SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Daniel C. Bryant 1160 High Hawk Rd. East Greenwich, RI 02818 USA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Keyport Life Insurance Company Occupation: Aggregate Year-to-Date: $ 250.00	1/26/2000	$250.00
James McKittrick 2439 SW Vacuna Street, 452-1170 Portland, OR 97219 USA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Liberty Northwest Insurance Corporation Occupation: Aggregate Year-to-Date: $ 250.00	1/26/2000	$250.00
Robert O'Halloran 922 Success Avenue Lakeland, FL 33803 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Summit Holdings Southeast, Inc. Occupation: Aggregate Year-to-Date: $ 250.00	1/17/2000	$250.00
Robert Spadafora 160 Cedar Street Braintree, MA 02184 USA Receipt For: ☐ Primary ☐ General ☐ Other (specify).	Name of Employer: Independent Fin. Marketing Group Occupation: Aggregate Year-to-Date: $ 250.00	1/26/2000	$250.00
Edward Zimmerman 160 Oak Ridge Avenue Summit, NJ 07901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Stein Roe Occupation: Aggregate Year-to-Date: $ 250.00	1/26/2000	$250.00

SUBTOTAL of Receipts This Page (optional)	$ 1,250.00
TOTAL This Period (last page this line number only)	$ 1,250.00