



RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

A. BROCK EDMUNDS
PUBLIC AFFAIRS PARALEGAL

MAY 19 10 21 AM '98

175 Berkeley Street
Boston, MA 02117
Telephone: (617) 357-9500, Ext. 43232
Fax: (617) 350-8864

May 15, 1998

UPS 2nd Business Day

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

Re: Liberty Mutual Insurance Company Political Action Committee
Report Covering Period of 4/1/98 - 4/30/98 (I.D. No. C 00171843)

Dear Sir or Madam:

Enclosed please find the above-referenced report of the Liberty Mutual Insurance Company Political Action Committee.

If you have any questions, or require additional information, please contact me.
Thank you.

Sincerely,

A. Brock Edmunds

Enclosure

bcc: Michelle Brien (w/ enc.)

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAY 19 10 21 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Liberty Mutual Insurance Company - PAC	2. FEC IDENTIFICATION NUMBER C00171843
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 175 Berkeley Street	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Boston, MA 02117	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input checked="" type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

- Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>4/1/98</u> through <u>4/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		
(b) Cash on Hand at Beginning of Reporting Period	\$ 127,606.24	
(c) Total Receipts (from Line 19)	\$ 11,690.18	\$ 52,066.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 139,296.42	\$ 183,865.63
7. Total Disbursements (from Line 30)	\$ 17,500.00	\$ 62,069.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 121,796.42	\$ 121,796.42
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-421-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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

Elliot J. Williams

Signature of Treasurer

Date

5-13-98

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

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

PAGE OF COMMITTEE Liberty Mutual Insurance Company - PAC	REPORT COVERING PERIOD	
	FROM 4/1/98	TO 4/30/98
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	\$ 2,794.00	\$ 5,908.00
ii. Unitemized	8,808.50	45,359.75
iii. Total (add i and ii) >	11,602.50	51,267.75
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >	11,602.50	51,267.75
12. Transfers from Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	87.68	798.38
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	11,690.18	52,066.13
20. Total Federal Receipts (subtract line 18 from line 19) >	11,690.18	52,066.13
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	17,500.00	51,769.21
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >	0	10,300.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	17,500.00	61,069.21
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	17,500.00	62,069.21
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	11,602.50	51,267.75
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	11,602.50	51,267.75
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15)		

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
FOR LINE NUMBER 11 (a) (1)

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

NAME OF COMMITTEE (in Full)

Liberty Mutual Insurance Company - PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Brautigam 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	64.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): FL - PAC	Occupation: Sr. Vice President	Aggregate Year-to-Date > \$288.00	
John Collins 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CA - PAC	Occupation: Vice President & Mgr.	Aggregate Year-to-Date > \$ 270.00	
J. Paul Condrin 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. V.P. & CFO	Aggregate Year-to-Date > \$ 270.00	
Terry Conner 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Vice President	Aggregate Year-to-Date > \$ 270.00	
John Connors 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive V.P.	Aggregate Year-to-Date > \$ 360.00	
James Dupont 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Vice President	Aggregate Year-to-Date > \$ 270.00	
Antonio Ferronato 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Vice President	Aggregate Year-to-Date > \$ 270.00	

SUBTOTAL of Receipts This Page (optional)

444.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5
FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (in Full)

Liberty Mutual Insurance Company - PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Fish 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Vice President		
	Aggregate Year-to-Date > \$ 270.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alexander Fontana 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. V.P. & Chief Investmt. Officer		
	Aggregate Year-to-Date > \$ 450.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott Goodby 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Vice President		
	Aggregate Year-to-Date > \$ 270.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Gourley 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive V.P.		
	Aggregate Year-to-Date > \$ 370.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Garry Gregg 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/6/98	750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive V.P. & Mgr.		
	Aggregate Year-to-Date > \$ 750.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Heldman 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PA - PAC	Occupation Sr. Vice President		
	Aggregate Year-to-Date > \$ 270.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas Hodas 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President		
	Aggregate Year-to-Date > \$ 270.00		

SUBTOTAL of Receipts This Page (optional)

1,150.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5
FOR LINE NUMBER 11 (a) (1)

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

NAME OF COMMITTEE (In Full)

Liberty Mutual Insurance Company - PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edmund Kelly 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	160.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President and CEO	Aggregate Year-to-Date > \$ 720.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Lacey 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NY - PAC	Occupation: Account Executive	Aggregate Year-to-Date > \$ 270.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Lewis 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Vice President	Aggregate Year-to-Date > \$ 270.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Lia 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 360.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christopher Mansfield 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Vice President	Aggregate Year-to-Date > \$ 270.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry Paul 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Vice President	Aggregate Year-to-Date > \$ 270.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Potter 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98/11/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Vice President	Aggregate Year-to-Date > \$ 270.00	

SUBTOTAL of Receipts This Page (optional)

540.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 5
FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (in Full)

Liberty Mutual Insurance Company - PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Radakovich 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): TX - PAC	Occupation: Sr. Vice President Aggregate Year-to-Date > \$ 270.00		
Thomas Ramey 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Vice President Aggregate Year-to-Date > \$ 360.00		
Timothy Rose 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Vice President Aggregate Year-to-Date > \$ 270.00		
John Rosensteel 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/7/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ASST. V.P. & Sr. Corp. Counsel Aggregate Year-to-Date > \$ 200.00		
Thomas Sanford 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CA - PAC	Occupation: Attorney Aggregate Year-to-Date > \$ 585.00		
Helen Sayles 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Vice President Aggregate Year-to-Date > \$ 270.00		
Morton Spitzer 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: COO & Executive V.P. Aggregate Year-to-Date > \$ 360.00		

SUBTOTAL of Receipts This Page (optional)

520.00

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stewart Steffey, Jr. 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company		0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 240.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephen Sullivan 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Vice President	Aggregate Year-to-Date > \$ 270.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edward Troy 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	4/24/98	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive V.P.	Aggregate Year-to-Date > \$ 360.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

140.00

SUBTOTAL of Receipts This Page (optional)

2,794.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Liberty Mutual Insurance Company - PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Green for Congress P.O. Box 12571 Green Bay, WI 54307	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/7/98	1,000.00
B. Full Name, Mailing Address and ZIP Code HIPAC c/o Health Insurance Assoc. of America 555 13th Street, NW, Suite 600 East Washington, DC 20004-1109	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/7/98	1,000.00
C. Full Name, Mailing Address and ZIP Code NBSTA PAC c/o National Structured Settlement Trade Association 1420 16th Street, NW Washington, DC 20036	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/7/98	1,000.00
D. Full Name, Mailing Address and ZIP Code Life PAC c/o American Counsel of Life Insurance 1001 Pennsylvania Ave., NW Washington, DC 20004-2599	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/7/98	1,000.00
E. Full Name, Mailing Address and ZIP Code NAMIC PAC c/o National Assoc. of Mutual Ins. Cos 122 C Street, NW, Suite 280 Washington, DC 20001	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/7/98	1,000.00
F. Full Name, Mailing Address and ZIP Code Gephardt in Congress 530 7th Street, SE 2nd Floor Washington, DC 20003	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/10/98	2,000.00
G. Full Name, Mailing Address and ZIP Code Billy Tauzin Committee P.O. Box 14007 Thibodaux, LA 70302	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/13/98	2,000.00
H. Full Name, Mailing Address and ZIP Code Bass for Congress P.O. Box 3451 Concord, NH 03302	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/13/98	500.00
I. Full Name, Mailing Address and ZIP Code Dick Arney Campaign Committee 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151-1652	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/13/98	4,000.00

SUBTOTAL of Disbursements This Page (optional)

13,500.00

TOTAL This Period (last page this line number only)

MD

TX

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Liberty Mutual Insurance Company - PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Senatorial Campaign Committee 430 South Capital Street, SE Washington, DC 20003	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/98	2,500.00
B. Full Name, Mailing Address and ZIP Code The Judd Gregg Committee P.O. Box 1812 Concord, NH 03302-1812	Purpose of Disbursement Check never received Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/28/95	(1,000.00)
C. Full Name, Mailing Address and ZIP Code Bass for Congress P.O. Box 345f Concord, NH 03302	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/13/98	2,500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

4,000.00

TOTAL This Period (last page this line number only)

17,500.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 5/19/98
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
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