

LIBERTY
MUTUAL.



RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 30 10 15 AM '97

A. BROCK EDMUNDS
PUBLIC AFFAIRS PARALEGAL

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

July 29, 1997

Via 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 1/1/97 - 6/30/97 (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

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 30 10 15 AM '97

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		
CITY, STATE and ZIP CODE Boston, MA 02117		
		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 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

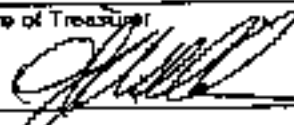
SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1/1/97</u> through <u>6/30/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 61,248.93
(b) Cash on Hand at Beginning of Reporting Period	\$ 61,248.93	
(c) Total Receipts (from Line 19)	\$ 49,926.05	\$ 49,926.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 111,174.98	\$ 111,174.98
7. Total Disbursements (from Line 30)	\$ 39,658.19	\$ 39,658.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 71,516.79	\$ 71,516.79
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 800-424-9530 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

E. J. WILLIAMS

Signature of Treasurer



Date

7/28/97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

FEC FORM 3X

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

(revised 1/1/91)

NAME OF COMMITTEE Liberty Mutual Insurance Company - PAC		REPORT COVERING PERIOD FROM 11/97 TO 6/30/97	
		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)		24,165.00	24,165.00
ii. Unitemized		24,983.00	24,983.00
iii. Total (add i and ii) >		49,148.00	49,148.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a iii, b and c) >		49,148.00	49,148.00
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.)		778.05	778.05
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		49,926.05	49,926.05
20. Total Federal Receipts (subtract line 18 from line 19) >		49,926.05	49,926.05
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		34,000.00	34,000.00
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. Individuals/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) >		5,658.19	5,658.19
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		39,658.19	39,658.19
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		39,658.19	39,658.19
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		49,148.00	49,148.00
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)		49,148.00	49,148.00
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 10
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
Gregory Allen 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager 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
Bruce Anderson 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 270.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Atkinson 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager 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
Kenneth Berkov 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$ 270.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Burns 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior 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
Dina Campbell 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 270.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony Cirignano 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	202.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) 1,822.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 10
FOR LINE NUMBER 11 (a) (i)

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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
J. Paul Condrin, III 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company Occupation Senior Vice President & CFO	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Terry Conner 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company Occupation Vice President	6/20/97	405.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 405.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Conners 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company Occupation Senior Vice President	6/20/97	540.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 540.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Coyne 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company Occupation Senior Vice President	6/20/97	202.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 202.50		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Cronin 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company Occupation Vice President	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
George Doonan 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company Occupation Vice President	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Antonio Ferronato 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company Occupation Senior Vice President	6/20/97	405.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 405.00		

SUBTOTAL of Receipts This Page (optional)

2,362.50

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 10

FOR LINE NUMBER 11 (a) (i)

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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
Carmen Filippone 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 270.00	
David Fish 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	405.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President	Aggregate Year-to-Date > \$ 405.00	
Alexander Fontanes 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	675.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President	Aggregate Year-to-Date > \$ 675.00	
Thomas Frymark 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 270.00	
Edward Giglio 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 270.00	
Joseph Gilles 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	202.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 202.50	
Barry Gilvar 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	209.25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 209.25	

SUBTOTAL of Receipts This Page (optional)

2,301.75

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 10

FOR LINE NUMBER 11 (a) (i)

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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
Andrew Girwood 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 270.00		
B. Full Name, Mailing Address and ZIP Code Scott Goodby 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	405.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$ 405.00		
C. Full Name, Mailing Address and ZIP Code William Gourley 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	405.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$ 405.00		
D. Full Name, Mailing Address and ZIP Code Robert Gruhl 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	405.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. V.P & Exec. Director, Int'l Oper. Aggregate Year-to-Date > \$ 405.00		
E. Full Name, Mailing Address and ZIP Code Philip Guymont 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 270.00		
F. Full Name, Mailing Address and ZIP Code Richard Hadley 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 270.00		
G. Full Name, Mailing Address and ZIP Code James Hathetley 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
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) 2,295.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 10
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
Douglas Hodas 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	405.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 405.00	
Harold Holt 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	229.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 229.50	
James Jakobek 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 270.00	
Elizabeth Jefferson 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 270.00	
Anne Johnson 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Assistant Vice President	Aggregate Year-to-Date > \$ 270.00	
Edmund Kelly 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	1,012.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chief Operating Officer	Aggregate Year-to-Date > \$ 1,012.50	
Robert King 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
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)

2,727.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 10

FOR LINE NUMBER 11 (a) (i)

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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
Tom Leamon 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 270.00	
Dexter Legg 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 270.00	
George Lepage 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 270.00	
Robert Lewis 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	405.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President	Aggregate Year-to-Date > \$ 405.00	
Gary Lia 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	540.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Vice President	Aggregate Year-to-Date > \$ 540.00	
Maureen Lyden 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	405.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 405.00	
Merrill Mack 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
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)

2,430.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 10
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
Douglas Maines 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 270.00	
B. Full Name, Mailing Address and ZIP Code Christopher Mansfield 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	405.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President	Aggregate Year-to-Date > \$ 405.00	
C. Full Name, Mailing Address and ZIP Code Lauren Meachum 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 270.00	
D. Full Name, Mailing Address and ZIP Code Michael Mott 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional Vice President	Aggregate Year-to-Date > \$ 270.00	
E. Full Name, Mailing Address and ZIP Code John O'Donnell 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 270.00	
F. Full Name, Mailing Address and ZIP Code John Potter 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	405.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 405.00	
G. Full Name, Mailing Address and ZIP Code David Radakovich 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	202.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President	Aggregate Year-to-Date > \$ 202.50	

SUBTOTAL of Receipts This Page (optional)

2,092.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 10

FOR LINE NUMBER 11 (a) (i)

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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
Thomas Ramey 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	540.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 540.00	
Thomas Sanford 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	810.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 810.00	
Helen Sayles 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	540.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President	Aggregate Year-to-Date > \$ 540.00	
Morton Spitzer 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	540.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Vice President	Aggregate Year-to-Date > \$ 540.00	
Douglas Surina 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 270.00	
Robert Taylor, Jr. 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	202.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Assistant Vice President	Aggregate Year-to-Date > \$ 202.50	
Edward Troy 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	675.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Vice President	Aggregate Year-to-Date > \$ 675.00	

SUBTOTAL of Receipts This Page (optional) 3,577.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 10
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
John Tymochko 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 270.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Reginald Wakefield 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	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
Thomas Willson 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 270.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gregory Allard 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NY-PAC	Occupation: Vice President	Aggregate Year-to-Date > \$ 270.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lewis Ayers 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PA-PAC	Occupation: Regional 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
Robert Brautigam 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	438.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): FL-PAC	Occupation: Senior V.P. and Division Manager	Aggregate Year-to-Date > \$ 438.75	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Collins 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	405.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CA-PAC	Occupation: Senior V.P. and Division Manager	Aggregate Year-to-Date > \$ 405.00	

SUBTOTAL of Receipts This Page (optional)

2,193.75

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 10
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
Thomas Driscoll 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior 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
James Dupont 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	337.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NY-PAC	Occupation: Senior V.P. and Division Manager	Aggregate Year-to-Date > \$ 337.50	
C. 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	6/20/97	405.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PA-PAC	Occupation: Senior V.P. and Division Manager	Aggregate Year-to-Date > \$ 405.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Kelleher 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Assistant Vice President	Aggregate Year-to-Date > \$ 270.00	
E. 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	6/20/97	405.00
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 > \$ 405.00	
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	6/20/97	405.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): IL-PAC	Occupation: Senior V.P. and Division Manager	Aggregate Year-to-Date > \$ 405.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Schulte 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	6/20/97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CA-PAC	Occupation: Regional Vice President	Aggregate Year-to-Date > \$ 270.00	

SUBTOTAL of Receipts This Page (optional) 2,362.50

TOTAL This Period (last page this line number only) 24,165.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
IMPAC c/o Investment Company Institute 1401 H. Street, NW, Suite 1200 Washington, DC 20005	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/2/97	5,000.00
B. Full Name, Mailing Address and ZIP Code Team Emerson for JoAnn Emerson P.O. Box 16021 Alexandria, VA 22302	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/97	1,000.00
C. Full Name, Mailing Address and ZIP Code The Richard E. Neal Committee P.O. Box 2884 Washington, DC 20013	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/97	1,000.00
D. Full Name, Mailing Address and ZIP Code Re-Elect Congressman Joe Moakley P.O. Box 1073 Boston, MA 02205-9832	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/97	1,000.00
E. Full Name, Mailing Address and ZIP Code Re-Elect Nancy Johnson to Congress 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)	3/4/97	1,000.00
F. Full Name, Mailing Address and ZIP Code Earl Pomeroy for Congress P.O. Box 75214 Washington, DC 20013-5214	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/97	1,000.00
G. Full Name, Mailing Address and ZIP Code Frist 2000 4205 Hillsboro Road, Suite 306 Nashville, TN 37215-3396	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/97	1,000.00
H. Full Name, Mailing Address and ZIP Code Bill Touzin Committee P.O. Box 1407 Thibodaux, LA 70302	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/97	500.00
I. Full Name, Mailing Address and ZIP Code ALLPAC c/o Alliance of American Insurers 1501 Woodfield Road, Suite 400 West Schaumburg, IL 60173-4980	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/97	5,000.00

SUBTOTAL of Disbursements This Page (optional) 16,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3

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
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)	4/23/97	1,000.00
B. Full Name, Mailing Address and ZIP Code NSSTA 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)	4/23/97	1,000.00
C. Full Name, Mailing Address and ZIP Code Bass Victory '98 Committee 136 North Main Street, Suite 4 Concord, NH 03301	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/97	1,000.00
D. Full Name, Mailing Address and ZIP Code LIFE PAC c/o American Council of Life Insurance 1001 Pennsylvania Avenue, NW Washington, DC 20004	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/97	1,000.00
E. Full Name, Mailing Address and ZIP Code NAMIC PAC c/o National Assoc. of Mutual Insurance Companies 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)	4/23/97	1,000.00
F. Full Name, Mailing Address and ZIP Code Judd Gregg Committee P.O. Box 1812 Concord, NH 03302	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/97	1,000.00
G. Full Name, Mailing Address and ZIP Code Mascara for Congress 2170 Washington Road Canonsburg, PA 15317	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/97	1,000.00
WI H. Full Name, Mailing Address and ZIP Code Citizens for David Obey P.O. Box 75214 Washington, DC 20013-5214	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29/97	500.00
CT I. Full Name, Mailing Address and ZIP Code Friends of Chris Dodd 203 C Street, NE Washington, DC 20002	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29/97	1,000.00

SUBTOTAL of Disbursements This Page (optional)

8,500.00

TOTAL This Period (last page use line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **3** OF **3**
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
Bass Victory '98 Committee 136 North Main Street, Suite 4 Concord, NH 03301	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/30/97	2,500.00
B. Full Name, Mailing Address and ZIP Code Delahunt for Congress Committee 500 Victory Road Quincy, MA 02171	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/30/97	2,500.00
C. Full Name, Mailing Address and ZIP Code Friends of Senator D'Amato 100 Willis Avenue Mineola, NY 11501	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/30/97	2,500.00
D. Full Name, Mailing Address and ZIP Code Judd Gragg Committee P.O. Box 1812 Concord, NH 03302	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/97	1,500.00
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) **9,000.00**

TOTAL This Period (last page this line number only) **34,000.00**

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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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
Liberty Mutual PAC - NY 175 Berkeley Street Boston, MA 02117	Transfer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/97	4,500.00
Liberty Mutual PAC - Penn. 175 Berkeley Street Boston, MA 02117	Transfer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/19/97	500.00
Internal Revenue Service Andover, MA	Tax Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/17/97	557.47
Massachusetts Department of Revenue	Tax payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/25/97	100.72
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)

TOTAL This Period (last page this line number only)

5,658.19

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.

Hand Delivered DATE OF RECEIPT
7/30/97

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records and Registration DATE OF RECEIPT

Received from the Senate Office of Public Records DATE OF RECEIPT

Other (Specify): POSTMARKED
and/or DATE OF RECEIPT

VPV 7/30/97

PREPARER DATE PREPARED