zip Code  
Salem NH 03079-1366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Sbu H.R. Field Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.57

Date of Receipt

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

Transaction ID: 20061212114-FD-592

Amount of Each Receipt this Period

8.27

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

Claire Ross

Mailing Address 9 Hawk Drive

City State Zip Code  
Salem NH 03079-1366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Sbu H.R. Field Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.57

Date of Receipt

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

Transaction ID: 20061223129-FD-592

Amount of Each Receipt this Period

8.27

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

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 Mutual

Occupation  
Director-Partnership Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.69

Date of Receipt

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

Transaction ID: 20061212114-FD-472

Amount of Each Receipt this Period

15.02

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

31.56

**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 266 / 348

(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.** 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 Mutual

Occupation  
Director-Partnership Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.69

Date of Receipt

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

Transaction ID: 20061223129-FD-472

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 Mutual

Occupation  
Manager-Claims Field Inv Svcs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.04

Date of Receipt

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

Transaction ID: 20061212114-FD-536

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 Mutual

Occupation  
Manager-Claims Field Inv Svcs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.04

Date of Receipt

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

Transaction ID: 20061223129-FD-536

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 267 / 348

(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) Victor Rouse Mailing Address 10041 Bauer Road City State Zip Code Saint Louis MO 63128-3210 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 ▼ 275.43		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-725 Amount of Each Receipt this Period 10.65
<b>B.</b> Full Name (Last, First, Middle Initial) Victor Rouse Mailing Address 10041 Bauer Road City State Zip Code Saint Louis MO 63128-3210 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 ▼ 275.43		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-725 Amount of Each Receipt this Period 10.65
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Rowe Mailing Address 37 Church Street Suite 1 City State Zip Code Keene NH 03431-3892 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr., Claims Product Line Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.79		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1610 Amount of Each Receipt this Period 11.75
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		33.05
<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 268 / 348

(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 Rowe		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 37 Church Street Suite 1		<b>Transaction ID:</b> 20061223129-FD-1610
City Keene	State NH	Zip Code 03431-3892
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.75
Name of Employer Liberty Mutual	Occupation Mgr., Claims Product Line	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.79	

<b>B.</b> Full Name (Last, First, Middle Initial) Gary Royal		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 9 Morning Glory Circle		<b>Transaction ID:</b> 20061212114-FD-1174
City Westford	State MA	Zip Code 01886-2056
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.58
Name of Employer Liberty Mutual	Occupation Division Und Mgr., Property	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.47	

<b>C.</b> Full Name (Last, First, Middle Initial) Gary Royal		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 9 Morning Glory Circle		<b>Transaction ID:</b> 20061223129-FD-1174
City Westford	State MA	Zip Code 01886-2056
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.58
Name of Employer Liberty Mutual	Occupation Division Und Mgr., Property	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.47	

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

42.91

**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 269 / 348

(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 ▼

582.94

Date of Receipt

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

Transaction ID: 20061212114-FD-40

Amount of Each Receipt this Period

22.69

Full Name (Last, First, Middle Initial)

B. 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 ▼

582.94

Date of Receipt

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

Transaction ID: 20061223129-FD-40

Amount of Each Receipt this Period

22.69

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 ▼

493.32

Date of Receipt

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

Transaction ID: 20061212114-FD-1019

Amount of Each Receipt this Period

19.13

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

64.51

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 270 / 348

(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 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 ▼

493.32

Date of Receipt

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

Transaction ID: 20061223129-FD-1019

Amount of Each Receipt this Period

19.13

Full Name (Last, First, Middle Initial)

**B.** Richard Rusch

Mailing Address 7260 Southwest 164th Terrace

City State Zip Code  
 Beaverton OR 97007-6374

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Lp & Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.57

Date of Receipt

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

Transaction ID: 20061212114-FD-591

Amount of Each Receipt this Period

23.32

Full Name (Last, First, Middle Initial)

**C.** Richard Rusch

Mailing Address 7260 Southwest 164th Terrace

City State Zip Code  
 Beaverton OR 97007-6374

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Mgr., Lp & Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.57

Date of Receipt

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

Transaction ID: 20061223129-FD-591

Amount of Each Receipt this Period

23.32

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

65.77

**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 271 / 348

(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 Rusconi  
Mailing Address 111 Whipple Street

City State Zip Code  
South Weymouth MA 02190-1715

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 ▼

346.31

Date of Receipt

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

Transaction ID: 20061212114-FD-167

Amount of Each Receipt this Period

13.43

**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.

C

Name of Employer  
Liberty Mutual

Occupation  
Sr. Corporate Counsel, Ho

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.31

Date of Receipt

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

Transaction ID: 20061223129-FD-167

Amount of Each Receipt this Period

13.43

**C.** Full Name (Last, First, Middle Initial)  
Daniel Ryan  
Mailing Address 8420 Berringer Point Drive

City State Zip Code  
Gainesville GA 30506-4826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Regional Financial Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.82

Date of Receipt

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

Transaction ID: 20061212114-FD-765

Amount of Each Receipt this Period

9.54

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

36.40

**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  
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FOR LINE NUMBER: PAGE 272 / 348

(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 Ryan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 8420 Berringer Point Drive		<b>Transaction ID:</b> 20061223129-FD-765
City Gainesville	State GA	Zip Code 30506-4826
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.54
Name of Employer Liberty Mutual	Occupation Regional Financial Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 244.82	

<b>B.</b> Full Name (Last, First, Middle Initial) Patricia Ryan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 17 Flintlocke Lane		<b>Transaction ID:</b> 20061212114-FD-220
City Dedham	State MA	Zip Code 02026-6232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.77
Name of Employer Liberty Mutual	Occupation Manager-Policy Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.99	

<b>C.</b> Full Name (Last, First, Middle Initial) Patricia Ryan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 17 Flintlocke Lane		<b>Transaction ID:</b> 20061223129-FD-220
City Dedham	State MA	Zip Code 02026-6232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.77
Name of Employer Liberty Mutual	Occupation Manager-Policy Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.99	

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

27.08

**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 273 / 348

(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. Tracy Ryan

Mailing Address 860 East 4th Street

City State Zip Code  
 South Boston MA 02127-3222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
G.M. - Ups Dedicated Unit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.31

Date of Receipt

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

Transaction ID: 20061212114-FD-849

Amount of Each Receipt this Period

10.82

Full Name (Last, First, Middle Initial)

B. Tracy Ryan

Mailing Address 860 East 4th Street

City State Zip Code  
 South Boston MA 02127-3222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
G.M. - Ups Dedicated Unit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.31

Date of Receipt

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

Transaction ID: 20061223129-FD-849

Amount of Each Receipt this Period

10.82

Full Name (Last, First, Middle Initial)

C. John Salmon

Mailing Address 33 Frost Drive

City State Zip Code  
 Durham NH 03824-3107

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 ▼

467.54

Date of Receipt

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

Transaction ID: 20061212114-FD-87

Amount of Each Receipt this Period

18.23

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

39.87

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 274 / 348

(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 Salmon

Mailing Address 33 Frost Drive

City State Zip Code  
Durham NH 03824-3107

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 ▼

467.54

Date of Receipt

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

Transaction ID: 20061223129-FD-87

Amount of Each Receipt this Period

18.23

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

John Sampieri

Mailing Address 30 Eleanor Street

City State Zip Code  
North Dartmouth MA 02747-1921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager-Legal Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

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

Transaction ID: 20061212114-FD-171

Amount of Each Receipt this Period

9.90

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

John Sampieri

Mailing Address 30 Eleanor Street

City State Zip Code  
North Dartmouth MA 02747-1921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager-Legal Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

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

Transaction ID: 20061223129-FD-171

Amount of Each Receipt this Period

9.90

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

38.03

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 275 / 348

(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 Samsel

Mailing Address 18128

Courtney Breeze Way

City

State

Zip Code

Tampa

FL

33647-2288

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Mgr., Claim Intake Centers

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.25

Date of Receipt

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

Transaction ID: 20061212114-FD-1178

Amount of Each Receipt this Period

11.89

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

Michael Samsel

Mailing Address 18128

Courtney Breeze Way

City

State

Zip Code

Tampa

FL

33647-2288

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Mgr., Claim Intake Centers

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.25

Date of Receipt

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

Transaction ID: 20061223129-FD-1178

Amount of Each Receipt this Period

11.89

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

Diane Samuelian

Mailing Address 49 Van Ness Road

City

State

Zip Code

Belmont

MA

02478-3404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Reg. Bus. Opers Analyst Pm

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.87

Date of Receipt

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

Transaction ID: 20061212114-FD-228

Amount of Each Receipt this Period

8.90

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

32.68

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 276 / 348

(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) Diane Samuelian		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 49 Van Ness Road		<b>Transaction ID:</b> 20061223129-FD-228
City Belmont	State MA	Zip Code 02478-3404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.05
Name of Employer Liberty Mutual	Occupation Reg. Bus. Opers Analyst Pm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.87	

<b>B.</b> Full Name (Last, First, Middle Initial) Peter Sandberg		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 32 Dunklee Street		<b>Transaction ID:</b> 20061212114-FD-276
City Concord	State NH	Zip Code 03301-3558
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.10
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 ▼ 285.38	

<b>C.</b> Full Name (Last, First, Middle Initial) Peter Sandberg		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 32 Dunklee Street		<b>Transaction ID:</b> 20061223129-FD-276
City Concord	State NH	Zip Code 03301-3558
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.10
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 ▼ 285.38	

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

31.25

**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 277 / 348

(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) Francis Sangiacomo		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1601 Amount of Each Receipt this Period 13.10	
Mailing Address 2518 Daylily Court			
City Westfield	State IN		Zip Code 46074-8783
FEC ID number of contributing federal political committee. C			
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 ▼ 339.90	

<b>B.</b> Full Name (Last, First, Middle Initial) Francis Sangiacomo		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1601 Amount of Each Receipt this Period 13.10	
Mailing Address 2518 Daylily Court			
City Westfield	State IN		Zip Code 46074-8783
FEC ID number of contributing federal political committee. C			
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 ▼ 339.90	

<b>C.</b> Full Name (Last, First, Middle Initial) Victor Saratella		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1254 Amount of Each Receipt this Period 8.23	
Mailing Address 48 Fuller Brook Avenue			
City Needham	State MA		Zip Code 02492-1227
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Investment Analyst I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.20	

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

34.43

**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 278 / 348

(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) Victor Saratella Mailing Address 48 Fuller Brook Avenue City Needham State MA Zip Code 02492-1227 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Investment Analyst I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.20		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1254 Amount of Each Receipt this Period 8.23
<b>B.</b> Full Name (Last, First, Middle Initial) John Sasien Mailing Address 20 Brittany Lane City Barrington State NH Zip Code 03825-3737 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Regional Undwrtg Mgr., Cm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.42		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-27 Amount of Each Receipt this Period 13.27
<b>C.</b> Full Name (Last, First, Middle Initial) John Sasien Mailing Address 20 Brittany Lane City Barrington State NH Zip Code 03825-3737 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Regional Undwrtg Mgr., Cm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.42		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-27 Amount of Each Receipt this Period 13.27
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		34.77
<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 279 / 348

(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)

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 ▼

1979.76

Date of Receipt

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

Transaction ID: 20061212114-FD-747

Amount of Each Receipt this Period

76.92

**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 ▼

1979.76

Date of Receipt

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

Transaction ID: 20061223129-FD-747

Amount of Each Receipt this Period

76.92

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

Lisa Scannell

Mailing Address 24 Channel Street

City State Zip Code  
 Hull MA 02045-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager-Communications Supp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

464.88

Date of Receipt

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

Transaction ID: 20061212114-FD-1481

Amount of Each Receipt this Period

17.88

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

171.72

**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 280 / 348

(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) Lisa Scannell Mailing Address 24 Channel Street City State Zip Code Hull MA 02045-1006 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 464.88			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1481 Amount of Each Receipt this Period 17.88
<b>B.</b> Full Name (Last, First, Middle Initial) Jean Scarrow Mailing Address 11 Maple Avenue City State Zip Code Newton MA 02458-1917 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation General Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 931.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-377 Amount of Each Receipt this Period 36.12
<b>C.</b> Full Name (Last, First, Middle Initial) Jean Scarrow Mailing Address 11 Maple Avenue City State Zip Code Newton MA 02458-1917 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation General Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 931.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-377 Amount of Each Receipt this Period 36.12

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

90.12

**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 281 / 348

(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) Cathleen Scerbo		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-990
Mailing Address 35 Winterberry Lane		
City Stratham	State NH	Zip Code 03885-2472
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.56
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 ▼ 266.68

<b>B.</b> Full Name (Last, First, Middle Initial) Cathleen Scerbo		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-990
Mailing Address 35 Winterberry Lane		
City Stratham	State NH	Zip Code 03885-2472
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.03
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 ▼ 266.68

<b>C.</b> Full Name (Last, First, Middle Initial) Teresa Schell		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-558
Mailing Address 7510 South Monaco Way		
City Centennial	State CO	Zip Code 80112-2550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 7.67
Name of Employer Liberty Mutual		Occupation Sr. Account Executive
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 214.28

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

28.26

**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 282 / 348

(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. Teresa Schell

Mailing Address 7510 South Monaco Way

City State Zip Code  
 Centennial CO 80112-2550

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 ▼

214.28

Date of Receipt

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

Transaction ID: 20061223129-FD-558

Amount of Each Receipt this Period

7.67

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  
Asst. Claims Product Mgr., Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.96

Date of Receipt

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

Transaction ID: 20061212114-FD-632

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  
Asst. Claims Product Mgr., Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.96

Date of Receipt

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

Transaction ID: 20061223129-FD-632

Amount of Each Receipt this Period

15.94

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

39.55

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 283 / 348

(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) Alan Schlosberg Mailing Address 275 Beverly Road City State Zip Code Chestnut Hill MA 02467-3158 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Product Manager, Pm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 606.01			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-89 Amount of Each Receipt this Period 23.65
<b>B.</b> Full Name (Last, First, Middle Initial) Alan Schlosberg Mailing Address 275 Beverly Road City State Zip Code Chestnut Hill MA 02467-3158 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Product Manager, Pm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 606.01			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-89 Amount of Each Receipt this Period 23.65
<b>C.</b> Full Name (Last, First, Middle Initial) Wendy Schultz Mailing Address 42 Ross Road City State Zip Code Durham NH 03824-4219 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 ▼ 250.86			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-571 Amount of Each Receipt this Period 10.02
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			57.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

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

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

FOR LINE NUMBER: PAGE 284 / 348

(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. Wendy Schultz

Mailing Address 42 Ross Road

City State Zip Code  
Durham NH 03824-4219

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 ▼

250.86

Date of Receipt

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

Transaction ID: 20061223129-FD-571

Amount of Each Receipt this Period

10.02

Full Name (Last, First, Middle Initial)

B. Edwin Schweitzer

Mailing Address 57 Oleeta Road

City State Zip Code  
Mount Sinai NY 11766-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Claims Team Manager, Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.45

Date of Receipt

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

Transaction ID: 20061212114-FD-892

Amount of Each Receipt this Period

8.82

Full Name (Last, First, Middle Initial)

C. Edwin Schweitzer

Mailing Address 57 Oleeta Road

City State Zip Code  
Mount Sinai NY 11766-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Claims Team Manager, Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.45

Date of Receipt

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

Transaction ID: 20061223129-FD-892

Amount of Each Receipt this Period

6.95

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

25.79

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 285 / 348

(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. 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 ▼

345.16

Date of Receipt

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

Transaction ID: 20061212114-FD-791

Amount of Each Receipt this Period

13.34

Full Name (Last, First, Middle Initial)

B. 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 ▼

345.16

Date of Receipt

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

Transaction ID: 20061223129-FD-791

Amount of Each Receipt this Period

13.34

Full Name (Last, First, Middle Initial)

C. William Scott

Mailing Address PO Box 93

City State Zip Code  
 North Marshfield MA 02059-0093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Regional Underwriting Mgr., Nm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.03

Date of Receipt

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

Transaction ID: 20061212114-FD-355

Amount of Each Receipt this Period

9.87

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

36.55

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 286 / 348

(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) William Scott		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address PO Box 93		<b>Transaction ID:</b> 20061223129-FD-355
City North Marshfield	State MA	Zip Code 02059-0093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.87
Name of Employer Liberty Mutual	Occupation Regional Underwriting Mgr., Nm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.03	

<b>B.</b> Full Name (Last, First, Middle Initial) Paul Sheahan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 18 Hubbard Road		<b>Transaction ID:</b> 20061212114-FD-13
City Dover	State NH	Zip Code 03820-4272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.62
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 ▼ 224.31	

<b>C.</b> Full Name (Last, First, Middle Initial) Paul Sheahan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 18 Hubbard Road		<b>Transaction ID:</b> 20061223129-FD-13
City Dover	State NH	Zip Code 03820-4272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.62
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 ▼ 224.31	

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

27.11

**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 287 / 348

(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 Shear Mailing Address 8 Lantern Lane City Worcester State MA Zip Code 01609-1158 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager, Direct Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 213.85		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1052 Amount of Each Receipt this Period 8.66
<b>B.</b> Full Name (Last, First, Middle Initial) Debra Shear Mailing Address 8 Lantern Lane City Worcester State MA Zip Code 01609-1158 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager, Direct Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 213.85		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1052 Amount of Each Receipt this Period 8.66
<b>C.</b> Full Name (Last, First, Middle Initial) Elisabeth Shia Mailing Address 2011 Cedar Court City Lake Oswego State OR Zip Code 97034-5807 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Mgr., Marketing Lnw Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.91		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-692 Amount of Each Receipt this Period 8.32
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		25.64
<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 288 / 348

(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) Elisabeth Shia		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-692
Mailing Address 2011 Cedar Court		
City	State	Zip Code
Lake Oswego	OR	97034-5807
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 8.32
Name of Employer Liberty Mutual		
Occupation Mgr., Marketing Lnw		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 211.91

<b>B.</b> Full Name (Last, First, Middle Initial) Shana Shoden		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-671
Mailing Address 4607 Jim Hood Road		
City	State	Zip Code
Gainesville	GA	30506-2895
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 7.94
Name of Employer Liberty Mutual		
Occupation Regional Service Mgr., Pm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 202.38

<b>C.</b> Full Name (Last, First, Middle Initial) Mark Sidney		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-715
Mailing Address 20 Cortland Drive Extension		
City	State	Zip Code
Sharon	MA	02067
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 31.00
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 ▼ 799.00

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

47.26

**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 289 / 348

(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 Sidney		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 20 Cortland Drive Extension		<b>Transaction ID:</b> 20061223129-FD-715
City Sharon	State MA	Zip Code 02067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.00
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 ▼ 799.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mark Simmonds		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 392 Dalewood Drive		<b>Transaction ID:</b> 20061212114-FD-1553
City Orinda	State CA	Zip Code 94563-1216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.22
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 ▼ 518.23	

<b>C.</b> Full Name (Last, First, Middle Initial) Mark Simmonds		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 392 Dalewood Drive		<b>Transaction ID:</b> 20061223129-FD-1553
City Orinda	State CA	Zip Code 94563-1216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.22
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 ▼ 518.23	

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

71.44

**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 290 / 348

(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 1 2 / 0 8 / 2 0 0 6
Mailing Address 19507 Forest Timbers Circle		<b>Transaction ID:</b> 20061212114-FD-1164
City Humble	State TX	Zip Code 77346-1961
FEC ID number of contributing federal political committee. C		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 ▼ 393.39	

<b>B.</b> Full Name (Last, First, Middle Initial) Gary Skaife		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 19507 Forest Timbers Circle		<b>Transaction ID:</b> 20061223129-FD-1164
City Humble	State TX	Zip Code 77346-1961
FEC ID number of contributing federal political committee. C		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 ▼ 393.39	

<b>C.</b> Full Name (Last, First, Middle Initial) Brian Smith		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 221 Rock Run Road		<b>Transaction ID:</b> 20061212114-FD-569
City McMurray	State PA	Zip Code 15317-6622
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.55
Name of Employer Liberty Mutual	Occupation Regional Sales Mgr., Bm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.71	

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

39.01

**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 291 / 348

(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) Brian Smith Mailing Address 221 Rock Run Road City McMurray State PA Zip Code 15317-6622 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Regional Sales Mgr., Bm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 219.71		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-569 Amount of Each Receipt this Period 8.55
<b>B.</b> Full Name (Last, First, Middle Initial) Kevin Smith Mailing Address 42 Bow Lane City Pembroke State NH Zip Code 03275-3100 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager-Underwriting & Issue Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.72		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1101 Amount of Each Receipt this Period 8.46
<b>C.</b> Full Name (Last, First, Middle Initial) Kevin Smith Mailing Address 42 Bow Lane City Pembroke State NH Zip Code 03275-3100 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager-Underwriting & Issue Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.72		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1101 Amount of Each Receipt this Period 8.46

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

25.47

**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 292 / 348

(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 Smith		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1063
Mailing Address 130 Country Squire Drive		Amount of Each Receipt this Period 12.94
City Fayetteville	State Zip Code GA 30215-2407	
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 ▼ 335.88	

<b>B.</b> Full Name (Last, First, Middle Initial) Mark Smith		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1063
Mailing Address 130 Country Squire Drive		Amount of Each Receipt this Period 12.94
City Fayetteville	State Zip Code GA 30215-2407	
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 ▼ 335.88	

<b>C.</b> Full Name (Last, First, Middle Initial) Jeffrey Spoor		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-789
Mailing Address 3373 Cape Hatteras Drive		Amount of Each Receipt this Period 18.65
City Eugene	State Zip Code OR 97408-9245	
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Mutual	Occupation Manager, Am Product	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 452.98	

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

44.53

**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 293 / 348

(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 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 Mutual

Occupation  
Manager, Am Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.98

Date of Receipt

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

Transaction ID: 20061223129-FD-789

Amount of Each Receipt this Period

18.65

Full Name (Last, First, Middle Initial)

B. Michael Squeo

Mailing Address 126 Sicomac Avenue

City State Zip Code  
Midland Park NJ 07432-1755

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager Iii, Cmc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.35

Date of Receipt

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

Transaction ID: 20061212114-FD-415

Amount of Each Receipt this Period

8.97

Full Name (Last, First, Middle Initial)

C. Michael Squeo

Mailing Address 126 Sicomac Avenue

City State Zip Code  
Midland Park NJ 07432-1755

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager Iii, Cmc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.35

Date of Receipt

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

Transaction ID: 20061223129-FD-415

Amount of Each Receipt this Period

8.97

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

36.59

**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

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(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)  
Diane St Germain  
Mailing Address 48 Winnepesaukee Drive

City State Zip Code  
Wolfeboro NH 03894-4354

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager-Special Projects

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.11

Date of Receipt

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

Transaction ID: 20061212114-FD-637

Amount of Each Receipt this Period

23.18

**B.** Full Name (Last, First, Middle Initial)  
Diane St Germain  
Mailing Address 48 Winnepesaukee Drive

City State Zip Code  
Wolfeboro NH 03894-4354

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Manager-Special Projects

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.11

Date of Receipt

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

Transaction ID: 20061223129-FD-637

Amount of Each Receipt this Period

29.93

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

Occupation  
Mgr., Pension & Savings Plans

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.12

Date of Receipt

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

Transaction ID: 20061212114-FD-918

Amount of Each Receipt this Period

17.42

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

70.53

**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  
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FOR LINE NUMBER: PAGE 295 / 348

(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 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 Mutual

Occupation  
Mgr., Pension & Savings Plans

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.12

Date of Receipt

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

Transaction ID: 20061223129-FD-918

Amount of Each Receipt this Period

17.42

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

Kerry Stafford

Mailing Address 109 Tree Farm Road

City State Zip Code  
Pittsburgh PA 15238-2139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Risktrac-Marketing Rep li

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.01

Date of Receipt

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

Transaction ID: 20061212114-FD-948

Amount of Each Receipt this Period

10.81

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

Kerry Stafford

Mailing Address 109 Tree Farm Road

City State Zip Code  
Pittsburgh PA 15238-2139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Risktrac-Marketing Rep li

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.01

Date of Receipt

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

Transaction ID: 20061223129-FD-948

Amount of Each Receipt this Period

10.81

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

39.04

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 296 / 348

(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 Steinberg		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 3808 Jade Avenue		<b>Transaction ID:</b> 20061212114-FD-1147
City Wausau	State WI	Zip Code 54401-4911
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.64
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 ▼ 584.44	

<b>B.</b> Full Name (Last, First, Middle Initial) Mark Steinberg		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 3808 Jade Avenue		<b>Transaction ID:</b> 20061223129-FD-1147
City Wausau	State WI	Zip Code 54401-4911
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.64
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 ▼ 584.44	

<b>C.</b> Full Name (Last, First, Middle Initial) Edward Stevenson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 513 Lake Street		<b>Transaction ID:</b> 20061212114-FD-301
City Bellingham	State MA	Zip Code 02019-1859
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.43
Name of Employer Liberty Mutual	Occupation Product Director I, Cm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.50	

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

54.71

**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 297 / 348

(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)  
Edward Stevenson

Mailing Address 513 Lake Street

City State Zip Code  
Bellingham MA 02019-1859

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Product Director I, Cm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.50

Date of Receipt

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

Transaction ID: 20061223129-FD-301

Amount of Each Receipt this Period

9.43

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

Mailing Address 10 Heaphy Lane

City State Zip Code  
Dover NH 03820-4691

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Senior Business Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.66

Date of Receipt

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

Transaction ID: 20061212114-FD-1031

Amount of Each Receipt this Period

12.49

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

Mailing Address 10 Heaphy Lane

City State Zip Code  
Dover NH 03820-4691

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Senior Business Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.66

Date of Receipt

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

Transaction ID: 20061223129-FD-1031

Amount of Each Receipt this Period

12.49

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

34.41

**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 298 / 348

(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) Rita Stollar Mailing Address 155 Court Street City Exeter State NH Zip Code 03833-4025 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 ▼ 297.42			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-5 Amount of Each Receipt this Period 11.52
<b>B.</b> Full Name (Last, First, Middle Initial) Rita Stollar Mailing Address 155 Court Street City Exeter State NH Zip Code 03833-4025 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 ▼ 297.42			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-5 Amount of Each Receipt this Period 11.52
<b>C.</b> Full Name (Last, First, Middle Initial) Judith Storm Mailing Address 142 Chandler Street Apt. 4 City Boston State MA Zip Code 02116-6015 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Director, Field Service Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 378.98			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-514 Amount of Each Receipt this Period 14.70

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

37.74

**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  
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FOR LINE NUMBER: PAGE 299 / 348

(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 Storm

Mailing Address 142 Chandler Street  
Apt. 4

City State Zip Code  
Boston MA 02116-6015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Director, Field Service Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.98

Date of Receipt

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

Transaction ID: 20061223129-FD-514

Amount of Each Receipt this Period

14.70

Full Name (Last, First, Middle Initial)

**B.** Leanne Story

Mailing Address 4 Hancock Terrace

City State Zip Code  
Lynn MA 01904-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Compensation Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.72

Date of Receipt

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

Transaction ID: 20061212114-FD-213

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

**C.** Leanne Story

Mailing Address 4 Hancock Terrace

City State Zip Code  
Lynn MA 01904-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Compensation Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.72

Date of Receipt

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

Transaction ID: 20061223129-FD-213

Amount of Each Receipt this Period

9.62

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

33.94

**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 300 / 348

(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.** Jerry Straughan

Mailing Address 24 Adams Street

City State Zip Code  
 Newton MA 02460-1203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Director Ho Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.12

Date of Receipt

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

Transaction ID: 20061223129-FD-549

Amount of Each Receipt this Period

7.99

Full Name (Last, First, Middle Initial)

**B.** Stephen Strug

Mailing Address 105 Colby Drive

City State Zip Code  
 Halifax MA 02338-1002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Computer Audit Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.91

Date of Receipt

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

Transaction ID: 20061212114-FD-217

Amount of Each Receipt this Period

9.08

Full Name (Last, First, Middle Initial)

**C.** Stephen Strug

Mailing Address 105 Colby Drive

City State Zip Code  
 Halifax MA 02338-1002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Computer Audit Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.91

Date of Receipt

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

Transaction ID: 20061223129-FD-217

Amount of Each Receipt this Period

9.08

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

26.15

**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 301 / 348

(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 Sullivan

Mailing Address 20 Shady Hill Road

City State Zip Code  
 Newton MA 02461-1706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager-Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1436.58

Date of Receipt

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

Transaction ID: 20061212114-FD-914

Amount of Each Receipt this Period

55.77

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

Stephen Sullivan

Mailing Address 20 Shady Hill Road

City State Zip Code  
 Newton MA 02461-1706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Manager-Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1436.58

Date of Receipt

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

Transaction ID: 20061223129-FD-914

Amount of Each Receipt this Period

55.77

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

Candace Sutcliffe

Mailing Address 77 Washburn Avenue

City State Zip Code  
 Wellesley MA 02481-5263

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Chief Compliance Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

617.56

Date of Receipt

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

Transaction ID: 20061212114-FD-236

Amount of Each Receipt this Period

24.00

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

135.54

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 302 / 348

(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.** Candace Sutcliffe

Mailing Address 77 Washburn Avenue

City

Wellesley

State

MA

Zip Code

02481-5263

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Chief Compliance Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

617.56

Date of Receipt

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

Transaction ID: 20061223129-FD-236

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

**B.** Vernon Sutphin

Mailing Address 22850 East Mineral Place

City

Aurora

State

CO

Zip Code

80016-7124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Cascade, Regional Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.47

Date of Receipt

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

Transaction ID: 20061212114-FD-524

Amount of Each Receipt this Period

9.08

Full Name (Last, First, Middle Initial)

**C.** Vernon Sutphin

Mailing Address 22850 East Mineral Place

City

Aurora

State

CO

Zip Code

80016-7124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation

Cascade, Regional Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.47

Date of Receipt

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

Transaction ID: 20061223129-FD-524

Amount of Each Receipt this Period

9.08

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

42.16

**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

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☒ 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 ▼

1156.79

Date of Receipt

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

Transaction ID: 20061212114-FD-1563

Amount of Each Receipt this Period

45.87

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 ▼

1156.79

Date of Receipt

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

Transaction ID: 20061223129-FD-1563

Amount of Each Receipt this Period

46.63

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 ▼

548.76

Date of Receipt

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

Transaction ID: 20061212114-FD-305

Amount of Each Receipt this Period

21.23

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

113.73

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

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(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.** 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 ▼

548.76

Date of Receipt

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

Transaction ID: 20061223129-FD-305

Amount of Each Receipt this Period

21.23

Full Name (Last, First, Middle Initial)

**B.** 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 Mutual

Occupation  
Manager-Personal Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1240.57

Date of Receipt

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

Transaction ID: 20061212114-FD-202

Amount of Each Receipt this Period

48.46

Full Name (Last, First, Middle Initial)

**C.** 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 Mutual

Occupation  
Manager-Personal Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1240.57

Date of Receipt

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

Transaction ID: 20061223129-FD-202

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 305 / 348

(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) Kenneth Swymer Mailing Address 58 Queens Road City Keene State NH Zip Code 03431-2132 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Director-Technical Training Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 318.30			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1270 Amount of Each Receipt this Period 12.28
<b>B.</b> Full Name (Last, First, Middle Initial) Kenneth Swymer Mailing Address 58 Queens Road City Keene State NH Zip Code 03431-2132 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Director-Technical Training Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 318.30			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1270 Amount of Each Receipt this Period 12.28
<b>C.</b> Full Name (Last, First, Middle Initial) Kenneth Sydow Mailing Address 7 Boulder Way City Boylston State MA Zip Code 01505-1528 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Sr. Project Manager-Leasing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 224.08			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-151 Amount of Each Receipt this Period 8.71

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

33.27

**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 306 / 348

(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) Kenneth Sydow Mailing Address 7 Boulder Way City State Zip Code Boylston MA 01505-1528 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-151 Amount of Each Receipt this Period 8.71	
Name of Employer Liberty Mutual Occupation Sr. Project Manager-Leasing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 224.08				
<b>B.</b> Full Name (Last, First, Middle Initial) Mark Tanguay Mailing Address 2921 East Riviera Place City State Zip Code Chandler AZ 85249-4940 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-916 Amount of Each Receipt this Period 11.96	
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 ▼ 307.46				
<b>C.</b> Full Name (Last, First, Middle Initial) Mark Tanguay Mailing Address 2921 East Riviera Place City State Zip Code Chandler AZ 85249-4940 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-916 Amount of Each Receipt this Period 11.96	
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 ▼ 307.46				
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			32.63	
<b>TOTAL</b> This Period (last page this line number only) .....				

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

FOR LINE NUMBER: PAGE 307 / 348

(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) Angela Taylor Mailing Address 1918 Fawn Drive City Glenside State PA Zip Code 19038-7230 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Reg. Mgr.-Enterprise Legal Svcs. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1410.99		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Transaction ID:</b> 20061212114-FD-1005 Amount of Each Receipt this Period <table border="1"> <tr> <td>54.60</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	0	6	54.60
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		0	8		2	0	0	6														
54.60																							
<b>B.</b> Full Name (Last, First, Middle Initial) Angela Taylor Mailing Address 1918 Fawn Drive City Glenside State PA Zip Code 19038-7230 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Reg. Mgr.-Enterprise Legal Svcs. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1410.99		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Transaction ID:</b> 20061223129-FD-1005 Amount of Each Receipt this Period <table border="1"> <tr> <td>54.60</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	2		2	0	0	6	54.60
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		2	2		2	0	0	6														
54.60																							
<b>C.</b> Full Name (Last, First, Middle Initial) Robert Taylor Mailing Address 31 Heritage Road City Quincy State MA Zip Code 02169-1844 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Counsel, Ho Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 288.76		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Transaction ID:</b> 20061212114-FD-884 Amount of Each Receipt this Period <table border="1"> <tr> <td>11.23</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	0	6	11.23
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		0	8		2	0	0	6														
11.23																							
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		<table border="1"> <tr> <td>120.43</td> </tr> </table>	120.43																				
120.43																							
<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 308 / 348

(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 Taylor		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-884 Amount of Each Receipt this Period 11.23
Mailing Address 31 Heritage Road  City Quincy State MA Zip Code 02169-1844 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual		Occupation Counsel, Ho
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 288.76		

<b>B.</b> Full Name (Last, First, Middle Initial) James Thayer		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-680 Amount of Each Receipt this Period 12.08
Mailing Address 4 Westledge Drive  City Marblehead State MA Zip Code 01945-1262 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual		Occupation Mgr., a/L Claims
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 312.47		

<b>C.</b> Full Name (Last, First, Middle Initial) James Thayer		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-680 Amount of Each Receipt this Period 12.08
Mailing Address 4 Westledge Drive  City Marblehead State MA Zip Code 01945-1262 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual		Occupation Mgr., a/L Claims
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 312.47		

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

35.39

**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 309 / 348

(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) Beatrice Thibeault Mailing Address 774 Winona Road City Center Harbor State NH Zip Code 03226-3131 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Sr. Internal Audit Manager, I.T. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 499.52			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061212114-FD-1066 Amount of Each Receipt this Period <table border="1"> <tr> <td>20.19</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	0	6	20.19
M	M	/	D	D	/	Y	Y	Y	Y															
1	2		0	8		2	0	0	6															
20.19																								
<b>B.</b> Full Name (Last, First, Middle Initial) Beatrice Thibeault Mailing Address 774 Winona Road City Center Harbor State NH Zip Code 03226-3131 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Sr. Internal Audit Manager, I.T. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 499.52			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061223129-FD-1066 Amount of Each Receipt this Period <table border="1"> <tr> <td>20.19</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	2		2	0	0	6	20.19
M	M	/	D	D	/	Y	Y	Y	Y															
1	2		2	2		2	0	0	6															
20.19																								
<b>C.</b> Full Name (Last, First, Middle Initial) David Thompson Mailing Address 45 Camri Court City Rindge State NH Zip Code 03461-5410 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Chief Uw Officer, Am C/L Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 512.44			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>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061212114-FD-1261 Amount of Each Receipt this Period <table border="1"> <tr> <td>21.35</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	0	6	21.35
M	M	/	D	D	/	Y	Y	Y	Y															
1	2		0	8		2	0	0	6															
21.35																								

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

61.73

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 310 / 348

(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)

David Thompson

Mailing Address 45 Camri Court

City State Zip Code  
 Rindge NH 03461-5410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Chief Uw Officer, Am C/L

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.44

Date of Receipt

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

Transaction ID: 20061223129-FD-1261

Amount of Each Receipt this Period

21.35

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

Frederick Thompson

Mailing Address 27484 Oregon Road  
 Lot 250

City State Zip Code  
 Perrysburg OH 43551-6551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Sr. Technical Analyst, Tel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.10

Date of Receipt

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

Transaction ID: 20061212114-FD-1072

Amount of Each Receipt this Period

3.49

**C.** 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 Mutual

Occupation  
Sr. Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.49

Date of Receipt

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

Transaction ID: 20061212114-FD-1465

Amount of Each Receipt this Period

16.67

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

41.51

**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 311 / 348

(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 Mutual

Occupation  
Sr. Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.49

Date of Receipt

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

Transaction ID: 20061223129-FD-1465

Amount of Each Receipt this Period

16.67

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

Bradley Todd

Mailing Address 248 Grant Road

City State Zip Code  
 Newmarket NH 03857-2106

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 ▼

215.43

Date of Receipt

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

Transaction ID: 20061212114-FD-10

Amount of Each Receipt this Period

8.38

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

Bradley Todd

Mailing Address 248 Grant Road

City State Zip Code  
 Newmarket NH 03857-2106

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 ▼

215.43

Date of Receipt

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

Transaction ID: 20061223129-FD-10

Amount of Each Receipt this Period

8.38

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

33.43

**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 312 / 348

(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. Andy Tong

Mailing Address 66 Hempstead

City State Zip Code  
 Newark DE 19702-7711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Director, State Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.23

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 8 / 2 0 0 6

Transaction ID: 20061212114-FD-820

Amount of Each Receipt this Period

8.79

Full Name (Last, First, Middle Initial)

B. Andy Tong

Mailing Address 66 Hempstead

City State Zip Code  
 Newark DE 19702-7711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Director, State Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.23

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 2 / 2 0 0 6

Transaction ID: 20061223129-FD-820

Amount of Each Receipt this Period

8.79

Full Name (Last, First, Middle Initial)

C. 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 Mutual

Occupation  
Division General Mgr.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.87

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 8 / 2 0 0 6

Transaction ID: 20061212114-FD-857

Amount of Each Receipt this Period

26.54

SUBTOTAL of Receipts This Page (optional) .....

44.12

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 313 / 348

(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 Touhey		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 108 Laymens Way		<b>Transaction ID:</b> 20061223129-FD-857
City Chester Springs	State PA	Zip Code 19425-2721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.54
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 ▼ 673.87	

<b>B.</b> Full Name (Last, First, Middle Initial) Peter Tshonas		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 28 Windmill Road		<b>Transaction ID:</b> 20061212114-FD-965
City Ellington	State CT	Zip Code 06029-2121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.29
Name of Employer Liberty Mutual	Occupation Regional Sales Mgr., Bm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.74	

<b>C.</b> Full Name (Last, First, Middle Initial) Peter Tshonas		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 28 Windmill Road		<b>Transaction ID:</b> 20061223129-FD-965
City Ellington	State CT	Zip Code 06029-2121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.29
Name of Employer Liberty Mutual	Occupation Regional Sales Mgr., Bm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.74	

**SUBTOTAL** of Receipts This Page (optional) .....

45.12

**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 314 / 348

(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 Turgeon  
Mailing Address 6 Lil-Nor Avenue

City State Zip Code  
Somersworth NH 03878-1908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Frontline Manager, I/S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.45

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 6

Transaction ID: 20061212114-FD-21

Amount of Each Receipt this Period

8.54

**B.** Full Name (Last, First, Middle Initial)  
Michael Turgeon  
Mailing Address 6 Lil-Nor Avenue

City State Zip Code  
Somersworth NH 03878-1908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Frontline Manager, I/S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.45

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: 20061223129-FD-21

Amount of Each Receipt this Period

8.54

**C.** 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 Mutual

Occupation  
Manager-Private Equity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1629.80

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 6

Transaction ID: 20061212114-FD-111

Amount of Each Receipt this Period

63.46

**SUBTOTAL** of Receipts This Page (optional) .....

80.54

**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 315 / 348

(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) Ronald Ulich Mailing Address Box 1372 City State Zip Code Duxbury MA 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 ▼ 1629.80			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-111 Amount of Each Receipt this Period 63.46
<b>B.</b> Full Name (Last, First, Middle Initial) Lee Valensi Mailing Address 39 Harding Avenue Unit 6 City State Zip Code Attleboro MA 02703-7650 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager, Compliance Analysis Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 202.26			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-457 Amount of Each Receipt this Period 7.86
<b>C.</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. <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 ▼ 553.09			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-593 Amount of Each Receipt this Period 21.34

**SUBTOTAL** of Receipts This Page (optional) .....

**92.66**

**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 316 / 348

(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 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 Mutual

Occupation  
General Manager-Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.09

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: 20061223129-FD-593

Amount of Each Receipt this Period

21.34

**B.** Full Name (Last, First, Middle Initial)  
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  
Wholesaler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.94

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 6

Transaction ID: 20061212114-FD-1514

Amount of Each Receipt this Period

12.69

**C.** Full Name (Last, First, Middle Initial)  
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  
Wholesaler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.94

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: 20061223129-FD-1514

Amount of Each Receipt this Period

12.69

**SUBTOTAL** of Receipts This Page (optional) .....

46.72

**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 317 / 348

(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 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 ▼

516.72

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 8 / 2 0 0 6

Transaction ID: 20061212114-FD-475

Amount of Each Receipt this Period

5.04

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.

C

Name of Employer  
Liberty Mutual

Occupation  
Regional General Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.72

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 2 / 2 0 0 6

Transaction ID: 20061223129-FD-475

Amount of Each Receipt this Period

5.04

C. Full Name (Last, First, Middle Initial)

Kristine Vardo

Mailing Address 10 Barksdale Lane

City State Zip Code  
 Acushnet MA 02743-1852

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 ▼

228.16

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 8 / 2 0 0 6

Transaction ID: 20061212114-FD-1468

Amount of Each Receipt this Period

9.54

SUBTOTAL of Receipts This Page (optional) .....

19.62

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 318 / 348

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☒ 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) Kristine Vardo Mailing Address 10 Barksdale Lane City State Zip Code Acushnet MA 02743-1852 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 ▼ 228.16			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1468 Amount of Each Receipt this Period 9.54
<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 ▼ 593.26			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-242 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 ▼ 593.26			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-242 Amount of Each Receipt this Period 22.92

**SUBTOTAL** of Receipts This Page (optional) .....

55.38

**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 319 / 348

(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 Waldstein		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 25 Dover Circle		<b>Transaction ID:</b> 20061223129-FD-1142
City Franklin	State MA	Zip Code 02038-1560
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 7.85
Name of Employer Liberty Mutual	Occupation Program Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.65	

<b>B.</b> Full Name (Last, First, Middle Initial) Debra Waldstein		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 25 Dover Circle		<b>Transaction ID:</b> 20061212114-FD-1127
City Franklin	State MA	Zip Code 02038-1560
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.23
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 ▼ 700.42	

<b>C.</b> Full Name (Last, First, Middle Initial) Debra Waldstein		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 25 Dover Circle		<b>Transaction ID:</b> 20061223129-FD-1127
City Franklin	State MA	Zip Code 02038-1560
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.23
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 ▼ 700.42	

**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 320 / 348

(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) Achim Wallmann Mailing Address 108 Georgton Court City State Zip Code West Lafayette IN 47906-4815 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager, Dsi Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 242.14		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1320 Amount of Each Receipt this Period 9.34
<b>B.</b> Full Name (Last, First, Middle Initial) Achim Wallmann Mailing Address 108 Georgton Court City State Zip Code West Lafayette IN 47906-4815 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Manager, Dsi Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 242.14		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1320 Amount of Each Receipt this Period 9.34
<b>C.</b> Full Name (Last, First, Middle Initial) John Walstrum Mailing Address 220 Gatedancer Drive City State Zip Code Cranberry Township PA 16066-2218 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Mutual Occupation Claims Manager Iii, Pm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 237.30		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-503 Amount of Each Receipt this Period 9.43
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		28.11
<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 321 / 348

(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 Walstrum

Mailing Address 220 Gatedancer Drive

City State Zip Code  
 Cranberry Township PA 16066-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Claims Manager Iii, Pm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.30

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 2 / 2 0 0 6

Transaction ID: 20061223129-FD-503

Amount of Each Receipt this Period

9.43

B. Full Name (Last, First, Middle Initial)

Bonnie Ward

Mailing Address 27 Blackford Drive

City State Zip Code  
 Exeter NH 03833-4599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr.-Telecommunication Svcs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

983.36

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 8 / 2 0 0 6

Transaction ID: 20061212114-FD-1048

Amount of Each Receipt this Period

38.08

C. Full Name (Last, First, Middle Initial)

Bonnie Ward

Mailing Address 27 Blackford Drive

City State Zip Code  
 Exeter NH 03833-4599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr.-Telecommunication Svcs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

983.36

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 2 / 2 0 0 6

Transaction ID: 20061223129-FD-1048

Amount of Each Receipt this Period

38.08

SUBTOTAL of Receipts This Page (optional) .....

85.59

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 322 / 348

(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)

David Ware

Mailing Address 13 Buckingham Drive

City State Zip Code  
 Londonderry NH 03053-2312

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 ▼

355.36

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 8 / 2 0 0 6

Transaction ID: 20061212114-FD-702

Amount of Each Receipt this Period

22.00

B. Full Name (Last, First, Middle Initial)

David Ware

Mailing Address 13 Buckingham Drive

City State Zip Code  
 Londonderry NH 03053-2312

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 ▼

355.36

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 2 / 2 0 0 6

Transaction ID: 20061223129-FD-702

Amount of Each Receipt this Period

22.00

C. Full Name (Last, First, Middle Initial)

Matt Warye

Mailing Address 8278 Keeneland Court

City State Zip Code  
 Maineville OH 45039-9154

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 ▼

470.29

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 8 / 2 0 0 6

Transaction ID: 20061212114-FD-1413

Amount of Each Receipt this Period

18.15

SUBTOTAL of Receipts This Page (optional) .....

62.15

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 323 / 348

(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) Matt Warye		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1413
Mailing Address 8278 Keeneland Court		Amount of Each Receipt this Period 18.15
City Maineville	State OH	
Zip Code 45039-9154		
FEC ID number of contributing federal political committee. C		
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 ▼ 470.29	

<b>B.</b> Full Name (Last, First, Middle Initial) John Watkins		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1198
Mailing Address 9 Blueberry Lane		Amount of Each Receipt this Period 11.33
City Sterling	State MA	
Zip Code 01564-2143		
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 ▼ 274.83	

<b>C.</b> Full Name (Last, First, Middle Initial) John Watkins		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1198
Mailing Address 9 Blueberry Lane		Amount of Each Receipt this Period 11.33
City Sterling	State MA	
Zip Code 01564-2143		
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 ▼ 274.83	

**SUBTOTAL** of Receipts This Page (optional) .....

40.81

**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 324 / 348

(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) Stanley Watson Mailing Address 4 Meadowview Road City State Zip Code Georgetown MA 01833-1141 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Dir., Business Systems Projects Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 457.98			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-46 Amount of Each Receipt this Period 17.76
<b>B.</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. <b>C</b> Name of Employer Occupation Liberty Mutual Dir., Business Systems Projects Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 457.98			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-46 Amount of Each Receipt this Period 17.76
<b>C.</b> 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. <b>C</b> Name of Employer Occupation Liberty Mutual Project Manager li Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 576.68			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1342 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**

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FOR LINE NUMBER: PAGE 325 / 348

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☒ 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 ▼

576.68

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 2 / 2 0 0 6

Transaction ID: 20061223129-FD-1342

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 ▼

400.56

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 8 / 2 0 0 6

Transaction ID: 20061212114-FD-597

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 ▼

400.56

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 2 / 2 0 0 6

Transaction ID: 20061223129-FD-597

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 326 / 348

(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) Laura Wehrle		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 4805 Kelly Woods Lane		<b>Transaction ID:</b> 20061223129-FD-1100
City Charlotte	State NC	Zip Code 28277-0357
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.00
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 ▼ 208.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Edward Weinberg		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 17 Trayer Road		<b>Transaction ID:</b> 20061212114-FD-1569
City Canton	State MA	Zip Code 02021-3845
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.79
Name of Employer Liberty Mutual	Occupation Sr. Mgr., Financial Analysis	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.05	

<b>C.</b> Full Name (Last, First, Middle Initial) Edward Weinberg		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 17 Trayer Road		<b>Transaction ID:</b> 20061223129-FD-1569
City Canton	State MA	Zip Code 02021-3845
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.79
Name of Employer Liberty Mutual	Occupation Sr. Mgr., Financial Analysis	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.05	

**SUBTOTAL** of Receipts This Page (optional) .....

25.58

**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 327 / 348

(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 Weiss

Mailing Address 3007 Norris

City State Zip Code  
Houston TX 77025-3829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr. Spe Mar & Offshr Ener, Liu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.91

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 6

Transaction ID: 20061212114-FD-1594

Amount of Each Receipt this Period

10.85

**B.** Full Name (Last, First, Middle Initial)  
Steven Weiss

Mailing Address 3007 Norris

City State Zip Code  
Houston TX 77025-3829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr. Spe Mar & Offshr Ener, Liu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.91

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: 20061223129-FD-1594

Amount of Each Receipt this Period

10.85

**C.** Full Name (Last, First, Middle Initial)  
Grahame Wells

Mailing Address 110 Bird Street

City State Zip Code  
Needham MA 02492-4334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Counsel, Ho

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.68

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 6

Transaction ID: 20061212114-FD-147

Amount of Each Receipt this Period

11.48

**SUBTOTAL** of Receipts This Page (optional) .....

33.18

**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 328 / 348

(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) Grahame Wells		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 110 Bird Street		<b>Transaction ID:</b> 20061223129-FD-147
City Needham	State MA	Zip Code 02492-4334
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.48
Name of Employer Liberty Mutual	Occupation Counsel, Ho	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.68	

<b>B.</b> Full Name (Last, First, Middle Initial) James Wells		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 12338 Rockledge Circle		<b>Transaction ID:</b> 20061212114-FD-1088
City Boca Raton	State FL	Zip Code 33428-4812
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.64
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 ▼ 406.64	

<b>C.</b> Full Name (Last, First, Middle Initial) James Wells		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 12338 Rockledge Circle		<b>Transaction ID:</b> 20061223129-FD-1088
City Boca Raton	State FL	Zip Code 33428-4812
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.64
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 ▼ 406.64	

**SUBTOTAL** of Receipts This Page (optional) .....

42.76

**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 329 / 348

(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) Maryann Wheeler		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-453
Mailing Address 90 Fairground Road		
City New Castle	State PA	Zip Code 16101-2940
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.63
Name of Employer Liberty Mutual	Occupation Crc Team Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.59	

<b>B.</b> Full Name (Last, First, Middle Initial) Maryann Wheeler		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-453
Mailing Address 90 Fairground Road		
City New Castle	State PA	Zip Code 16101-2940
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.63
Name of Employer Liberty Mutual	Occupation Crc Team Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.59	

<b>C.</b> Full Name (Last, First, Middle Initial) David Whisman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-203
Mailing Address 1720 Washington Street		
City Walpole	State MA	Zip Code 02081-2404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.42
Name of Employer Liberty Mutual	Occupation Asst. Dir. Technical Training	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.92	

**SUBTOTAL** of Receipts This Page (optional) .....

27.68

**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 330 / 348

(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 Whisman		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-203
Mailing Address 1720 Washington Street		
City	State	Zip Code
Walpole	MA	02081-2404
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 8.42
Name of Employer Liberty Mutual		
Occupation Asst. Dir. Technical Training		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 218.92		

<b>B.</b> Full Name (Last, First, Middle Initial) Donna White		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-31
Mailing Address 99 Cider Hill Road		
City	State	Zip Code
York	ME	03909-5212
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 8.92
Name of Employer Liberty Mutual		
Occupation H.R. Operations Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 226.32		

<b>C.</b> Full Name (Last, First, Middle Initial) Donna White		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-31
Mailing Address 99 Cider Hill Road		
City	State	Zip Code
York	ME	03909-5212
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 8.92
Name of Employer Liberty Mutual		
Occupation H.R. Operations Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 226.32		

**SUBTOTAL** of Receipts This Page (optional) .....

26.26

**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 331 / 348

(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 White		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 8724 Nellie Lane		<b>Transaction ID:</b> 20061212114-FD-1287	
City Waxhaw	State NC	Zip Code 28173-7944	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.54	
Name of Employer Liberty Mutual	Occupation Manager Iii, Territory, Am		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.04		

<b>B.</b> Full Name (Last, First, Middle Initial) Edward White		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 8724 Nellie Lane		<b>Transaction ID:</b> 20061223129-FD-1287	
City Waxhaw	State NC	Zip Code 28173-7944	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.54	
Name of Employer Liberty Mutual	Occupation Manager Iii, Territory, Am		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.04		

<b>C.</b> Full Name (Last, First, Middle Initial) Mitzi White		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 1403 Oakhall Trace		<b>Transaction ID:</b> 20061212114-FD-1370	
City Mount Juliet	State TN	Zip Code 37122-6372	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.44	
Name of Employer Liberty Mutual	Occupation Mgr. Ii, Agency Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.07		

**SUBTOTAL** of Receipts This Page (optional) .....

31.52

**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 332 / 348

(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) Mitzi White		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 1403 Oakhall Trace		<b>Transaction ID:</b> 20061223129-FD-1370
City Mount Juliet	State TN	Zip Code 37122-6372
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.44
Name of Employer Liberty Mutual	Occupation Mgr. li, Agency Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.07	

<b>B.</b> Full Name (Last, First, Middle Initial) Luellyn Wickershiem		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 4717 Sonseeahray		<b>Transaction ID:</b> 20061212114-FD-1167
City Hubertus	State WI	Zip Code 53033-9728
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.18
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 ▼ 236.79	

<b>C.</b> Full Name (Last, First, Middle Initial) Luellyn Wickershiem		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 4717 Sonseeahray		<b>Transaction ID:</b> 20061223129-FD-1167
City Hubertus	State WI	Zip Code 53033-9728
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.18
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 ▼ 236.79	

**SUBTOTAL** of Receipts This Page (optional) .....

26.80

**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 333 / 348

(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		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 25 Tennyson Road		<b>Transaction ID:</b> 20061212114-FD-944
City Wellesley	State MA	Zip Code 02481-5231
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.17
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 ▼ 672.09	

<b>B.</b> Full Name (Last, First, Middle Initial) E. Janney Wilson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 25 Tennyson Road		<b>Transaction ID:</b> 20061223129-FD-944
City Wellesley	State MA	Zip Code 02481-5231
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.17
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 ▼ 672.09	

<b>C.</b> Full Name (Last, First, Middle Initial) Margaret Wilson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 10 Nehemiah Road		<b>Transaction ID:</b> 20061212114-FD-1527
City Shirley	State MA	Zip Code 01464-2326
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.38
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 ▼ 422.31	

**SUBTOTAL** of Receipts This Page (optional) .....

68.72

**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 334 / 348

(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)  
Margaret Wilson  
Mailing Address 10 Nehemiah Road

City State Zip Code  
Shirley MA 01464-2326

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Chief Examiner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.31

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: 20061223129-FD-1527

Amount of Each Receipt this Period

16.38

**B.** Full Name (Last, First, Middle Initial)  
Dianne Winslow  
Mailing Address 438 Randolph Street

City State Zip Code  
Abington MA 02351-1170

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Legal Office Manager li

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.40

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 6

Transaction ID: 20061212114-FD-1188

Amount of Each Receipt this Period

10.76

**C.** Full Name (Last, First, Middle Initial)  
Dianne Winslow  
Mailing Address 438 Randolph Street

City State Zip Code  
Abington MA 02351-1170

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Legal Office Manager li

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.40

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: 20061223129-FD-1188

Amount of Each Receipt this Period

10.76

**SUBTOTAL** of Receipts This Page (optional) .....

37.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 335 / 348

(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)

Joyce Witham

Mailing Address 33 Lisa Lane

City State Zip Code  
 Reading MA 01867-3351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Regional Lp Manager, Nm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.37

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 8 / 2 0 0 6

Transaction ID: 20061212114-FD-37

Amount of Each Receipt this Period

8.85

B. Full Name (Last, First, Middle Initial)

Joyce Witham

Mailing Address 33 Lisa Lane

City State Zip Code  
 Reading MA 01867-3351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Regional Lp Manager, Nm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.37

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 2 / 2 0 0 6

Transaction ID: 20061223129-FD-37

Amount of Each Receipt this Period

8.85

C. Full Name (Last, First, Middle Initial)

Alan Wold

Mailing Address 3715 Northeast 81st

City State Zip Code  
 Portland OR 97213-7137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Mutual

Occupation  
Mgr.-Application Dvlpt, Lnw

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.41

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 2 / 2 0 0 6

Transaction ID: 20061223129-FD-1423

Amount of Each Receipt this Period

7.82

SUBTOTAL of Receipts This Page (optional) .....

25.52

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 336 / 348

(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) Christopher Wood		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-1074
Mailing Address 10068 Royal Eagle Lane		
City	State	Zip Code
Highlands Ranch	CO	80129-5655
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 11.01
Name of Employer Liberty Mutual		
Occupation Financial Officer I Am		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 281.29		

<b>B.</b> Full Name (Last, First, Middle Initial) Christopher Wood		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-1074
Mailing Address 10068 Royal Eagle Lane		
City	State	Zip Code
Highlands Ranch	CO	80129-5655
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 11.01
Name of Employer Liberty Mutual		
Occupation Financial Officer I Am		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 281.29		

<b>C.</b> Full Name (Last, First, Middle Initial) Douglas Wood		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-994
Mailing Address 10 Strawberry Lane		
City	State	Zip Code
Stratham	NH	03885-2470
FEC ID number of contributing federal political committee.		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 ▼ 531.97		

**SUBTOTAL** of Receipts This Page (optional) .....

42.79

**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 337 / 348

(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 Mailing Address 10 Strawberry Lane City State Zip Code Stratham NH 03885-2470 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Chief Actuary Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 531.97			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-994 Amount of Each Receipt this Period 20.77	
<b>B.</b> Full Name (Last, First, Middle Initial) Barbara Woodford Mailing Address 173 Northeast Bridgeton Road, #2 City State Zip Code Portland OR 97211-1074 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Counsel, Field Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 222.43			Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 20061212114-FD-627 Amount of Each Receipt this Period 8.73	
<b>C.</b> Full Name (Last, First, Middle Initial) Barbara Woodford Mailing Address 173 Northeast Bridgeton Road, #2 City State Zip Code Portland OR 97211-1074 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Liberty Mutual Counsel, Field Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 222.43			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 20061223129-FD-627 Amount of Each Receipt this Period 8.73	

**SUBTOTAL** of Receipts This Page (optional) .....

38.23

**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 338 / 348

(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		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 24 Town Street		<b>Transaction ID:</b> 20061212114-FD-1115
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 ▼ 665.30	

<b>B.</b> Full Name (Last, First, Middle Initial) Mark Woodford		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 24 Town Street		<b>Transaction ID:</b> 20061223129-FD-1115
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 ▼ 665.30	

<b>C.</b> Full Name (Last, First, Middle Initial) Mark Wright		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 9 Wadsworth Farm Road		<b>Transaction ID:</b> 20061212114-FD-293
City Franklin	State MA	Zip Code 02038-3229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.23
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 ▼ 1007.87	

**SUBTOTAL** of Receipts This Page (optional) .....

91.15

**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 339 / 348

(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 Wright

Mailing Address 9 Wadsworth Farm Road

City State Zip Code  
 Franklin MA 02038-3229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Director-Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1007.87

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 2 / 2 0 0 6

Transaction ID: 20061223129-FD-293

Amount of Each Receipt this Period

39.23

**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.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1759.59

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 8 / 2 0 0 6

Transaction ID: 20061212114-FD-210

Amount of Each Receipt this Period

69.23

**C.**

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.

**C**

Name of Employer  
Liberty Mutual

Occupation  
Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1759.59

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 2 / 2 0 0 6

Transaction ID: 20061223129-FD-210

Amount of Each Receipt this Period

69.23

**SUBTOTAL** of Receipts This Page (optional) .....

177.69

**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 340 / 348

(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 ▼

517.18

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 8 / 2 0 0 6

Transaction ID: 20061212114-FD-1095

Amount of Each Receipt this Period

22.96

Full Name (Last, First, Middle Initial)

B. 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 ▼

517.18

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 2 / 2 0 0 6

Transaction ID: 20061223129-FD-1095

Amount of Each Receipt this Period

22.96

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 ▼

595.07

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 8 / 2 0 0 6

Transaction ID: 20061212114-FD-722

Amount of Each Receipt this Period

23.17

SUBTOTAL of Receipts This Page (optional) .....

69.09

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 341 / 348

(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) Dean Yingling		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 556 Oakwood Drive		<b>Transaction ID:</b> 20061223129-FD-722
City State Zip Code Fenton MO 63026-3531	Amount of Each Receipt this Period 23.17	
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Mutual	Occupation Account Executive I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.07	

<b>B.</b> Full Name (Last, First, Middle Initial) Joanna Young		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 9 Strout Lane		<b>Transaction ID:</b> 20061212114-FD-25
City State Zip Code Durham NH 03824-3206	Amount of Each Receipt this Period 22.27	
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Mutual	Occupation Manager-Desktop Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 569.29	

<b>C.</b> Full Name (Last, First, Middle Initial) Joanna Young		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 9 Strout Lane		<b>Transaction ID:</b> 20061223129-FD-25
City State Zip Code Durham NH 03824-3206	Amount of Each Receipt this Period 22.27	
FEC ID number of contributing federal political committee. C		
Name of Employer Liberty Mutual	Occupation Manager-Desktop Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 569.29	

**SUBTOTAL** of Receipts This Page (optional) .....

67.71

**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 342 / 348

(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) Helena Yuhas		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 63 East 9th Street Apt. 9H		<b>Transaction ID:</b> 20061212114-FD-388
City State Zip Code New York NY 10003-6334	Amount of Each Receipt this Period 11.48	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual	Occupation Sr. Trial Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 298.48	

<b>B.</b> Full Name (Last, First, Middle Initial) Helena Yuhas		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 63 East 9th Street Apt. 9H		<b>Transaction ID:</b> 20061223129-FD-388
City State Zip Code New York NY 10003-6334	Amount of Each Receipt this Period 11.48	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual	Occupation Sr. Trial Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 298.48	

<b>C.</b> Full Name (Last, First, Middle Initial) Steven Zagoren		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 51 Castle Drive		<b>Transaction ID:</b> 20061212114-FD-1056
City State Zip Code Sharon MA 02067-2444	Amount of Each Receipt this Period 13.85	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Liberty Mutual	Occupation Assistant Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 349.32	

**SUBTOTAL** of Receipts This Page (optional) .....

36.81

**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 343 / 348

(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 ▼

349.32

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 2 / 2 0 0 6

Transaction ID: 20061223129-FD-1056

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 ▼

513.41

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 8 / 2 0 0 6

Transaction ID: 20061212114-FD-1014

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 ▼

513.41

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 2 / 2 0 0 6

Transaction ID: 20061223129-FD-1014

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) .....

20101.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 344 / 348

(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 1 1 / 3 0 / 2 0 0 6	
Mailing Address 100 Federal Street			<b>Transaction ID:</b> 44208-63265627622605	
City	State	Zip Code	Amount of Each Receipt this Period 54.87	
Boston	MA	02110	Interest	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3984.89		
<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 100 Federal Street			<b>Transaction ID:</b> 44208-84847658872605	
City	State	Zip Code	Amount of Each Receipt this Period 114.24	
Boston	MA	02110	Interest	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3984.89		

**SUBTOTAL** of Receipts This Page (optional) .....

169.11

**TOTAL** This Period (last page this line number only) .....

169.11



# **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)

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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. Democrats for the Future**

Mailing Address 20 Park Road  
Suite E

City Burlingame State CA Zip Code 94010

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: 72093-0615045428276

Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. Friends of Chris Dodd**

Mailing Address PO Box 270701

City West Hartford State CT Zip Code 06127

Purpose of Disbursement  
2010 Primary Contribution

Candidate Name  
Christopher Dodd

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: CT District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 15905-4706994891166

Date of Disbursement

12 / 05 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

## **C. Friends of Chris Dodd**

Mailing Address PO Box 270701

City West Hartford State CT Zip Code 06127

Purpose of Disbursement  
Contribution

Candidate Name  
Christopher Dodd

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: CT District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 72093-7558709979057

Date of Disbursement

12 / 15 / 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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☐ 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.** Friends of Chris Dodd

Mailing Address PO Box 270701

City  
West Hartford

State  
CT

Zip Code  
06127

Purpose of Disbursement  
Contribution

Candidate Name  
Christopher Dodd

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District:

**Transaction ID:** 98486-4739801287651

Date of Disbursement

12 / 21 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** Jim Jordan for Congress

Mailing Address 1709 State Route 560 South

City  
Urbana

State  
OH

Zip Code  
43078

Purpose of Disbursement  
Contribution

Candidate Name  
James Jordan

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 04

**Transaction ID:** 72093-7646448016166

Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Karen Carter for Congress

Mailing Address 1215 Prytania Street Suite 364A

City  
New Orleans

State  
LA

Zip Code  
70130

Purpose of Disbursement  
2006 Run-Off Contribution

Candidate Name  
Karen Carter

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: LA District: 02

**Transaction ID:** 04076-6931726336479

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**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 347 / 348

<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  
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: 72093-8795282244682

Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. Tim Johnson for South Dakota Inc**

Mailing Address PO Box 1859

City  
Sioux Falls

State  
SD

Zip Code  
57101

Purpose of Disbursement  
Contribution

Candidate Name  
Tim Johnson

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SD District:

Transaction ID: 72093-3846704363822

Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

13000.00

# **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 348 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

**A.** Mitch for Governor Campaign

Mailing Address 47 S. Meridian St.  
2nd Floor

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 72093-3573572039604

Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** Olive the Supporters of Rich for Senate

Mailing Address P.O. Box 274

City Story City State IA Zip Code 50248

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 72093-0751153826713

Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2500.00

**TOTAL** This Period (last page this line number only) ..... ►

2500.00