

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

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

FOR LINE NUMBER: PAGE 6 OF 119

(check only 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kelleher, James, F, ,

Mailing Address 175 Berkeley St

City
BostonState
MAZip Code
02116-5066FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Liberty MutualOccupation (for Individual)
Chief Legal Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2019

Transaction ID : PR1018421229536

Amount of Each Receipt this Period

461.54

☐ Memo Item

P/R Deduction (\$461.54 Bi-Weekly) Partially refunded,
see line 28a

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Blauvelt, Robert, D, ,

Mailing Address 157 Berkeley St

City
BostonState
MAZip Code
02116-5108FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Liberty MutualOccupation (for Individual)
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2019

Transaction ID : PR1018421629536

Amount of Each Receipt this Period

441.28

☐ Memo Item

P/R Deduction (\$441.28 Bi-Weekly) Partially refunded,
see line 28a

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ryan, Tracy, A, ,

Mailing Address 157 Berkeley St

City
BostonState
MAZip Code
02116-5108FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Liberty MutualOccupation (for Individual)
Chief Claims Officer, GRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5490.73

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2019

Transaction ID : PR1020318429536

Amount of Each Receipt this Period

503.99

☐ Memo Item

P/R Deduction (\$509.99 Bi-Weekly) Partially Refunded
7/2019

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

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

1406.81