

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 MAY 22 A 10:03

LIBERTY
MUTUAL



A. BROCK EDMUNDS
PUBLIC AFFAIRS PARALEGAL

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

May 19, 2000

UPS Next Day Air

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

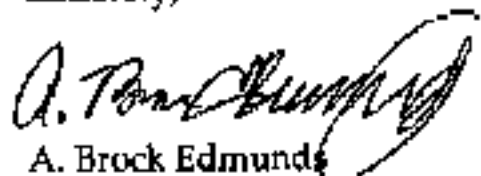
Re: Liberty Mutual Insurance Company Political Action Committee
Report Covering Period of 4/1/00 - 4/30/00 and Amended Report
Covering Period of 3/1/00 - 3/31/00 (L.D. No. C 00171843)

Dear Sir or Madam:

Enclosed please find the above-referenced reports 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

2000 MAY 22 A 10:03

1. NAME OF COMMITTEE (in full) Liberty Mutual Insurance Company-PAC		2. FEC IDENTIFICATION NUMBER C00171843
ADDRESS (number and street) 175 Berkeley Street	<input type="checkbox"/> Check if different than previously reported	
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

Monthly Report Due On:

- 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
- 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>04/01/2000</u> through <u>04/30/2000</u>		
6. (a) Cash on Hand January 1, 2000		\$ 55,425.31
(b) Cash on Hand at Beginning of Reporting Period	\$ 70,495.35	
(c) Total Receipts (from Line 19)	\$ 9,737.50	\$ 74,335.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 80,232.85	\$ 97,468.85
7. Total Disbursements (from Line 30)	\$ 25,017.50	\$ 42,253.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 55,215.35	\$ 55,215.35
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

For Further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

5/19/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §479g

FEC FORM 3X
(revised 9/99)

**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: 04/01/2000 TO: 04/30/2000	
	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).....	\$1,600.00	\$4,640.00
ii. Unitemized.....	\$8,038.47	\$26,689.43
iii. Total..... (add i and ii) *	\$9,638.47	\$41,329.43
b. Political Party Committees.....	\$0.00	\$0.00
c. Other Political Committees (such as PACs).....	\$0.00	\$0.00
d. Total Contributions.....(add a iii, b and c) *	\$9,638.47	\$41,329.43
12. Transfers From Affiliated/Other Party Committees.....	\$0.00	\$0.00
13. All Loans Received.....	\$0.00	\$0.00
14. Loan Repayments Received.....	\$0.00	\$0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	\$0.00	\$0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	\$0.00	\$0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	\$99.03	\$414.11
18. Transfers from Nonfederal Account for Joint Activity.....	\$0.00	\$0.00
19. Total Receipts..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) *	\$9,737.50	\$41,743.54
20. Total Federal Receipts.....(subtract line 18 from line 19) *	\$9,737.50	\$41,743.54
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	\$0.00	\$0.00
ii. Non-Federal Share.....	\$0.00	\$0.00
b. Other Federal Operating Expenditures.....	\$5.00	\$491.00
c. Total Operating Expenditures.....(add a i, a ii, and b) *	\$5.00	\$491.00
22. Transfers to Affiliated/Other Party Committees.....	\$12.50	\$262.50
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	\$25,000.00	\$41,000.00
24. Independent Expenditures (use Schedule F).....	\$0.00	\$0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	\$0.00	\$0.00
26. Loan Repayments Made.....	\$0.00	\$0.00
27. Loans Made.....	\$0.00	\$0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees.....	\$0.00	\$500.00
b. Political Party Committees.....	\$0.00	\$0.00
c. Other Political Committees (such as PACs).....	\$0.00	\$0.00
d. Total Contribution Refunds.....(add a, b and c) *	\$0.00	\$500.00
29. Other Disbursements.....	\$0.00	\$0.00
30. Total Disbursements.....(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) *	\$25,017.50	\$42,253.50
31. Total Federal Disbursements.....(subtract line 21 a ii from line 30) *	\$25,017.50	\$42,253.50
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d).....	\$9,638.47	\$41,329.43
33. Total Contribution Refunds (from line 28d).....	\$0.00	\$500.00
34. Net Contributions (other than loans)(subtract line 33 from 32).....	\$9,638.47	\$40,829.43
35. Total Federal Operating Expenditures.....(add 21 a i and 21 b) *	\$5.00	\$491.00
36. Offsets to Operating Expenditures (from line 15).....	\$0.00	\$0.00
37. Net Operating Expenditures.....(subtract line 36 from 35) *	\$5.00	\$491.00

SCHEDULE A

ITEMIZED RECEIPTS

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

Contributions From Individuals (itemized)

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			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John M. Collins 4 Freedom Way Walpole, MA 02081	Liberty Mutual	04/07/2000	\$50.00
	Occupation Exec VP & MGR. Bus Mkt SBU	04/21/2000	\$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
J Paul Condrin 8 Pettes Pond Lane Walpole, MA 02081	Liberty Mutual	04/07/2000	\$35.00
	Occupation SR VP & CFO	04/21/2000	\$35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 280.00		
Terry L. Conner 6 Merrymceting Lane Rye, NH 03870	Liberty Mutual	04/07/2000	\$35.00
	Occupation SR VP & Chief Info Officer	04/21/2000	\$35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 280.00		
John B. Connors 23 Fletcher Street Foxboro, MA 02035	Liberty Mutual	04/07/2000	\$50.00
	Occupation Exec. VP & Mgr -Per Mkt	04/21/2000	\$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
David E. Fish 13 Chandler Road E Sandwich, MA 02537	Liberty Mutual	04/07/2000	\$35.00
	Occupation SR VP & Mgr -Pers Mkts Claims	04/21/2000	\$35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 280.00		
A Alexander Fontanes 217 High Street Duxbury, MA 02332	Liberty Mutual	04/07/2000	\$35.00
	Occupation Sr VP & Chief Inv. Officer	04/21/2000	\$35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 280.00		
Aaron Goldstein 35 Morgan Court Rye, NH 03870	Liberty Mutual	04/07/2000	\$35.00
	Occupation SR VP & MGR of Operation, I/S	04/21/2000	\$35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 280.00		
SUBTOTAL of Receipts This Page (optional)			\$ 550.00
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

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 Scott R. Goodby 41 West Shore Drive Marblehead, MA 01945	Name of Employer Liberty Mutual	Date (month, day, year) 04/07/2000	Amount of Each Receipt this Period \$35.00
	Occupation SR VP & General Sales Mgr	04/21/2000	\$35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 280.00		
Full Name, Mailing Address and ZIP Code Bryan Grimm Perrinton Pointe Ne Marietta, GA 30066	Name of Employer Liberty Mutual	Date (month, day, year) 04/07/2000	Amount of Each Receipt this Period \$50.00
	Occupation SR VP & Division Manager	04/21/2000	\$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 400.00		
Full Name, Mailing Address and ZIP Code Douglas M. Hodes 39 Abbott Rd Wellesley Hls, MA 02481	Name of Employer Liberty Mutual	Date (month, day, year) 04/07/2000	Amount of Each Receipt this Period \$30.00
	Occupation VP, Corp Actuary & Mgr	04/21/2000	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 240.00		
Full Name, Mailing Address and ZIP Code Karl A. Jacobson 25 Alexander Way Duxbury, MA 02332	Name of Employer Liberty Mutual	Date (month, day, year) 04/07/2000	Amount of Each Receipt this Period \$35.00
	Occupation SR VP & General Manager	04/21/2000	\$35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 280.00		
Full Name, Mailing Address and ZIP Code Edmund F. Kelly 315 Wellesley St Weston, MA 02493	Name of Employer Liberty Mutual	Date (month, day, year) 04/07/2000	Amount of Each Receipt this Period \$80.00
	Occupation President & CEO	04/21/2000	\$80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 640.00		
Full Name, Mailing Address and ZIP Code David Long 23 Hawthorne Drive Medfield, MA 02052	Name of Employer Liberty mutual	Date (month, day, year) 04/07/2000	Amount of Each Receipt this Period \$35.00
	Occupation SR VP & Mgr -National MKT	04/21/2000	\$35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 280.00		
Full Name, Mailing Address and ZIP Code Christopher C. Mansfield 50 Woodleigh Road Dedham, MA 02026	Name of Employer Liberty Mutual	Date (month, day, year) 04/07/2000	Amount of Each Receipt this Period \$35.00
	Occupation SR VP & General Counsel	04/21/2000	\$35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 280.00		
SUBTOTAL of Receipts This Page (optional)			\$ 600.00
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

Contributions From Individuals (Itemized)

Any information supplied 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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas M. Nelson 52 Charles River Dr Franklin, MA 02038	Liberty Mutual	04/07/2000	\$30.00
	Occupation SR VP & Division Manager	04/21/2000	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		
Thomas C. Ramey 140 Brattle Street Cambridge, MA 02138	Liberty Mutual	04/07/2000	\$40.00
	Occupation Exec. VP & President -LIB	04/21/2000	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 320.00		
Timothy J. Rose 6745 Lake Trail Dr Westerville, OH 43082	Liberty Mutual	04/07/2000	\$35.00
	Occupation SR VP & Div Manager	04/21/2000	\$35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 280.00		
Helen E R Sayles 8 Wyndeliff Dr Acton, MA 01720	Liberty Mutual	04/07/2000	\$35.00
	Occupation SR VP & Mgr -HR & Admin	04/21/2000	\$35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 280.00		
Morton E. Spitzer 179 Commonwealth Ave Boston, MA 02116	Liberty Mutual	04/07/2000	\$50.00
	Occupation Exec VP & COO & Mgr	04/21/2000	\$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
Stephen G. Sullivan 20 Shady Hill Road Newton, MA 02461	Liberty Mutual	04/07/2000	\$35.00
	Occupation SR VP & Mgr of Communication	04/21/2000	\$35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 280.00		

SUBTOTAL of Receipts This Page (optional)	\$ 450.00
TOTAL This Period (last page this line number only)	\$ 1,600.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of collecting 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
Daniel G. Bryant 1160 High Hawk Rd East Greenwich, RI 02818 USA	Keyport Life Ins. Co.	4/7/2000 4/21/2000	\$ 0 \$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP & Assigt. Secretary Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gary P. Lia 15 Pettes Pond Ln Westwood, MA 02090	Liberty Mutual	4/7/2000 4/21/2000	\$ 0 \$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation President, Lib Intl Aggregate Year-to-Date > \$ 350.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James McKittrick 2439 SW Vacuna Street, 452-1170 Portland, OR 97219 USA	Liberty Northwest Ins. Corp.	4/7/2000 4/21/2000	\$ 0 \$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation SR VP & Controller Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Spadafora 160 Cedar Street Braintree, MA 02184	Independent Fin. Mktg Group	4/7/2000 4/21/2000	\$ 0 \$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edward Zimmerman 160 Oak Ridge Avenue Summit, NJ 07901	Stein Roe	4/7/2000 4/21/2000	\$ 0 \$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 0

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		
17		

Other Federal Receipts (Dividends, Interest, etc.)

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

Full Name, Mailing Address and ZIP Code BankBoston 100 Federal Street Boston, MA 02110	Name of Employer	Date (month, day, year) 04/27/2000	Amount of Each Receipt this Period \$92.25
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Aggregate Year-to-Date > \$ 407.33		
Full Name, Mailing Address and ZIP Code Stein Roe Mutual Funds P.O. Box 8900 Boston, MA 02117	Name of Employer	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period \$6.78
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Aggregate Year-to-Date > \$ 6.78		

SUBTOTAL of Receipts This Page (optional)	\$ 99.03
TOTAL This Period (last page this line number only)	\$ 99.03

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER 21(b)		

Other Federal Operating Expenditures

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stein Roe Mutual Funds P.O. Box 8900 Boston, MA 02117	Bank Charges	04/30/2000	\$5.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input checked="" type="checkbox"/> Other: Other		2000	

SUBTOTAL of Disbursements This Page (optional)	\$5.00
TOTAL This Period (last page this line number only)	\$5.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Transfers to Affiliated/Other Party Committees

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			
Full Name, Mailing Address and ZIP Code Liberty Mutual Insurance Company-NY PAC 175 Berkeley Street Boston, MA -02116	Purpose of Disbursement Bank Transfer Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 2000	Date (month, day, year) 04/10/2000	Amount of Each Disbursement this Period \$5.00
Full Name, Mailing Address and ZIP Code Liberty Mutual Insurance Company-PA PAC 175 Berkeley Street Boston, MA 02117	Purpose of Disbursement Bank Transfer Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 2000	Date (month, day, year) 04/10/2000	Amount of Each Disbursement this Period \$5.00
Full Name, Mailing Address and ZIP Code Liberty Mutual Insurance Company-FL PAC 175 Berkeley Street Boston, MA 02117	Purpose of Disbursement Bank Transfer Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 2000	Date (month, day, year) 04/10/2000	Amount of Each Disbursement this Period \$2.50

SUBTOTAL of Disbursements This Page (optional)	\$12.50
TOTAL This Period (last page this line number only)	\$12.50

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

Contributions to Federal Candidates/Committees

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
NAMIC CAP 122 C Street Washington, DC 20001	Contribution: NAMIC CAP (DC-1) Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 2000	04/06/2000	\$1,000.00
HIPAC 555 13th Street, NW Suite 600 East Washington, DC 20004-1109	Contribution: HIPAC Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 2000	04/06/2000	\$1,000.00
IMPAC 1401 H Street, NW, Suite 1200 Washington, DC 20005	Contribution: IMPAC Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 2000	04/06/2000	\$5,000.00
Alliance of American Insurers P.A.C 3025 Highland and Parkway Suite 800 Downers Grove, IL 60515	Contribution: Alliance of American Insurers, P.A.C Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 2000	04/06/2000	\$5,000.00
Friends of John LaFalce 164 Fruitwood Terrace Williamsville, NY 14221	Contribution: John J. LaFalce (NY-29-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	04/26/2000	\$1,000.00
LifePac 1061 Pennsylvania Avenue, NW Washington, DC 20004-2599	Contribution: LifePac Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 2000	04/06/2000	\$2,500.00
NSSTAPAC 1420 16th Street NW Washington, DC 20036	Contribution: NSSTAPAC Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 2000	04/06/2000	\$2,500.00
Richard E Neal for Congress Committee 76 Magnolia Terrace Springfield, MA 01108	Contribution: Richard E. Neal (MA-2-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	04/26/2000	\$1,500.00
Richard E Neal for Congress Committee 76 Magnolia Terrace Springfield, MA 01108	Contribution: Richard E. Neal (MA-2-D) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 2000	04/26/2000	\$3,500.00

SUBTOTAL of Disbursements This Page (optional)	\$23,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

Contributions to Federal Candidates/Committees

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
NELSON 2000 16050 REGENCY CIRCLE, SUITE 100 OMAHA, NE 68114	Contribution to non-federal candidate for E. B. Nelson (NE-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	04/26/2000	\$1,000.00
Sensenbrenner Committee PO Box 575 Brookfield, WI 53008	Contribution: James Sensenbrenner, Jr. (WI-9-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	04/06/2000	\$1,000.00

SUBTOTAL of Disbursements This Page (optional)	\$2,000.00
TOTAL This Period (last page this line number only)	\$25,000.00

Federal Election Commission

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