2021 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

JAN 28 2022

PLEASE PRINT

Name of Labbyiet(s) Donald Baldini

I. Name of Lobb	oyist(s) Donald Baldin	ni	-10	NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobb	yist's partnership, firm or c	orporation, if any:		CENTRAL OF STATE
Liberty Mu	ıtual Insurance			
	(Name of partnership, firm or co	_		
175	Berkeley Street	Boston	MA	02116
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
617 574-!	5867		e-mail donald.bald	fini@libertymutual.com
(Telepho	one)	(Fax)		
reportable expe	ent covers: (Choose one – filense transactions which are n	ot attributable to any	one client).	
	e transactions occurring in the	months prior to the rep	orting date relative to the	he following client:
Liberty IVIC	(Full Name of Client as it		Designation Francis	
All reportable inrelated to any p	transactions by the lobbyist (particular client.	including the lobbyist's	family), or the lobbyin	g firm listed below which are
V. Date of Reports cover:	October 27, 2021 activity from date of registration October 27, 2021 activity from 7/1/21 to 9/30		July 28, 2021 vity from 4/1/21 to 6/30/2 January 26, 2022 vity from 10/1/21 to 12/3	
f this box is chec	been no fees received and ked, complete just this form a m 204, Concord, NH 03301.			
I. Check if add	litional reports are attached			
If you have r	eceived fees or made expendi	tures, you must file Ad	dendum A-Fees and E	xpenses
xpense Reimbur				•
If you, your i	firm, or your family has made	political contributions,	you must file Addendi	um C-Political Contributions
have read RSA	t/Affirmation by Lobbyist 15, RSA 15-B, RSA 14-C and the best of my knowledge and		wear or affirm that the	foregoing information is true
Noused	7. Malchin		1-25-2	022
Signature of lob	byist)		$\frac{1-25-2}{\text{(Da)}}$	te)
Donald Ba	ıldini			
Print Name of lo	obbvist)			

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
Liberty Mutual Insurance	
(Name of partnership, firm or corporation) III. Name of Client Liberty Mutual Insurance	Date 1/24/2022
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greduced by any expenses:	nt relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 0
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar	b) \$ 0
c) Total of all fees received to date	0
(Add lines a and b)	c) \$ 0
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office of individual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of 1 being lobbied, purchase of a ceremonial object given to a person being lobb (c) an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with vaceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorarium contributions will be reported on separate addendums and should not be reported.	a client and if expenditures are made may be filed for the lobbyist(s)/fir he aggregate total of all expenses pa expenses; (b) the aggregate total of ple: meals purchased during a busine ess than \$10 that is given to the pers ied with a value of \$25.00 or less); a corting period of greater than \$25.00 to lue of greater than \$25, purchase of ter than \$25, but not greater than \$25, expense reimbursement, or politic
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 10,000
 b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. 	_{b)} \$ 0

d) Total expenses for this reporting period	d) \$ 10,000
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ 30,000
t) Total of all expenses year to date	f) \$_ \div 0,000
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from learning period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
N/A	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyis:	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
Danold 7-Modelive	1-25-2022
(Signature of lobbyist)	(Date)
Donald Baldini	
(Print Name of lobbyist)	



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

(Name of	partnership, firm or corporation	on)	
III. Name of Client			Date
Political Contributions		ole pursuant to RSA Chapter	664 naid on hehalf of the
client/lobbyist and lobby			1 004 paid on benan of the
onend loody ist and lood;	, mg min, maicate inc	, iono wang.	
Full name of candidate:	D'Allesandro, l	LOU	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	250	_ Office Candidate is Seeking	State Senate-20
amount of conditionation of		_ Office Cumulation is Seeking	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	(Last Name)	(First Name) Office Candidate is Seeking	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ The contribution is an in- actual cost of the in-kind c	(Last Name) -kind contribution. prove	(First Name) Office Candidate is Seeking the description of the goods of above for amount of contributions.	(Middle Name/Initial) ng or services provided, and enter th
Full name of candidate: Amount of contribution \$ The contribution is an in- actual cost of the in-kind c	(Last Name) -kind contribution. prove	(First Name) Office Candidate is Seeking the description of the goods of above for amount of contributions.	(Middle Name/Initial) ng or services provided, and enter th
Full name of candidate: Amount of contribution \$ If the contribution is an in- actual cost of the in-kind c	(Last Name) -kind contribution. prove	(First Name) Office Candidate is Seeking the description of the goods of above for amount of contributions.	
Full name of candidate: Amount of contribution \$ If the contribution is an in-	(Last Name) -kind contribution. prove	(First Name) Office Candidate is Seeking the description of the goods of above for amount of contributions.	(Middle Name/Initial) ng or services provided, and enter th

enter an estimated value and the word "estimate."	unt of contribution. If the actual cost is not known.
If more than three contributions were made, report additional contribut	tions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyis	
I have read RSA 15, RSA 15-B and RSA 664 and hereby s	
is true and complete to the best of my knowledge and belie	CI.
Donal 7 Maldins	
Donal 7 Maldins	$\frac{1 - 25 - 2022}{\text{(Date)}}$
is true and complete to the best of my knowledge and believed to the best of th	