

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Liberty Mutual Insurance Company - PAC

ADDRESS (number and street) 175 Berkeley Street Boston MA 02117

2. FEC IDENTIFICATION NUMBER C C00171843 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 03 / 01 / 2014 through 03 / 31 / 2014

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 Laurance Yahia [Electronically Filed] Date 09 / 05 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Liberty Mutual Insurance Company - PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value=""/>	<input type="text" value="322632.35"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="424092.05"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="44597.99"/>	<input type="text" value="134907.69"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="468690.04"/>	<input type="text" value="457540.04"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="108600.00"/>	<input type="text" value="97450.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="360090.04"/>	<input type="text" value="360090.04"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Liberty Mutual Insurance Company - PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23290.37	49409.55
(ii) Unitemized	21307.62	85498.14
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	44597.99	134907.69
(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)	44597.99	134907.69
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	44597.99	134907.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	44597.99	134907.69

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	92100.00	84600.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	16500.00	12850.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	108600.00	97450.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	108600.00	97450.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	44597.99	134907.69
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44597.99	134907.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

For transaction on 3/13/2014, Gillibrand for Senate, changed election cycle from NY Primary to US General.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

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

Name of Employer Liberty Mutual Occupation Chief Information Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1318.68

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46314048392

Amount of Each Receipt this Period 439.56

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

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

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation Sr Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 233.52

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46314238392

Amount of Each Receipt this Period 77.84

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

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

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation Sr Investment Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 211.32

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46314408392

Amount of Each Receipt this Period 70.44

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 587.84

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 82
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

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

Name of Employer Liberty Mutual Occupation Sr Tax Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **282.72**

Date of Receipt **03 / 31 / 2014**

Transaction ID : PR46314588392

Amount of Each Receipt this Period **94.24**

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

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

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation General Mgr, Small Commercial

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **403.86**

Date of Receipt **03 / 31 / 2014**

Transaction ID : PR46315028392

Amount of Each Receipt this Period **134.62**

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

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

Mailing Address 1600 N Collins Blvd #2000 3000 4000

City Richardson State TX Zip Code 75080-3591

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **203.88**

Date of Receipt **03 / 31 / 2014**

Transaction ID : PR46315038392

Amount of Each Receipt this Period **67.96**

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

SUBTOTAL of Receipts This Page (optional).....▶	296.82
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 150 Liberty Way

City State Zip Code
Dover NH 03820-9320

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

Name of Employer Occupation
Liberty Mutual Sr Director, IT Mkt Apps

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
203.10

Date of Receipt
03 / 31 / 2014
Transaction ID : PR46315188392

Amount of Each Receipt this Period
67.70

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

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

Mailing Address 157 Berkeley St

City State Zip Code
Boston MA 02116-5108

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

Name of Employer Occupation
Liberty Mutual Mgr Mktg Strategy & Analytics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
244.62

Date of Receipt
03 / 31 / 2014
Transaction ID : PR46315418392

Amount of Each Receipt this Period
81.54

P/R Deduction (\$44.77 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Kimberly A Haza

Mailing Address 1001 4th Ave
Fls 8-18 27-31 & 41

City State Zip Code
Seattle WA 98154-1119

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

Name of Employer Occupation
Liberty Mutual Senior Product Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
226.32

Date of Receipt
03 / 31 / 2014
Transaction ID : PR46315428392

Amount of Each Receipt this Period
75.44

P/R Deduction (\$39.88 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 224.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Kris L Hill

Mailing Address 1001 4th Ave
Fls 8-18 27-31 & 41

City Seattle State WA Zip Code 98154-1119

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

Name of Employer Liberty Mutual Occupation Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
248.58

Date of Receipt
03 / 31 / 2014
Transaction ID : PR46315588392

Amount of Each Receipt this Period
82.86

P/R Deduction (\$41.43 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Spencer J Donkin

Mailing Address 1615 Murray Canyon Rd
Ste 300

City San Diego State CA Zip Code 92108-4314

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.28

Date of Receipt
03 / 31 / 2014
Transaction ID : PR46315618392

Amount of Each Receipt this Period
108.76

P/R Deduction (\$57.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Suzanne M Rapier

Mailing Address 1001 4th Ave
Fls 8-18 27-31 & 41

City Seattle State WA Zip Code 98154-1119

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

Name of Employer Liberty Mutual Occupation Mgr, P/L Service Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.98

Date of Receipt
03 / 31 / 2014
Transaction ID : PR46315698392

Amount of Each Receipt this Period
68.66

P/R Deduction (\$35.19 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	260.28
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 82
(check only 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 M Gonsalves

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation Controller-Persl Insurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **274.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR46315738392

Amount of Each Receipt this Period
91.34

P/R Deduction (\$47.21 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Timothy A Mikolajewski

Mailing Address 1001 4th Ave
 Fls 8-18 27-31 & 41

City Seattle State WA Zip Code 98154-1119

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

Name of Employer Liberty Mutual Occupation Pres-Liberty Mutual Surety

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **433.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR46315788392

Amount of Each Receipt this Period
144.38

P/R Deduction (\$73.99 Bi-Weekly)

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

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **206.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR46315808392

Amount of Each Receipt this Period
68.92

P/R Deduction (\$52.85 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **304.64**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. David L Taliancich
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 4th Ave
 Fls 8-18 27-31 & 41
 City Seattle State WA Zip Code 98154-1119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Regional Claims Mgr - PL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.51

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46315908392
 Amount of Each Receipt this Period 9.23
 P/R Deduction (\$9.23 Bi-Weekly)

B. Eric W Trott
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 4th Ave
 Fls 8-18 27-31 & 41
 City Seattle State WA Zip Code 98154-1119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Mgr, Integrated Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.44

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46315918392
 Amount of Each Receipt this Period 67.48
 P/R Deduction (\$17.27 Bi-Weekly)

C. Michael Hughes
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 Berkeley St
 City Boston State MA Zip Code 02116-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation President, Business Insurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1221.78

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46315958392
 Amount of Each Receipt this Period 407.26
 P/R Deduction (\$203.63 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 483.97
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 82
<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. Kevin J Stockton
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 Lakeside Blvd
 Ste 400
 City Richardson State TX Zip Code 75082-4341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Regional Manager, BI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.40

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46316078392
 Amount of Each Receipt this Period 82.80
 P/R Deduction (\$43.42 Bi-Weekly)

B. Julie M Haase
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 Berkeley St
 City Boston State MA Zip Code 02116-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Sr Manager, Sales & Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 244.62

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46316108392
 Amount of Each Receipt this Period 81.54
 P/R Deduction (\$46.15 Bi-Weekly)

C. John C. Heveran
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 Berkeley St
 City Boston State MA Zip Code 02116-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Market CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 441.36

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46316178392
 Amount of Each Receipt this Period 147.12
 P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	311.46
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation Pres, Liberty Metals & Mining

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **313.86**

Date of Receipt **03 / 31 / 2014**

Transaction ID : PR46316268392

Amount of Each Receipt this Period **104.62**

P/R Deduction (\$54.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Keith D Thompson

Mailing Address 2400 Lakeside Blvd Ste 400

City Richardson State TX Zip Code 75082-4341

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

Name of Employer Liberty Mutual Occupation Regional Manager, BI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **242.88**

Date of Receipt **03 / 31 / 2014**

Transaction ID : PR46316408392

Amount of Each Receipt this Period **80.96**

P/R Deduction (\$41.83 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Thomas P. Kalmbach

Mailing Address 100 Liberty Way

City Dover State NH Zip Code 03820-4597

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

Name of Employer Liberty Mutual Occupation Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **236.28**

Date of Receipt **03 / 31 / 2014**

Transaction ID : PR46316438392

Amount of Each Receipt this Period **78.76**

P/R Deduction (\$40.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	264.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

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

Name of Employer Liberty Mutual Occupation Market CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
401.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : PR46316508392

Amount of Each Receipt this Period
133.84

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

Full Name (Last, First, Middle Initial)
B. Gary A DeIBuono

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation Product Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : PR46316538392

Amount of Each Receipt this Period
83.84

P/R Deduction (\$42.00 Bi-Weekly)

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

Mailing Address 222 Berkeley St

City Boston State MA Zip Code 02116-3748

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

Name of Employer Liberty Mutual Occupation Manager-Legal Info Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : PR46316768392

Amount of Each Receipt this Period
83.84

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 301.52

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Arlene Zalayet		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : PR46319878392
Mailing Address 175 Berkeley St		Amount of Each Receipt this Period 150.20
City Boston	State MA	Zip Code 02116-5066
FEC ID number of contributing federal political committee. C		P/R Deduction (\$77.37 Bi-Weekly)
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 ▼ 450.60	

Full Name (Last, First, Middle Initial) B. Lawrence McTaggart		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : PR46319998392
Mailing Address 1 N Franklin Ste 2200		Amount of Each Receipt this Period 67.12
City Chicago	State IL	Zip Code 60606-3601
FEC ID number of contributing federal political committee. C		P/R Deduction (\$34.06 Bi-Weekly)
Name of Employer Liberty Mutual	Occupation Senior Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.36	

Full Name (Last, First, Middle Initial) C. Jennifer Marino		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : PR46320068392
Mailing Address 157 Berkeley St		Amount of Each Receipt this Period 73.84
City Boston	State MA	Zip Code 02116-5108
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.08 Bi-Weekly)
Name of Employer Liberty Mutual	Occupation Mgr Marketing Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.52	

SUBTOTAL of Receipts This Page (optional).....▶	291.16
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Cheryl Kingsfield Neal
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Liberty Way
 City Dover State NH Zip Code 03820-4597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation President-Individual Life
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 424.02

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46320108392
 Amount of Each Receipt this Period 141.34
 P/R Deduction (\$72.60 Bi-Weekly)

B. Michael Edward Robon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 4th Ave Fls 8-18 27-31 & 41
 City Seattle State WA Zip Code 98154-1119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Product Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.10

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46320168392
 Amount of Each Receipt this Period 102.70
 P/R Deduction (\$54.04 Bi-Weekly)

C. John J McKenna
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Borthwick Ave
 City Portsmouth State NH Zip Code 03801-4152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Chief Info Security Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 309.24

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46320568392
 Amount of Each Receipt this Period 103.08
 P/R Deduction (\$53.08 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 347.12
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Randall E Kneeland

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation Controller-Comml Insurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **287.28**

Date of Receipt
 03 / 31 / 2014
Transaction ID : PR46320818392

Amount of Each Receipt this Period
95.76

P/R Deduction (\$49.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Edward E Hanlon

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation Gen Mgr, Commercial Svc Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **248.64**

Date of Receipt
 03 / 31 / 2014
Transaction ID : PR46320968392

Amount of Each Receipt this Period
82.88

P/R Deduction (\$42.68 Bi-Weekly)

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

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

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

Name of Employer Liberty Mutual Occupation President Commercial Insurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1335.18**

Date of Receipt
 03 / 31 / 2014
Transaction ID : PR46320998392

Amount of Each Receipt this Period
445.06

P/R Deduction (\$222.53 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **623.70**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 82
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. John P Salmon
Full Name (Last, First, Middle Initial)
Mailing Address 100 Liberty Way
City Dover State NH Zip Code 03820-4597
FEC ID number of contributing federal political committee. **C**
Name of Employer Liberty Mutual Occupation Assistant Treasurer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 211.86

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46321058392
Amount of Each Receipt this Period 70.62
P/R Deduction (\$37.69 Bi-Weekly)

B. John T Cooney
Full Name (Last, First, Middle Initial)
Mailing Address 230 Hanscom Dr
City Bedford State MA Zip Code 01730-2630
FEC ID number of contributing federal political committee. **C**
Name of Employer Liberty Mutual Occupation Director of Aviation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 288.48

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46321138392
Amount of Each Receipt this Period 96.16
P/R Deduction (\$49.52 Bi-Weekly)

C. Timothy Guilbert
Full Name (Last, First, Middle Initial)
Mailing Address 225 Borthwick Ave
City Portsmouth State NH Zip Code 03801-4152
FEC ID number of contributing federal political committee. **C**
Name of Employer Liberty Mutual Occupation Market CIO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 803.10

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46321168392
Amount of Each Receipt this Period 267.70
P/R Deduction (\$136.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	434.48
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Christopher C Conway
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 Berkeley St
 City Boston State MA Zip Code 02116-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46321178392
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

B. Mark J Moitoso
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 Berkeley St
 City Boston State MA Zip Code 02116-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Gen'l Mgr, Nat'l Casualty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.86

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46321308392
 Amount of Each Receipt this Period 139.62
 P/R Deduction (\$70.58 Bi-Weekly)

C. Michael J Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 Berkeley St
 City Boston State MA Zip Code 02116-5066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Sr Corp Counsel, HO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.80

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46321318392
 Amount of Each Receipt this Period 68.60
 P/R Deduction (\$35.21 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 285.14
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation President, LM PL Distribution

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1488.66

Date of Receipt
03 / 31 / 2014
Transaction ID : PR46321378392

Amount of Each Receipt this Period
496.22

P/R Deduction (\$287.66 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. David H Long

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

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

Name of Employer Liberty Mutual Occupation Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1923.12

Date of Receipt
03 / 31 / 2014
Transaction ID : PR46321408392

Amount of Each Receipt this Period
641.04

P/R Deduction (\$192.20 Bi-Weekly)

Full Name (Last, First, Middle Initial)
c. Jan M Dempsey

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation Manager, HR & Admin Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
328.86

Date of Receipt
03 / 31 / 2014
Transaction ID : PR46321628392

Amount of Each Receipt this Period
109.62

P/R Deduction (\$56.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1246.88
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James M MacPhee
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 Berkeley St
 City Boston State MA Zip Code 02116-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Chief Claims Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 487.35

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46321728392
 Amount of Each Receipt this Period 163.46
 P/R Deduction (\$81.73 Bi-Weekly)

B. Grahame K Wells
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 Berkeley St
 City Boston State MA Zip Code 02116-5066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Sr Corp Counsel, HO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.62

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46321868392
 Amount of Each Receipt this Period 69.54
 P/R Deduction (\$35.82 Bi-Weekly)

C. Lori L Doyle Place
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 Berkeley St
 City Boston State MA Zip Code 02116-5066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Assistant General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.90

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46321908392
 Amount of Each Receipt this Period 88.30
 P/R Deduction (\$44.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 321.30
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Laurance H Yahia
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 Berkeley St
 City Boston State MA Zip Code 02116-5066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 508.26

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46321948392
 Amount of Each Receipt this Period 169.42
 P/R Deduction (\$86.54 Bi-Weekly)

B. Hans A Hagen
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 Berkeley St
 City Boston State MA Zip Code 02116-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Mgr, PAL Field Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.38

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46322048392
 Amount of Each Receipt this Period 88.46
 P/R Deduction (\$46.54 Bi-Weekly)

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

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46322268392
 Amount of Each Receipt this Period 108.12
 P/R Deduction (\$54.06 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 366.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 82
<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. Ronald D Ulich
Full Name (Last, First, Middle Initial)

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation Manager-Private Equity

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **444.24**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR46322368392

Amount of Each Receipt this Period
148.08

P/R Deduction (\$75.00 Bi-Weekly)

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

Mailing Address 9450 Seward Rd

City Fairfield State OH Zip Code 45014-5412

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.24**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR46322738392

Amount of Each Receipt this Period
98.08

P/R Deduction (\$53.85 Bi-Weekly)

C. Gary M Bennett
Full Name (Last, First, Middle Initial)

Mailing Address 150 Motor Parkway Ste 210

City Hauppauge State NY Zip Code 11788-5180

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

Name of Employer Liberty Mutual Occupation Area Manager, PM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **203.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR46323218392

Amount of Each Receipt this Period
67.76

P/R Deduction (\$34.37 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	313.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Paul Mattera
Full Name (Last, First, Middle Initial)
Mailing Address 175 Berkeley St

City Boston	State MA	Zip Code 02116-5066
----------------	-------------	------------------------

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

Name of Employer Liberty Mutual	Occupation Chief Public Affairs Officer
------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **494.40**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : PR46323338392

Amount of Each Receipt this Period

164.80

P/R Deduction (\$83.56 Bi-Weekly)

B. Gary DeGruttola
Full Name (Last, First, Middle Initial)
Mailing Address 150 Liberty Way

City Dover	State NH	Zip Code 03820-9320
---------------	-------------	------------------------

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

Name of Employer Liberty Mutual	Occupation Market CIO
------------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **448.26**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : PR46323918392

Amount of Each Receipt this Period

149.42

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

C. Kevin J Carson
Full Name (Last, First, Middle Initial)
Mailing Address 150 Liberty Way

City Dover	State NH	Zip Code 03820-9320
---------------	-------------	------------------------

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

Name of Employer Liberty Mutual	Occupation Manager Systems & Ops
------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.38**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : PR46324108392

Amount of Each Receipt this Period

78.46

P/R Deduction (\$39.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	392.68
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 26 OF 82
(check only 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. David M Carey

Mailing Address 450 Plymouth Rd
Ste 400 Interchange Corp Center

City Plymouth Meeting State PA Zip Code 19462-1644

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

Name of Employer Liberty Mutual Occupation Manager, Field Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
236.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : PR46324168392

Amount of Each Receipt this Period
78.86

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

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

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation Product Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
343.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : PR46324728392

Amount of Each Receipt this Period
114.62

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

Full Name (Last, First, Middle Initial)
C. Jean M Scarrow

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation President, Group Benefits

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
430.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : PR46325068392

Amount of Each Receipt this Period
143.66

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 337.14

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR46325088392

Amount of Each Receipt this Period
78.46

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

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

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation Manager, WC Field Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **305.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR46325868392

Amount of Each Receipt this Period
101.92

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

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

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation President, National Insurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1225.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR46325958392

Amount of Each Receipt this Period
408.50

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

SUBTOTAL of Receipts This Page (optional)..... **588.88**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation Manager, Product Strategy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
410.64

Date of Receipt
03 / 31 / 2014
Transaction ID : PR46326058392

Amount of Each Receipt this Period
410.64

P/R Deduction (\$205.32 Bi-Weekly)

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

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
123.08

Date of Receipt
03 / 31 / 2014
Transaction ID : PR46326168392

Amount of Each Receipt this Period
123.08

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

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

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

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

Name of Employer Liberty Mutual Occupation Chief Compliance Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
148.88

Date of Receipt
03 / 31 / 2014
Transaction ID : PR46326538392

Amount of Each Receipt this Period
148.88

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 682.60

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Helen T Gillcrst			Date of Receipt
Mailing Address 175 Berkeley St			<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : PR46326978392
Boston	MA	02116-5066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="108.02"/>
Name of Employer	Occupation		P/R Deduction (\$54.35 Bi-Weekly)
Liberty Mutual	Mgr Enterprise Legal Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="324.06"/>		

Full Name (Last, First, Middle Initial) B. James F Kelleher			Date of Receipt
Mailing Address 175 Berkeley St			<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : PR46327778392
Boston	MA	02116-5066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="445.40"/>
Name of Employer	Occupation		P/R Deduction (\$222.70 Bi-Weekly)
Liberty Mutual	Chief Legal Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="1336.20"/>		

Full Name (Last, First, Middle Initial) C. Dennis J Langwell			Date of Receipt
Mailing Address 175 Berkeley St			<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : PR46328008392
Boston	MA	02116-5066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="468.24"/>
Name of Employer	Occupation		P/R Deduction (\$234.12 Bi-Weekly)
Liberty Mutual	Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="1404.72"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1021.66"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 82
<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. Margaret Dillon		Date of Receipt 03 / 31 / 2014 Transaction ID : PR46328078392
Mailing Address 157 Berkeley St		Amount of Each Receipt this Period 289.62
City Boston State MA Zip Code 02116-5108	FEC ID number of contributing federal political committee. C	P/R Deduction (\$148.65 Bi-Weekly)
Name of Employer Liberty Mutual Occupation CFO, Personal Insurance	Aggregate Year-to-Date 868.86	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Christopher Felton		Date of Receipt 03 / 31 / 2014 Transaction ID : PR46328448392
Mailing Address 157 Berkeley St		Amount of Each Receipt this Period 111.54
City Boston State MA Zip Code 02116-5108	FEC ID number of contributing federal political committee. C	P/R Deduction (\$60.58 Bi-Weekly)
Name of Employer Liberty Mutual Occupation Mgr, Inv Grd Fixed Inc Credit	Aggregate Year-to-Date 334.62	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sean B McSweeney		Date of Receipt 03 / 31 / 2014 Transaction ID : PR46328758392
Mailing Address 175 Berkeley St		Amount of Each Receipt this Period 139.42
City Boston State MA Zip Code 02116-5066	FEC ID number of contributing federal political committee. C	P/R Deduction (\$71.48 Bi-Weekly)
Name of Employer Liberty Mutual Occupation Deputy General Counsel	Aggregate Year-to-Date 418.26	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	540.58
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

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

Name of Employer Liberty Mutual Occupation Mgr, Compensation & Benefits

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR46328828392

Amount of Each Receipt this Period
75.24

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

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

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation Managing Dir, Priv Equity

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **226.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR46328838392

Amount of Each Receipt this Period
75.38

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

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

Mailing Address 9130 S Dadeland Blvd
Ste 1705 Two Datan Center

City Miami State FL Zip Code 33156-7818

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

Name of Employer Liberty Mutual Occupation COO, Latin America

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1217.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR46329008392

Amount of Each Receipt this Period
405.76

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

SUBTOTAL of Receipts This Page (optional)..... **556.38**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Mark A Pare		Date of Receipt 03 / 31 / 2014 Transaction ID : PR46329018392
Mailing Address 157 Berkeley St		Amount of Each Receipt this Period 76.30
City Boston State MA Zip Code 02116-5108	FEC ID number of contributing federal political committee. C	P/R Deduction (\$39.28 Bi-Weekly)
Name of Employer Liberty Mutual Occupation Managing Director	Aggregate Year-to-Date 228.90	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Herbert Mitchell		Date of Receipt 03 / 31 / 2014 Transaction ID : PR46329058392
Mailing Address 157 Berkeley St		Amount of Each Receipt this Period 76.92
City Boston State MA Zip Code 02116-5108	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.75 Bi-Weekly)
Name of Employer Liberty Mutual Occupation Mgr, CL Svc & Distribution Ops	Aggregate Year-to-Date 230.76	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ethan Tarby		Date of Receipt 03 / 31 / 2014 Transaction ID : PR46329708392
Mailing Address 157 Berkeley St		Amount of Each Receipt this Period 80.00
City Boston State MA Zip Code 02116-5108	FEC ID number of contributing federal political committee. C	P/R Deduction (\$41.54 Bi-Weekly)
Name of Employer Liberty Mutual Occupation Product Manager	Aggregate Year-to-Date 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	233.22
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 OF 82
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Robert D Blauvelt			Date of Receipt 03 / 31 / 2014 Transaction ID : PR46329758392
Mailing Address 157 Berkeley St			Amount of Each Receipt this Period 140.38
City Boston	State MA	Zip Code 02116-5108	P/R Deduction (\$71.15 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer Liberty Mutual	Occupation Mgr, Invest Grade Fixed Income	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 421.14		

Full Name (Last, First, Middle Initial) B. Karen L Whiteknact			Date of Receipt 03 / 31 / 2014 Transaction ID : PR46330088392
Mailing Address 222 Berkeley St			Amount of Each Receipt this Period 105.76
City Boston	State MA	Zip Code 02116-3748	P/R Deduction (\$56.73 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer Liberty Mutual	Occupation Manager, Real Estate & WPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 317.28		

Full Name (Last, First, Middle Initial) C. Timothy Sweeney			Date of Receipt 03 / 31 / 2014 Transaction ID : PR46330318392
Mailing Address 175 Berkeley St			Amount of Each Receipt this Period 476.92
City Boston	State MA	Zip Code 02116-5066	P/R Deduction (\$238.46 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer Liberty Mutual	Occupation President Personal Insurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.76		

SUBTOTAL of Receipts This Page (optional).....▶	723.06
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Thomas J Driscoll
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 Berkeley St
 City Boston State MA Zip Code 02116-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Gen Manager-Invol Mkt Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 251.52

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46330358392
 Amount of Each Receipt this Period 83.84
 P/R Deduction (\$34.31 Bi-Weekly)

B. Angela B Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 6Th and Chestnut Sts - 150 S I Ste 500
 City Philadelphia State PA Zip Code 19106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Reg Mgr-Enterprise Legal Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 369.24

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46330668392
 Amount of Each Receipt this Period 123.08
 P/R Deduction (\$62.30 Bi-Weekly)

C. Edward W Ford
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 Berkeley St
 City Boston State MA Zip Code 02116-5066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation SBU Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 218.10

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46330818392
 Amount of Each Receipt this Period 72.70
 P/R Deduction (\$21.81 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	279.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

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

Name of Employer Liberty Mutual Occupation President Global Specialty

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1357.98

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46331078392

Amount of Each Receipt this Period 452.66

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

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

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation Managing Dir, Private Equity

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.90

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46331148392

Amount of Each Receipt this Period 72.30

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

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

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

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

Name of Employer Liberty Mutual Occupation Chief HR & Admin Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1432.56

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46331858392

Amount of Each Receipt this Period 477.52

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

SUBTOTAL of Receipts This Page (optional).....▶ 1002.48

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

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

Name of Employer Liberty Mutual Occupation Director, Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **371.52**

Date of Receipt **03 / 31 / 2014**

Transaction ID : PR46331908392

Amount of Each Receipt this Period **123.84**

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

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

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation President, Disability AH&Life

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1147.74**

Date of Receipt **03 / 31 / 2014**

Transaction ID : PR46332168392

Amount of Each Receipt this Period **382.58**

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

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

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation SBU Chief Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **369.24**

Date of Receipt **03 / 31 / 2014**

Transaction ID : PR46332258392

Amount of Each Receipt this Period **123.08**

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

SUBTOTAL of Receipts This Page (optional)..... **629.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. A Alexander Fontanes
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 Berkeley St
 City Boston State MA Zip Code 02116-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation President, LM Investments
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 951.96

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46332428392
 Amount of Each Receipt this Period 317.32
 P/R Deduction (\$158.66 Bi-Weekly)

B. William M Lynch
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 Berkeley St
 City Boston State MA Zip Code 02116-5066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation State Public Affairs Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 226.14

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46332698392
 Amount of Each Receipt this Period 75.38
 P/R Deduction (\$39.67 Bi-Weekly)

C. Richard P Quinlan
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 Berkeley St
 City Boston State MA Zip Code 02116-5066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Deputy General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46332748392
 Amount of Each Receipt this Period 140.00
 P/R Deduction (\$71.58 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	532.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Deborah S McGonigle
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 Berkeley St
 City Boston State MA Zip Code 02116-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Chief Marketing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.40

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46333218392
 Amount of Each Receipt this Period 87.70
 P/R Deduction (\$46.15 Bi-Weekly)

B. Brian M OConnor
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 Berkeley St
 City Boston State MA Zip Code 02116-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Mgr, Claims Field Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 557.28

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46333748392
 Amount of Each Receipt this Period 185.76
 P/R Deduction (\$101.92 Bi-Weekly)

C. David E Eaglen
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Federal St Ste 310 One Northshore Center
 City Pittsburgh State PA Zip Code 15212-5700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Director, Broker Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.12

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46333898392
 Amount of Each Receipt this Period 99.04
 P/R Deduction (\$49.52 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 372.50
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Danya L Kazakavich
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 Berkeley St
 City Boston State MA Zip Code 02116-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Product Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.44

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46334068392
 Amount of Each Receipt this Period 82.48
 P/R Deduction (\$42.12 Bi-Weekly)

B. Debra B Shear
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 Berkeley St
 City Boston State MA Zip Code 02116-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Manager, Direct Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 233.64

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46334128392
 Amount of Each Receipt this Period 77.88
 P/R Deduction (\$19.47 Bi-Weekly)

C. Ronald H Robertson Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Berkeley St
 City Boston State MA Zip Code 02116-3748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Manager-Corp Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 401.52

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46335188392
 Amount of Each Receipt this Period 133.84
 P/R Deduction (\$69.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	294.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Deborah L Michel			Date of Receipt 03 / 31 / 2014 Transaction ID : PR46335758392
Mailing Address 27201 Bella Vista Pkwy			Amount of Each Receipt this Period 157.12
City Warrenville	State IL	Zip Code 60555-1619	P/R Deduction (\$78.56 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Gen'l Mgr, Nat'l Casualty		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 471.36	

Full Name (Last, First, Middle Initial) B. Neal R Zonfrelli			Date of Receipt 03 / 31 / 2014 Transaction ID : PR46335918392
Mailing Address 157 Berkeley St			Amount of Each Receipt this Period 74.92
City Boston	State MA	Zip Code 02116-5108	P/R Deduction (\$39.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Product Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 224.76	

Full Name (Last, First, Middle Initial) C. David M Digan			Date of Receipt 03 / 31 / 2014 Transaction ID : PR46336208392
Mailing Address 175 Berkeley St			Amount of Each Receipt this Period 102.96
City Boston	State MA	Zip Code 02116-5066	P/R Deduction (\$52.92 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Manager, HR & Admin Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 308.88	

SUBTOTAL of Receipts This Page (optional).....▶	335.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 62 Maple Ave

City Keene State NH Zip Code 03431-1625

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.98**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR46336728392

Amount of Each Receipt this Period
143.66

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

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

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

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

Name of Employer Liberty Mutual Occupation Chief Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR46336908392

Amount of Each Receipt this Period
80.00

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

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

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation Product Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **248.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR46337738392

Amount of Each Receipt this Period
82.76

P/R Deduction (\$45.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **306.42**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John M Watkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 Berkeley St
 City Boston State MA Zip Code 02116-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Manager Complex Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.62

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46338098392
 Amount of Each Receipt this Period 79.54
 P/R Deduction (\$40.77 Bi-Weekly)

B. James Warren Luce
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 Berkeley St
 City Boston State MA Zip Code 02116-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation CUO, Commercial Insurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.80

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46338118392
 Amount of Each Receipt this Period 73.60
 P/R Deduction (\$37.90 Bi-Weekly)

C. Michael Grove
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 Berkeley St
 City Boston State MA Zip Code 02116-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Senior Product Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.91

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46338288392
 Amount of Each Receipt this Period 70.76
 P/R Deduction (\$36.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 223.90
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **287.28**

Date of Receipt **03 / 31 / 2014**

Transaction ID : PR46338308392

Amount of Each Receipt this Period **95.76**

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

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

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation Product Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **226.38**

Date of Receipt **03 / 31 / 2014**

Transaction ID : PR46338958392

Amount of Each Receipt this Period **75.46**

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

C. Helen E O'Rourke
Full Name (Last, First, Middle Initial)

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

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

Name of Employer Liberty Mutual Occupation Asst Gen Counsel-SBU Legal Svc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **204.24**

Date of Receipt **03 / 31 / 2014**

Transaction ID : PR46339288392

Amount of Each Receipt this Period **68.08**

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

SUBTOTAL of Receipts This Page (optional)..... **239.30**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Patricia L. Pelletier
Full Name (Last, First, Middle Initial)

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

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

Name of Employer Liberty Mutual Occupation Sr Tax Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **265.86**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR46339358392

Amount of Each Receipt this Period
88.62

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

B. David C Deitz
Full Name (Last, First, Middle Initial)

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **218.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR46339448392

Amount of Each Receipt this Period
72.76

P/R Deduction (\$36.44 Bi-Weekly)

c. John D Doyle
Full Name (Last, First, Middle Initial)

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

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

Name of Employer Liberty Mutual Occupation SVP & Comptroller, Corp Fin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **669.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR46339578392

Amount of Each Receipt this Period
223.20

P/R Deduction (\$118.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **384.58**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bhasker Natarajan
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 Berkeley St
 City Boston State MA Zip Code 02116-5066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation COO, Large Emerging Markets
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **708.28**

Date of Receipt **03 / 31 / 2014**
Transaction ID : PR46340188392
 Amount of Each Receipt this Period **236.92**
 P/R Deduction (\$118.46 Bi-Weekly)

B. Christopher Capone
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 Berkeley St
 City Boston State MA Zip Code 02116-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Mgr, Partner Distribution
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **252.00**

Date of Receipt **03 / 31 / 2014**
Transaction ID : PR46340398392
 Amount of Each Receipt this Period **84.00**
 P/R Deduction (\$46.92 Bi-Weekly)

C. Kevin A Cormier
 Full Name (Last, First, Middle Initial)
 Mailing Address 62 Maple Ave
 City Keene State NH Zip Code 03431-1625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Senior Managing Actuary
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **203.22**

Date of Receipt **03 / 31 / 2014**
Transaction ID : PR46340498392
 Amount of Each Receipt this Period **67.74**
 P/R Deduction (\$34.89 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **388.66**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 82
<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. Luciano Suzuki
Full Name (Last, First, Middle Initial)
Mailing Address 175 Berkeley St
City Boston State MA Zip Code 02116-5066
FEC ID number of contributing federal political committee. **C**
Name of Employer Liberty Mutual Occupation COO, Asia Pacific
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 670.38

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46340558392
Amount of Each Receipt this Period 223.46
P/R Deduction (\$115.10 Bi-Weekly)

B. Robert Keith Dixon
Full Name (Last, First, Middle Initial)
Mailing Address 175 Berkeley St
City Boston State MA Zip Code 02116-5066
FEC ID number of contributing federal political committee. **C**
Name of Employer Liberty Mutual Occupation Assumed Reinsurance Und Mgr
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 294.90

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46340698392
Amount of Each Receipt this Period 98.30
P/R Deduction (\$50.00 Bi-Weekly)

C. Steven Paul Weiss
Full Name (Last, First, Middle Initial)
Mailing Address One Riverway Ste 400
City Houston State TX Zip Code 77056-1933
FEC ID number of contributing federal political committee. **C**
Name of Employer Liberty Mutual Occupation Sr Underwriting Exec I
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 214.14

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46341148392
Amount of Each Receipt this Period 71.38
P/R Deduction (\$39.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	393.14
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 2100 W Walnut Hill Lane
Ste 100

City Irving State TX Zip Code 75038-4400

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

Name of Employer Liberty Mutual Occupation Associate Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.28

Date of Receipt
03 / 31 / 2014
Transaction ID : PR46341348392

Amount of Each Receipt this Period
68.76

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

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

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
228.90

Date of Receipt
03 / 31 / 2014
Transaction ID : PR46341568392

Amount of Each Receipt this Period
76.30

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

Full Name (Last, First, Middle Initial)
C. Tyree Wayne Harris

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation Chief Product Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
343.86

Date of Receipt
03 / 31 / 2014
Transaction ID : PR46342288392

Amount of Each Receipt this Period
114.62

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

SUBTOTAL of Receipts This Page (optional).....▶	259.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Edmund C. Kenealy

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

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

Name of Employer Liberty Mutual Occupation Asst Gen Counsel-SBU Legal Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **361.56**

Date of Receipt **03 / 31 / 2014**

Transaction ID : PR46342368392

Amount of Each Receipt this Period **120.52**

P/R Deduction (\$62.18 Bi-Weekly)

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

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **432.72**

Date of Receipt **03 / 31 / 2014**

Transaction ID : PR46342448392

Amount of Each Receipt this Period **144.24**

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

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

Mailing Address 2400 Lakeside Blvd Ste 400

City Richardson State TX Zip Code 75082-4341

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **243.24**

Date of Receipt **03 / 31 / 2014**

Transaction ID : PR46342508392

Amount of Each Receipt this Period **81.08**

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

SUBTOTAL of Receipts This Page (optional).....▶	345.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Roxanne E. Martinez
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 Berkeley St
 City Boston State MA Zip Code 02116-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Manager, HR & Admin Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 369.24

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46343238392
 Amount of Each Receipt this Period 123.08
 P/R Deduction (\$65.38 Bi-Weekly)

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

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46343318392
 Amount of Each Receipt this Period 67.70
 P/R Deduction (\$34.54 Bi-Weekly)

C. Honore J Fallon
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Berkeley St
 City Boston State MA Zip Code 02116-3748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation GM, Compl & Emerg Risks Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 363.48

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46343358392
 Amount of Each Receipt this Period 121.16
 P/R Deduction (\$62.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	311.94
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mark W Cressey
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Borthwick Ave
 City Portsmouth State NH Zip Code 03801-4152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation General Manager Infrastructure
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 402.12

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46343398392
 Amount of Each Receipt this Period 134.04
 P/R Deduction (\$68.56 Bi-Weekly)

B. Francis John Hyatt
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 Berkeley St
 City Boston State MA Zip Code 02116-5066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Mgr, Talent Mgt & HR Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 432.12

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46343408392
 Amount of Each Receipt this Period 144.04
 P/R Deduction (\$75.38 Bi-Weekly)

C. Jonathon Jay Grayson
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 Berkeley St
 City Boston State MA Zip Code 02116-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46343438392
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$41.35 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	358.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Frank W Robinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 Berkeley St
 City Boston State MA Zip Code 02116-5066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation CFO, Global Specialty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 448.26

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46343458392
 Amount of Each Receipt this Period 149.42
 P/R Deduction (\$76.92 Bi-Weekly)

B. Matthew D Nickerson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 4th Ave Fls 8-18 27-31 & 41
 City Seattle State WA Zip Code 98154-1119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation President, Safeco Insurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.86

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46343488392
 Amount of Each Receipt this Period 73.62
 P/R Deduction (\$37.96 Bi-Weekly)

C. David P Blessing
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 Berkeley St
 City Boston State MA Zip Code 02116-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation CUO, Commercial Insurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 318.48

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46343618392
 Amount of Each Receipt this Period 106.16
 P/R Deduction (\$54.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	329.20
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 52 OF 82
(check only 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. Michele V McCormick

Mailing Address 175 Berkeley St

City State Zip Code
 Boston MA 02116-5066

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

Name of Employer Occupation
 Liberty Mutual Sr Corp Counsel, HO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 204.96

Date of Receipt
 03 / 31 / 2014
Transaction ID : PR46343738392

Amount of Each Receipt this Period
 68.32

P/R Deduction (\$34.39 Bi-Weekly)

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

Mailing Address 175 Berkeley St

City State Zip Code
 Boston MA 02116-5066

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

Name of Employer Occupation
 Liberty Mutual Corporate Actuary & Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1202.64

Date of Receipt
 03 / 31 / 2014
Transaction ID : PR46343898392

Amount of Each Receipt this Period
 400.88

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

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

Mailing Address 157 Berkeley St

City State Zip Code
 Boston MA 02116-5108

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

Name of Employer Occupation
 Liberty Mutual Chief Product Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 869.70

Date of Receipt
 03 / 31 / 2014
Transaction ID : PR46344288392

Amount of Each Receipt this Period
 289.90

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **759.10**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gary J Ostrow
Full Name (Last, First, Middle Initial)
Mailing Address 175 Berkeley St
City Boston State MA Zip Code 02116-5066
FEC ID number of contributing federal political committee. **C**
Name of Employer Liberty Mutual Occupation Director-Corporate Taxation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 478.26

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46344488392
Amount of Each Receipt this Period 159.42
P/R Deduction (\$82.12 Bi-Weekly)

B. James M Hinchley
Full Name (Last, First, Middle Initial)
Mailing Address 157 Berkeley St
City Boston State MA Zip Code 02116-5108
FEC ID number of contributing federal political committee. **C**
Name of Employer Liberty Mutual Occupation General Mgr, Regional Cos
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.60

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46344528392
Amount of Each Receipt this Period 160.20
P/R Deduction (\$82.21 Bi-Weekly)

C. Robert J Maloney
Full Name (Last, First, Middle Initial)
Mailing Address 157 Berkeley St
City Boston State MA Zip Code 02116-5108
FEC ID number of contributing federal political committee. **C**
Name of Employer Liberty Mutual Occupation Mgr Part Acq & Rel Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 314.52

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46345018392
Amount of Each Receipt this Period 104.84
P/R Deduction (\$53.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 424.46
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Thais S.E. Kirschner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1221 Brickell Ave
 Ste 820
 City Miami State FL Zip Code 33131-3260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Manager, Field Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 253.08

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46345078392
 Amount of Each Receipt this Period 84.62
 P/R Deduction (\$42.31 Bi-Weekly)

B. Edward J Gramer
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 Berkeley St
 City Boston State MA Zip Code 02116-5066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Mgr, Global Best Prac & Innov
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1572.06

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46345088392
 Amount of Each Receipt this Period 524.02
 P/R Deduction (\$269.76 Bi-Weekly)

C. William Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Route 73 S
 Ste 201 Marlton Executive Park
 City Marlton State NJ Zip Code 08053-4144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Mgr, Claims Practices-PAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46345218392
 Amount of Each Receipt this Period 68.00
 P/R Deduction (\$34.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 676.64
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Peter Sullivan
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 Berkeley St
 City Boston State MA Zip Code 02116-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Mgr, International Fxd Income
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 253.86

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46345708392
 Amount of Each Receipt this Period 84.62
 P/R Deduction (\$48.46 Bi-Weekly)

B. Karen Victoria Morton Grooms
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 Berkeley St
 City Boston State MA Zip Code 02116-5066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Deputy General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 281.52

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46345908392
 Amount of Each Receipt this Period 93.84
 P/R Deduction (\$51.54 Bi-Weekly)

C. Denis McCarthy
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Water St 23rd Flr
 City New York State NY Zip Code 10041-0024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Mutual Occupation Sr Underwriting Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.72

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46345978392
 Amount of Each Receipt this Period 70.24
 P/R Deduction (\$36.20 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	248.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 82
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Peter Kelly
Full Name (Last, First, Middle Initial)
Mailing Address 157 Berkeley St
City Boston State MA Zip Code 02116-5108
FEC ID number of contributing federal political committee. **C**
Name of Employer Liberty Mutual Occupation Marketing Manager, PM
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **234.24**

Date of Receipt **03 / 31 / 2014**
Transaction ID : PR46346418392
Amount of Each Receipt this Period **78.08**
P/R Deduction (\$40.00 Bi-Weekly)

B. Elena Raffensperger
Full Name (Last, First, Middle Initial)
Mailing Address 175 Berkeley St
City Boston State MA Zip Code 02116-5066
FEC ID number of contributing federal political committee. **C**
Name of Employer Liberty Mutual Occupation Sr Tax Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **222.48**

Date of Receipt **03 / 31 / 2014**
Transaction ID : PR46346648392
Amount of Each Receipt this Period **74.16**
P/R Deduction (\$40.77 Bi-Weekly)

C. Carlos Ricci
Full Name (Last, First, Middle Initial)
Mailing Address 9130 S Dadeland Blvd Ste 1705 Two Datan Center
City Miami State FL Zip Code 33156-7818
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 **221.52**

Date of Receipt **03 / 31 / 2014**
Transaction ID : PR46346658392
Amount of Each Receipt this Period **73.84**
P/R Deduction (\$38.77 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **226.08**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John Sheldon Peters
Full Name (Last, First, Middle Initial)
Mailing Address 157 Berkeley St
City Boston State MA Zip Code 02116-5108
FEC ID number of contributing federal political committee. **C**
Name of Employer Liberty Mutual Occupation Gen'l Mgr, Comm'l Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 511.74

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46570628392
Amount of Each Receipt this Period 170.58
P/R Deduction (\$85.29 Bi-Weekly)

B. Glenn T Shapiro
Full Name (Last, First, Middle Initial)
Mailing Address 157 Berkeley St
City Boston State MA Zip Code 02116-5108
FEC ID number of contributing federal political committee. **C**
Name of Employer Liberty Mutual Occupation Chief Claims Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.04

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46603988392
Amount of Each Receipt this Period 166.68
P/R Deduction (\$92.98 Bi-Weekly)

C. Benedikt R Sander
Full Name (Last, First, Middle Initial)
Mailing Address 157 Berkeley St
City Boston State MA Zip Code 02116-5108
FEC ID number of contributing federal political committee. **C**
Name of Employer Liberty Mutual Occupation Product Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 256.74

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46616428392
Amount of Each Receipt this Period 85.58
P/R Deduction (\$44.42 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	422.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Marc B Orloff
Full Name (Last, First, Middle Initial)

Mailing Address 157 Berkeley St

City Boston State MA Zip Code 02116-5108

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

Name of Employer Liberty Mutual Occupation Division General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **274.62**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR46637858392

Amount of Each Receipt this Period
91.54

P/R Deduction (\$47.02 Bi-Weekly)

B. Roderick A Williams
Full Name (Last, First, Middle Initial)

Mailing Address 1001 4th Ave
Fls 8-18 27-31 & 41

City Seattle State WA Zip Code 98154-1119

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

Name of Employer Liberty Mutual Occupation Chief Underwriting Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **217.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR46673968392

Amount of Each Receipt this Period
72.46

P/R Deduction (\$36.76 Bi-Weekly)

C. Timothy R. Kania
Full Name (Last, First, Middle Initial)

Mailing Address 55 Water St
23rd Flr

City New York State NY Zip Code 10041-0024

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

Name of Employer Liberty Mutual Occupation Sr Underwriting Exec II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **451.62**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : PR46691528392

Amount of Each Receipt this Period
150.54

P/R Deduction (\$77.90 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	314.54
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 600 Summer St
Ste 601

City State Zip Code
Stamford CT 06901-4404

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

Name of Employer Occupation
Liberty Mutual General Mgr, LM Reinsurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
03 / 31 / 2014

Transaction ID : PR46713828392

Amount of Each Receipt this Period
125.00

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

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

Mailing Address One S Wacker Dr
Ste 2200

City State Zip Code
Chicago IL 60606-4689

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

Name of Employer Occupation
Liberty Mutual Sr Underwriting Exec II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.24

Date of Receipt
03 / 31 / 2014

Transaction ID : PR46717028392

Amount of Each Receipt this Period
98.08

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

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

Mailing Address 135 Commerce Way

City State Zip Code
Portsmouth NH 03801-3243

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

Name of Employer Occupation
Liberty Mutual Senior Architect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
03 / 31 / 2014

Transaction ID : PR46729168392

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)..... **423.08**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Paul Ivanovskis
Full Name (Last, First, Middle Initial)
Mailing Address 157 Berkeley St
City Boston State MA Zip Code 02116-5108
FEC ID number of contributing federal political committee. **C**
Name of Employer Liberty Mutual Occupation SBU Chief Actuary
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 328.86

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46735418392
Amount of Each Receipt this Period 109.62
P/R Deduction (\$56.73 Bi-Weekly)

B. Mark J. Kirby
Full Name (Last, First, Middle Initial)
Mailing Address 225 Borthwick Ave
City Portsmouth State NH Zip Code 03801-4152
FEC ID number of contributing federal political committee. **C**
Name of Employer Liberty Mutual Occupation Chief Technology Officer, IT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 402.12

Date of Receipt 03 / 31 / 2014
Transaction ID : PR46793218392
Amount of Each Receipt this Period 134.04
P/R Deduction (\$68.56 Bi-Weekly)

C. Anurag Bairathi
Full Name (Last, First, Middle Initial)
Mailing Address 157 Berkeley St
City Boston State MA Zip Code 02116-5108
FEC ID number of contributing federal political committee. **C**
Name of Employer Liberty Mutual Occupation Mgr, Claims Planning & Strat
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 236.52

Date of Receipt 03 / 31 / 2014
Transaction ID : PR50823848392
Amount of Each Receipt this Period 78.84
P/R Deduction (\$39.84 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 322.50
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 61 OF 82
(check only 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. Steven (Colin) Colin Dowling

Mailing Address 901 15th St NW
Ste 250

City Washington State DC Zip Code 20005-2333

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

Name of Employer Liberty Mutual Occupation Federal Public Affairs Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
432.72

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : PR58331278392

Amount of Each Receipt this Period
144.24

P/R Deduction (\$73.56 Bi-Weekly)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	144.24
TOTAL This Period (last page this line number only).....▶	23290.37

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. The Bill Keating Committee

Mailing Address PO Box 3065

City Buzzards Bay State MA Zip Code 02532

Purpose of Disbursement

Category/
Type

Candidate Name
William Keating

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MA District: 10

Date of Disbursement

/ /

Transaction ID : 5878591

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. The Markey Committee

Mailing Address PO Box 526

City Medford State MA Zip Code 02155

Purpose of Disbursement

Category/
Type

Candidate Name
Edward Markey

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MA District: 07

Date of Disbursement

/ /

Transaction ID : 5883885

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Friends Of Mark Warner

Mailing Address 201 North Union Street Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Category/
Type

Candidate Name
Sen. Mark Warner

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: VA District:

Date of Disbursement

/ /

Transaction ID : 5883886

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wyden for Senate

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement

011

Candidate Name
Ron Wyden

Category/
Type

Office Sought: House
 Senate
 President
State: OR District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	4

Transaction ID : 5883889

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Gillibrand for Senate

Mailing Address 236 Massachusetts Ave NE
Suite 110

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name
Kirsten Gillibrand

Category/
Type

Office Sought: House
 Senate
 President
State: NY District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	4

Transaction ID : 5883890

Amount of Each Disbursement this Period

2	6	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Bennet for Colorado

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement

011

Candidate Name
Michael Bennet

Category/
Type

Office Sought: House
 Senate
 President
State: CO District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	4

Transaction ID : 5883938

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

8	6	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. Friends of Pat Toomey

Mailing Address 2720 Jordan Road

City Orefield State PA Zip Code 18069

Purpose of Disbursement

011

Category/
Type

Candidate Name

Patrick Toomey

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2014

Transaction ID : 5883940

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Heller For Congress

Mailing Address PO Box 531086

City Henderson State NV Zip Code 89053

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Dean Heller

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NV District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2014

Transaction ID : 5883941

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Dan Coats for Indiana

Mailing Address PO Box 301141

City Indianapolis State IN Zip Code 46230

Purpose of Disbursement

011

Category/
Type

Candidate Name

Daniel Coats

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2014

Transaction ID : 5883942

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. Friends of Kelly Ayotte

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kelly Ayotte

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2014

Transaction ID : 5883944

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Levin For Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Sander Levin

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 09

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2014

Transaction ID : 5883948

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Friends of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement

011

Category/
Type

Candidate Name

Charles Schumer

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2014

Transaction ID : 5883951

Amount of Each Disbursement this Period

2000.00

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

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. Blue Dog Political Action Committee

Mailing Address 6849 Old Dominion Drive
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement

011

Candidate Name

Blue Dog Political Action Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2014

Transaction ID : 5883956

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Randy Hultgren For Congress

Mailing Address PO Box 717

City St Charles State IL Zip Code 60174

Purpose of Disbursement

011

Candidate Name

Rep. Randy Hultgren

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2014

Transaction ID : 5883958

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Stutzman For Congress

Mailing Address PO Box 129

City Howe State IN Zip Code 46746

Purpose of Disbursement

011

Candidate Name

Rep. Marlin Stutzman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 03

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2014

Transaction ID : 5883967

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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

A. Mulvaney For Congress

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1975

City Lancaster State SC Zip Code 29721

Purpose of Disbursement Category/Type

Candidate Name
Rep. Mick Mulvaney

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼

State: SC District: 05

Date of Disbursement: MM / DD / YYYY
03 / 13 / 2014

Transaction ID : 5883968

Amount of Each Disbursement this Period

B. Huizenga for Congress

Full Name (Last, First, Middle Initial)
Mailing Address 441 Williams Court

City Zeeland State MI Zip Code 49464

Purpose of Disbursement Category/Type

Candidate Name
William Huizenga

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼

State: MI District: 02

Date of Disbursement: MM / DD / YYYY
03 / 13 / 2014

Transaction ID : 5883994

Amount of Each Disbursement this Period

C. Ann Wagner For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement Category/Type

Candidate Name
Rep. Ann Wagner

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼

State: MO District: 02

Date of Disbursement: MM / DD / YYYY
03 / 13 / 2014

Transaction ID : 5883997

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. Friends of Dennis Ross

Mailing Address PO Box 7310

City State Zip Code
Lakeland FL 33807

Purpose of Disbursement

011

Category/
Type

Candidate Name

Dennis Ross

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2014

Transaction ID : 5884015

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Dennis Ross

Mailing Address PO Box 7310

City State Zip Code
Lakeland FL 33807

Purpose of Disbursement

011

Category/
Type

Candidate Name

Dennis Ross

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2014

Transaction ID : 5884016

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Friends of Dan Maffei

Mailing Address PO Box 230

City State Zip Code
Syracuse NY 13201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Daniel Maffei

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2014

Transaction ID : 5884017

Amount of Each Disbursement this Period

1000.00

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

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Tom Reed For Congress

Mailing Address PO Box 450

City Victor State NY Zip Code 14564

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Tom Reed

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	4

Transaction ID : 5884023

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Blaine for Congress 2014

Mailing Address PO Box 125

City Holts Summit State MO Zip Code 65043

Purpose of Disbursement

011

Category/
Type

Candidate Name

W. Blaine Luetkemeyer

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	4

Transaction ID : 5884024

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Louise Slaughter Re-Election Committee

Mailing Address PO Box 730

City Honeoye State NY Zip Code 14471

Purpose of Disbursement

011

Category/
Type

Candidate Name

Louise Slaughter

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 28

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	4

Transaction ID : 5884030

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

4	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. Pete Sessions for Congress

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement

011

Candidate Name

Peter Sessions

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2014

Transaction ID : 5884097

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. John Carney For Congress

Mailing Address PO Box 2162

City Wilmington State DE Zip Code 19899

Purpose of Disbursement

011

Candidate Name

Rep. John Carney Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2014

Transaction ID : 5884160

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ron Desantis For Congress

Mailing Address PO Box 405

City Pointe Vedra State FL Zip Code 32004

Purpose of Disbursement

011

Candidate Name

Rep. Ron DeSantis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 06

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2014

Transaction ID : 5884161

Amount of Each Disbursement this Period

1500.00

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

6500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 71 OF 82							
<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. Capuano for Congress Committee

Mailing Address PO Box 440305

City Somerville State MA Zip Code 02144

Purpose of Disbursement

Candidate Name
Michael Capuano

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) ▼
 State: MA District: 08

Date of Disbursement
 / /

Transaction ID : 5884163

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)
B. Royce Campaign Committee

Mailing Address PO Box 2525

City Orange State CA Zip Code 92859

Purpose of Disbursement

Candidate Name
Edward Royce

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) ▼
 State: CA District: 40

Date of Disbursement
 / /

Transaction ID : 5884164

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)
C. Friends of Frank Guinta

Mailing Address PO Box 877

City Manchester State NH Zip Code 03105

Purpose of Disbursement

Candidate Name
Frank Guinta

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) ▼
 State: NH District: 01

Date of Disbursement
 / /

Transaction ID : 5884337

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="6500.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

Full Name (Last, First, Middle Initial)

A. Kuster For Congress, Inc.

Mailing Address P.O. Box 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement

011

Candidate Name

Rep. Ann Kuster

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2014

Transaction ID : 5884338

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement

011

Candidate Name

Rep. Devin Nunes

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2014

Transaction ID : 5884339

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Price for Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

011

Candidate Name

Thomas Price

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2014

Transaction ID : 5884340

Amount of Each Disbursement this Period

2500.00

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)

<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. Richard E Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement

011

Candidate Name

Richard Neal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2014

Transaction ID : 5884341

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

011

Candidate Name

Rep. Mike Thompson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2014

Transaction ID : 5884342

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. McHenry for Congress

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28603

Purpose of Disbursement

011

Candidate Name

Patrick McHenry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2014

Transaction ID : 5884345

Amount of Each Disbursement this Period

2000.00

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Pittenger For Congress Llc

Mailing Address PO Box 11207

City Charlotte State NC Zip Code 28220

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Robert Pittenger

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 09

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2014

Transaction ID : 5884346

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stivers for Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

011

Category/
Type

Candidate Name

Steve Stivers

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2014

Transaction ID : 5884347

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Horsford For Congress

Mailing Address 6100 Elton Ave, Suite 1000

City Las Vegas State NV Zip Code 89107

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Steven Horsford

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2014

Transaction ID : 5895963

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bill Shuster For Congress

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. William Shuster

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 09

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2014

Transaction ID : 5895964

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Schock For Congress

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Aaron Schock

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2014

Transaction ID : 5895965

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Stabenow For Us Senate

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Debbie Stabenow

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2014

Transaction ID : 5895966

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Sherrod Brown

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Sherrod Brown

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : 5895967

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. People For Pearce

Mailing Address PO Box 2696

City Hobbs State NM Zip Code 88241

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Steve Pearce

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NM District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : 5895970

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

5000.00

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

92100.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. House Republican Campaign Committee, Inc.

Mailing Address PO Box 1313

City Jefferson City State MO Zip Code 65102

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 5883957

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Rupp for Missouri

Mailing Address 3107 Bear View Ct

City Wentzville State MO Zip Code 63385

Purpose of Disbursement
Scott Rupp, STATE SENATE 2nd MO

Candidate Name

Scott Rupp

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 5884393

Amount of Each Disbursement this Period

Scott Rupp, STATE SENATE 2nd MO

Full Name (Last, First, Middle Initial)

C. Bonilla for Assembly 2014

Mailing Address Mckinley Pillows 921 11th Street S

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Susan Bonilla, STATE HOUSE 14th CA

Candidate Name

CA Asm. Susan Bonilla

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 5884398

Amount of Each Disbursement this Period

Susan Bonilla, STATE HOUSE 14th CA

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Holly Mitchell for Assemble 2014

Mailing Address McKinley & Pillows 921 11th Street

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Holly Mitchell, STATE HOUSE 54th CA

011

Candidate Name

CA Asm. Holly Mitchell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2014

Transaction ID : 5884399

Amount of Each Disbursement this Period

750.00

Holly Mitchell, STATE HOUSE 54th CA

Full Name (Last, First, Middle Initial)

B. Committee to Elect Jeff Collins

Mailing Address PO Box 8078

City Rocky Mount State NC Zip Code 27804

Purpose of Disbursement
Jeff Collins, STATE HOUSE 25th NC

011

Candidate Name

NC Rep. Jeff Collins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2014

Transaction ID : 5895905

Amount of Each Disbursement this Period

500.00

Jeff Collins, STATE HOUSE 25th NC

Full Name (Last, First, Middle Initial)

C. Justin Burr for NC House

Mailing Address P.O. Box 1966

City Albemarle State NC Zip Code 28002

Purpose of Disbursement
Justin Burr, STATE HOUSE 67th NC

011

Candidate Name

NC Rep. Justin Burr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2014

Transaction ID : 5895906

Amount of Each Disbursement this Period

500.00

Justin Burr, STATE HOUSE 67th NC

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

1750.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Committee to Elect Garland Pierce

Mailing Address 21981 BUIE STREET

City WAGRAM State NC Zip Code 28396

Purpose of Disbursement
Garland Pierce, STATE HOUSE 48th NC

011

Candidate Name

Garland Pierce

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	4

Transaction ID : 5895918

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Garland Pierce, STATE HOUSE 48th NC

Full Name (Last, First, Middle Initial)

B. Citizens for Dan Blue

Mailing Address P.O. Box 287

City Raleigh State NC Zip Code 27602

Purpose of Disbursement
Dan Blue, STATE SENATE 14th NC

011

Candidate Name

NC Sen. Dan Blue

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	4

Transaction ID : 5895923

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Dan Blue, STATE SENATE 14th NC

Full Name (Last, First, Middle Initial)

C. Ralph Hise for N.C. Senate

Mailing Address P.O. Box 86

City Spruce Pine State NC Zip Code 28777

Purpose of Disbursement
Ralph Hise, STATE SENATE 47th NC

011

Candidate Name

NC Sen. Ralph Hise Jr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	4

Transaction ID : 5895925

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Ralph Hise, STATE SENATE 47th NC

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Robert Rucho Committee

Mailing Address 305 Trafalgar Place

City State Zip Code
Matthews NC 28105

Purpose of Disbursement
Robert Rucho, STATE SENATE 39th NC

011

Candidate Name

Robert Rucho

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : 5895927

Amount of Each Disbursement this Period

500.00

Robert Rucho, STATE SENATE 39th NC

Full Name (Last, First, Middle Initial)

B. Wesley Meredith for Senate

Mailing Address PO Box 26210

City State Zip Code
Fayetteville NC 28314

Purpose of Disbursement
Wesley Meredith, STATE SENATE NC

011

Candidate Name

Wesley Meredith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : 5895930

Amount of Each Disbursement this Period

500.00

Wesley Meredith, STATE SENATE NC

Full Name (Last, First, Middle Initial)

C. The Goodwin Committee

Mailing Address P.O. Box 27841

City State Zip Code
Raleigh NC 27611

Purpose of Disbursement
Wayne Goodwin, COMM. OF INSURANCE NC

011

Candidate Name

Wayne Goodwin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : 5895933

Amount of Each Disbursement this Period

500.00

Wayne Goodwin, COMM. OF INSURANCE NC

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Missouri Senate Campaign Committee

Mailing Address PO Box 754

City Jefferson City State MO Zip Code 65102

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : 5895938

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Citizens for Timothy W. Jones

Mailing Address PO Box 434

City Eureka State MO Zip Code 63025

Purpose of Disbursement
Timothy Jones, STATE HOUSE 89th MO

Candidate Name

Timothy Jones

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : 5895948

Amount of Each Disbursement this Period

2000.00

Timothy Jones, STATE HOUSE 89th MO

Full Name (Last, First, Middle Initial)

C. Campaign to Elect Mike Hager

Mailing Address 342 Walking Horse Trail

City Rutherfordton State NC Zip Code 28139

Purpose of Disbursement
Mike Hager, STATE HOUSE 112th NC

Candidate Name

NC Rep. Mike Hager

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : 5895952

Amount of Each Disbursement this Period

500.00

Mike Hager, STATE HOUSE 112th NC

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Toni Atkins for State Assembly

Mailing Address c/o Nancy Haley 330 Encinitas Blvd

City Encinitas State CA Zip Code 92024

Purpose of Disbursement
Toni Atkins, STATE HOUSE 78th CA

011

Category/
Type

Candidate Name

CA Asm. Toni Atkins

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2014

Transaction ID : 5895959

Amount of Each Disbursement this Period

1000.00

Toni Atkins, STATE HOUSE 78th CA

Full Name (Last, First, Middle Initial)

B. Ralston for Representative Committee

Mailing Address P. O. Box 1196

City Blue Ridge State GA Zip Code 30513

Purpose of Disbursement
David Ralston, STATE HOUSE 7th GA

011

Category/
Type

Candidate Name

GA Rep. David Ralston

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2014

Transaction ID : 5895961

Amount of Each Disbursement this Period

1000.00

David Ralston, STATE HOUSE 7th GA

Full Name (Last, First, Middle Initial)

C. Bishop for House

Mailing Address 2216 Whilden Court

City Charlotte State NC Zip Code 28211

Purpose of Disbursement
Daniel Bishop, STATE HOUSE NC

011

Category/
Type

Candidate Name

Daniel Bishop

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2014

Transaction ID : 5895968

Amount of Each Disbursement this Period

500.00

Daniel Bishop, STATE HOUSE NC

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

2500.00

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

16500.00