



RECEIVED  
FEDERAL ELECTION  
COMMISSION

OCT 20 9 39 AM '98

A. BROCK EDMUNDS  
PUBLIC AFFAIRS PARALEGAL

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

October 15, 1998

**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 9/1/98 - 9/30/98 (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: Kris Bellerose (w/ enc.)

|

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

FEDERAL ELECTION COMMISSION

Oct 20 9 35 AM '98

1. NAME OF COMMITTEE (in full)  
Liberty Mutual Insurance Company - PAC

ADDRESS (number and street)  Check if different than previously reported  
175 Berkeley Street

CITY, STATE and ZIP CODE  
Boston, MA 02117

2. FEC IDENTIFICATION NUMBER  
C00171843

3.  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

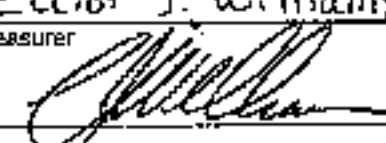
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>9/1/98</u> through <u>9/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 131,799.50
(b) Cash on Hand at Beginning of Reporting Period	\$ 109,241.06	
(c) Total Receipts (from Line 19)	\$ 10,827.25	\$ 114,222.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 120,068.31	\$ 246,021.52
7. Total Disbursements (from Line 30)	\$ 72,985.00	\$ 198,938.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 47,083.31	\$ 47,083.31
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 Tel: Free 800-424-9630 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  
Elliott J. Williams

Signature of Treasurer  Date 10/14/98

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

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FEC FORM 3X  
(revised 9/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
Liberty Mutual Insurance Company - PAC		FROM 9/1/98	TO 9/30/98	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A) .....	6,239.00	33,402.50	11(a)(i)
ii.	Unitemized .....	4,248.50	77,938.00	11(a)(ii)
iii.	Total .....	10,487.50	111,340.50	11(a)(iii)
b.	Political Party Committees .....			11(b)
c.	Other Political Committees (such as PACs) .....			11(c)
d.	Total Contributions .....	10,487.50	111,240.50	11(d)
12.	Transfers From Affiliated/Other Party Committees .....			12
13.	All Loans Received .....			13
14.	Loan Repayments Received .....			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees .....			16
17.	Other Federal Receipts (Dividends, Interest, etc.) .....	339.75	2,881.52	17
18.	Transfers from Nonfederal Account for Joint Activity .....			18
19.	Total Receipts .....	10,827.25	114,222.02	19
20.	Total Federal Receipts .....	10,827.25	114,222.02	20
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share .....			21(a)(i)
ii.	Non-Federal Share .....			21(a)(ii)
b.	Other Federal Operating Expenditures .....			21(b)
c.	Total Operating Expenditures .....		434.00	21(c)
22.	Transfers to Affiliated/Other Party Committees .....			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees .....	60,985.00	160,754.21	23
24.	Independent Expenditures (use Schedule E) .....			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			25
26.	Loan Repayments Made .....			26
27.	Loans Made .....			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees .....			28(a)
b.	Political Party Committees .....			28(b)
c.	Other Political Committees (such as PACs) .....			28(c)
d.	Total Contribution Refunds .....			28(d)
29.	Other Disbursements .....	12,000.00	37,750.00	29
30.	Total Disbursements .....	72,985.00	198,938.21	30
31.	Total Federal Disbursements .....	72,985.00	198,938.21	31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d) .....	10,487.50	111,340.50	32
33.	Total Contribution Refunds (from line 28d) .....			33
34.	Net Contributions (other than loans)(subtract line 33 from 32) .....			34
35.	Total Federal Operating Expenditures .....		434.00	35
36.	Offsets to Operating Expenditures (from line 15) .....			36
37.	Net Operating Expenditures .....		434.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 27  
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 Allard 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NY-PAC	Occupation: VP & General Attorney Aggregate Year-to-Date > \$ 400.00		
Gregory Allen 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager Aggregate Year-to-Date > \$ 400.00		
Bruce Anderson 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP & Manager Aggregate Year-to-Date > \$ 400.00		
Michael Ashwood 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$ 400.00		
Marie Athens 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Account Exec. Aggregate Year-to-Date > \$ 200.00		
Donald Atkinson 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Account Exec. Aggregate Year-to-Date > \$ 200.00		
Lewis Ayers 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PA-PAC	Occupation: Vice President Aggregate Year-to-Date > \$ 400.00		

SUBTOTAL of Receipts This Page (optional)	\$240.00
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 2 OF 27/98  
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
Pamela Baker 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AVP & Intl Counsel		
	Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Barrett 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP		
	Aggregate Year-to-Date > \$ 400.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bernard Backerlegge 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	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
Anthony Bellofatto 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Reg. Gen. Attorney		
	Aggregate Year-to-Date > \$ 200.00		
E. 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	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President		
	Aggregate Year-to-Date > \$ 380.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Betke, Jr. 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager		
	Aggregate Year-to-Date > \$ 200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Bonner 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 270.00		

SUBTOTAL of Receipts This Page (optional)

\$180.00

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 3 OF 4  
FOR LINE NUMBER 11 (a) (i)

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 Brautigan 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$64.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): FL-PAC	Occupation: Senior Vice President Aggregate Year-to-Date > \$ 640.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Eric Brosius 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Asst. Vice President Aggregate Year-to-Date > \$ 200.00		
C. 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	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 400.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Butler 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP & Reg. Managing Dir. Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Caffrey 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Counsel Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick Calcinari 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: I/S Manager Aggregate Year-to-Date > \$ 200.00		
G. 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	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 400.00		

SUBTOTAL of Receipts This Page (optional)

\$234.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 4 OF 27  
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
Deborah Carrow 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President & Mgr. Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Christensen 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: Aggregate Year-to-Date > \$ 240.00		
C. 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	9/25/98	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP & Manager Aggregate Year-to-Date > \$ 300.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Cloran 175 Berkeley Street BOSTON, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Assistant VP & Mgr. Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Colbert 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$ 400.00		
F. 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	9/25/98	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CA-PAC	Occupation: VP & Manager Aggregate Year-to-Date > \$ 600.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Paul Condria 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CFO & Senior VP Aggregate Year-to-Date > \$ 660.00		

SUBTOTAL of Receipts This Page (optional)

\$230.00

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 27  
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
Richard Connell 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 400.00		
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	9/25/98	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior VP Aggregate Year-to-Date > \$ 600.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Connors 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive VP Aggregate Year-to-Date > \$ 800.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christopher Conway 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Asst. Controller Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lindsay Cook 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior VP Aggregate Year-to-Date > \$ 300.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack Cox 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: AVP & Manager Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allan Cox, Jr. 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Systems Analyst Aggregate Year-to-Date > \$ 200.00		

SUBTOTAL of Receipts This Page (optional) ..... \$250.00

TOTAL This Period (last page if less line number only) .....

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 27  
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 Coyne 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior VP Aggregate Year-to-Date > \$ 300.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard Dapra 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 400.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eugenia Davis 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Reg. Manager Aggregate Year-to-Date > \$ 200.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Russell Deforest 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Division Fin. Manager Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark Donlevie 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 400.00		
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	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 400.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard Downey 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: AVP & Manager Aggregate Year-to-Date > \$ 200.00		

SUB TOTAL of Receipts This Page (optional)

\$210.00

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 7  
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
John Downing 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: AVP & Manager Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code Lori Doyle 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: AVP & Sr. Counsel Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code Thomas Driscoll 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CA, FL, IL, NY, PA, TX	Occupation: Senior VP Aggregate Year-to-Date > \$ 400.00		
D. Full Name, Mailing Address and ZIP Code James Dupont 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$ 600.00		
E. Full Name, Mailing Address and ZIP Code David Eaglen 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP & Reg. Manager Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code Eugene Erqi 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: AVP & Manager Aggregate Year-to-Date > \$ 200.00		
G. Full Name, Mailing Address and ZIP Code William Fandrich 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CA, FL, IL, NY, PA, TX	Occupation: Vice President Aggregate Year-to-Date > \$ 400.00		

SUBTOTAL of Receipts This Page (optional) ..... \$220.00

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 8 OF 27  
FOR LINE NUMBER 11 (a) (i)

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
John Ferrari 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Asst. Vice President Aggregate Year-to-Date > \$ 400.00		
B. 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	9/25/98	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$ 600.00		
C. 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	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$ 400.00		
D. 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	9/25/98	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$ 600.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Alexander Fontanes 175 Berkeley Street Boston, MA 02117.	Liberty Mutual Insurance Company	9/25/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior VP & CTO Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Frymark 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 400.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Helen Gilchrist 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: AVP & Manager Aggregate Year-to-Date > \$ 200.00		

SUBTOTAL of Receipts This Page (optional) .....	\$360.00
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 9 OF 27

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
Bernard Gillen 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director - Tax Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Gilles 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$ 400.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barry Gilvar 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$31.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP & Asst. to CEO Aggregate Year-to-Date > \$ 310.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew Girdwood, Jr. 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 400.00		
E. 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	9/25/98	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$ 600.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Courley 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Vice President Aggregate Year-to-Date > \$ 600.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Gregg 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: Exec. VP & Manager Aggregate Year-to-Date > \$ 750.00		

SUBTOTAL of Receipts This Page (optional) ..... \$251.00

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 10 OF 27  
FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (in Full)			
Liberty Mutual Insurance Company - PAC			
<b>A. Full Name, Mailing Address and ZIP Code</b> Timothy Grieve 175 Berkeley Street Boston, MA 02117	<b>Name of Employer</b> Liberty Mutual Insurance Company	<b>Date (month, day, year)</b> 9/25/98	<b>Amount of Each Receipt this Period</b> \$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Reg. Underwritten	<b>Aggregate Year-to-Date</b> > \$200.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Philip Guymont 175 Berkeley Street Boston, MA 02117	<b>Name of Employer</b> Liberty Mutual Insurance Company	<b>Date (month, day, year)</b> 9/25/98	<b>Amount of Each Receipt this Period</b> \$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Vice President	<b>Aggregate Year-to-Date</b> > \$400.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Richard Hadley 175 Berkeley Street Boston, MA 02117	<b>Name of Employer</b> Liberty Mutual Insurance Company	<b>Date (month, day, year)</b> 9/25/98	<b>Amount of Each Receipt this Period</b> \$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Vice President	<b>Aggregate Year-to-Date</b> > \$400.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> James Hatherley 175 Berkeley Street Boston, MA 02117	<b>Name of Employer</b> Liberty Mutual Insurance Company	<b>Date (month, day, year)</b> 9/25/98	<b>Amount of Each Receipt this Period</b> \$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Vice President	<b>Aggregate Year-to-Date</b> > \$400.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Daniel Heldman 175 Berkeley Street Boston, MA 02117	<b>Name of Employer</b> Liberty Mutual Insurance Company	<b>Date (month, day, year)</b> 9/25/98	<b>Amount of Each Receipt this Period</b> \$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PA-PAC	<b>Occupation</b> Senior Vice President	<b>Aggregate Year-to-Date</b> > \$600.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Douglas Hodes 175 Berkeley Street Boston, MA 02117	<b>Name of Employer</b> Liberty Mutual Insurance Company	<b>Date (month, day, year)</b> 9/25/98	<b>Amount of Each Receipt this Period</b> \$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Vice President	<b>Aggregate Year-to-Date</b> > \$600.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> Dawn Holey 175 Berkeley Street Boston, MA 02117	<b>Name of Employer</b> Liberty Mutual Insurance Company	<b>Date (month, day, year)</b> 9/25/98	<b>Amount of Each Receipt this Period</b> \$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Senior Accr. Rep.	<b>Aggregate Year-to-Date</b> > \$200.00	
<b>SUBTOTAL of Receipts This Page (optional)</b> .....			\$280.00
<b>TOTAL This Period (last page this line number only)</b> .....			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 11 OF 27  
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
Barry Koschek 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Reg. Oper. Manager Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Geoffray Hunt 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Aggregate Year-to-Date > \$ 400.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Karl Jacobson 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President Aggregate Year-to-Date > \$ 400.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Jakobek 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Aggregate Year-to-Date > \$ 400.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Julia Johnson 175 Berkeley Street Boston, MA 02117.	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AVP & Product Director Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard Johnson 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Client Svcs. Aggregate Year-to-Date > \$ 200.00		
G. 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	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Aggregate Year-to-Date > \$ 400.00		

SUBTOTAL of Receipts This Page (optional) ..... \$220.00

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 12 OF 27  
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
Edmund Kelly 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$160.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President & CFO Aggregate Year-to-Date > \$ 1,600.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Kelly 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$ 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Account Exec. Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deborah Kenney 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$ 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Reg. Manager Aggregate Year-to-Date > \$ 200.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert King 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$ 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 400.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eric Willis Knudsen 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$ 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bernard Koch 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$ 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Kramer 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$ 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: AVP & Manager Aggregate Year-to-Date > \$ 200.00		

SUBTOTAL of Receipts This Page (optional) .....

\$310.00

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 13 OF 27

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
Walter Landberg 175 Berkeley Street Boston, MA 02117 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Liberty Mutual Insurance Company Occupation: AVP & Manager Aggregate Year-to-Date > \$ 200.00	9/25/98	\$20.00
Dennis Langwell 175 Berkeley Street Boston, MA 02117 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Liberty Mutual Insurance Company Occupation: VP & Comptroller Aggregate Year-to-Date > \$ 200.00	9/25/98	\$20.00
James Lacey 175 Berkeley Street Boston, MA 02117 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NY - PAC	Liberty Mutual Insurance Company Occupation: Account Executive Aggregate Year-to-Date > \$ 600.00	9/25/98	\$60.00
Richard Lassow 175 Berkeley Street Boston, MA 02117 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Liberty Mutual Insurance Company Occupation: VP & Actuary Aggregate Year-to-Date > \$ 200.00	9/25/98	\$20.00
Tom Leamon 175 Berkeley Street Boston, MA 02117 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Liberty Mutual Insurance Company Occupation: Vice President Aggregate Year-to-Date > \$ 400.00	9/25/98	\$40.00
Alan Ledbetter 175 Berkeley Street Boston, MA 02117 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Liberty Mutual Insurance Company Occupation: Senior Vice President Aggregate Year-to-Date > \$ 400.00	9/25/98	\$40.00
Richard Leeman 175 Berkeley Street Boston, MA 02117 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Liberty Mutual Insurance Company Occupation: Senior VP & Director Aggregate Year-to-Date > \$ 200.00	9/25/98	\$20.00

SUBTOTAL of Receipts This Page (optional) .....

\$220.00

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 14 OF 27  
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
Robert Leeper 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Reg. Opr. Manager Aggregate Year-to-Date > \$ 200.00		
Dexter Legg 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Aggregate Year-to-Date > \$ 400.00		
George Lepage 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President Aggregate Year-to-Date > \$ 400.00		
Robert Lewis 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President Aggregate Year-to-Date > \$ 570.00		
Gary Lia 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President Aggregate Year-to-Date > \$ 600.00		
Maureen Lyden 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Aggregate Year-to-Date > \$ 400.00		
Merrill Mack 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Aggregate Year-to-Date > \$ 400.00		

SUBTOTAL of Receipts This Page (optional) ..... \$290.00

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 15 OF 27  
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
Philip Mackey 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PA - PAC	Occupation: Division Manager Aggregate Year-to-Date > \$200.00		
Joseph Maher 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PA - PAC	Occupation: Managing Director Aggregate Year-to-Date > \$400.00		
Douglas Maines 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: Vice President Aggregate Year-to-Date > \$300.00		
William Manning 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$400.00		
Christopher Mansfield 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$600.00		
Barton Margoshes 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$400.00		
James Masterson 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Underwriter Aggregate Year-to-Date > \$400.00		

SUBTOTAL of Receipts This Page (optional) ..... \$240.00

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 16 OF 27  
FOR LINE NUMBER 1 (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
Paul Matters 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP & Asst. Gen. Counsel Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James McMackin 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AVP & Manager Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert McNeil 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CA - PAC	Occupation Vice President Aggregate Year-to-Date > \$ 400.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lauren Meachum 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Resident Attorney Aggregate Year-to-Date > \$ 400.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Moore 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Managing Consultant Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Roy Morell 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AVP & Sr. Assoc. Actuary Aggregate Year-to-Date > \$ 200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Morrow, Jr. 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AVP & Manager Aggregate Year-to-Date > \$ 200.00		

SUBTOTAL of Receipts This Page (optional) ..... \$180.00

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 17 OF 27

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
Michael Mott 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$400.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Moynihan, Jr. 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: AVP & Manager Aggregate Year-to-Date > \$200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Nerney 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: AVP & Manager Aggregate Year-to-Date > \$200.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Matthew Nickerson 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$400.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William O'Connell 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: AVP & Sr. Corp. Counsel Aggregate Year-to-Date > \$200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John O'Donnell 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$400.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Pare 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: AVP & Manager Aggregate Year-to-Date > \$200.00		

SUBTOTAL of Receipts This Page (optional) .....

\$200.00

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 18 OF 27  
FOR LINE NUMBER 11 (a) (i)

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
Himanshu Patel 175 Berkeley Street Boston, MA 02117 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Liberty Mutual Insurance Company Occupation: Senior Vice President Aggregate Year-to-Date > \$ 400.00	9/25/98	\$40.00
Larry Paul 175 Berkeley Street Boston, MA 02117 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Liberty Mutual Insurance Company Occupation: Senior Vice President Aggregate Year-to-Date > \$ 540.00	--	0
David Pitts 175 Berkeley Street Boston, MA 02117 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Liberty Mutual Insurance Company Occupation: AVP & Manager Aggregate Year-to-Date > \$ 200.00	9/25/98	\$20.00
John Pomerleau 175 Berkeley Street Boston, MA 02117 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Liberty Mutual Insurance Company Occupation: Manager Aggregate Year-to-Date > \$ 200.00	9/25/98	\$20.00
John Potter 175 Berkeley Street Boston, MA 02117 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Liberty Mutual Insurance Company Occupation: Senior Vice President Aggregate Year-to-Date > \$ 600.00	9/25/98	\$60.00
William Raabe 175 Berkeley Street Boston, MA 02117 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Liberty Mutual Insurance Company Occupation: AVP & Manager Aggregate Year-to-Date > \$ 200.00	9/25/98	\$20.00
David Radakovich 175 Berkeley Street Boston, MA 02117 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): TX - PAC	Liberty Mutual Insurance Company Occupation: Senior Vice President Aggregate Year-to-Date > \$ 600.00	9/25/98	\$60.00

SUBTOTAL of Receipts This Page (optional) ..... \$220.00

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 19 OF 27  
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
Thomas Ramey 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$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 > \$ 800.00		
Janice Kay Rhodes 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$ 200.00		
Louis Riethmann 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: General Attorney Aggregate Year-to-Date > \$ 400.00		
Jeffrey Robbins 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager Aggregate Year-to-Date > \$ 200.00		
Honathan Robbins 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Resident Attorney Aggregate Year-to-Date > \$ 200.00		
Ronald Robertson, Jr. 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP & Manager Aggregate Year-to-Date > \$ 200.00		
Timothy Rose 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$ 600.00		

SUBTOTAL of Receipts This Page (optional) ..... \$260.00

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 20 OF 27  
FOR LINE NUMBER 11 (a) (i)

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
John Rosensteel 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$ 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AVP Sen. Corp. Counsel Aggregate Year-to-Date > \$ 450.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Walter Ruch 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$ 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Reg. Manager Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Rudder 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$ 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President Aggregate Year-to-Date > \$ 400.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Rusconi 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$ 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AVP & Sen. Corp. Counsel Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Ryan 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$ 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Aggregate Year-to-Date > \$ 400.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Sanford 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$ 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 > \$ 1,300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Helen Sayles 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$ 60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President Aggregate Year-to-Date > \$ 600.00		

SUBTOTAL of Receipts This Page (optional) ..... \$360.00

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 OF  
21 OF 27  
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
Jean Scarrow 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive VP & COO Aggregate Year-to-Date > \$ 400.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Schutte 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CA - PAC	Occupation: Vice President Aggregate Year-to-Date > \$ 400.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark Sidney 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President & Mgr. Aggregate Year-to-Date > \$ 200.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Anne Skinner 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Field Audit Mgr. Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Smith 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Project Leader Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph Somogyi 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager Aggregate Year-to-Date > \$ 200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Morton Spitzer 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive VP & COO Aggregate Year-to-Date > \$ 800.00		

SUBTOTAL of Receipts This Page (optional) ..... \$240.00

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 22 OF 27  
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
Thomas Spratt 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: AVP & Manager Aggregate Year-to-Date > \$ 200.00		
B. 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		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Strichak 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Corp. Counsel Aggregate Year-to-Date > \$ 200.00		
D. 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	9/25/98	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$ 600.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Douglas Surina 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager Aggregate Year-to-Date > \$ 400.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Vaughn Suprenant 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Reg. Vice President Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Taylor, Jr. 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: AVP & Manager Aggregate Year-to-Date > \$ 300.00		

SUBTOTAL of Receipts This Page (optional) ..... \$200.00

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 23 OF 27  
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
Maurice Thibaudeau 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Manager</u> Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Touhey 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>AVP &amp; Director</u> Aggregate Year-to-Date > \$ 200.00		
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	9/25/98	\$80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Executive Vice President</u> Aggregate Year-to-Date > \$ 800.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Tuthill 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Vice President</u> Aggregate Year-to-Date > \$ 400.00		
E. 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	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Vice President</u> Aggregate Year-to-Date > \$ 400.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marie Ward 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>AVP &amp; Asst. Manager</u> Aggregate Year-to-Date > \$ 200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Watson 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>AVP &amp; Manager</u> Aggregate Year-to-Date > \$ 200.00		

SUBTOTAL of Receipts This Page (optional) ..... \$240.00

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 24 OF 27  
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 Weymouth 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PL - PAC	Occupation: Vice President Aggregate Year-to-Date > \$ 400.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Elliot Williams 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP & Treasurer Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Laura Williford 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Reg. HR Manager Aggregate Year-to-Date > \$ 200.00		
D. 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	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 400.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Peter Wise 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Managing Director Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark Wright 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 400.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Laurence Yahia 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 400.00		

SUBTOTAL of Receipts This Page (optional) ..... \$220.00

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 25 OF 29  
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
Joanne Jenkins 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company Occupation: Resident Attorney	9/25/98	\$24.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PA - PAC	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
Gladys Roepeh 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company Occupation: Manager	-	0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NY - PAC	Aggregate Year-to-Date > \$ 400.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephen Zyburu 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company Occupation: Vice President	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark Ashwood 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company Occupation: Regional Mgr.	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): FL-PAC	Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Baginski 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company Occupation: Reg. Gen. Attorney	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PA-PAC	Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donald Borgarding 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company Occupation: Regional Mgr.	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NY-PAC	Aggregate Year-to-Date > \$ 200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jan Dempsey 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company Occupation: AVP & Manager	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CA, FL, IL, NY, PA, TX-PAC	Aggregate Year-to-Date > \$ 200.00		

SUBTOTAL of Receipts This Page (optional) .....	\$124.00
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 26 OF 27

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
James Fiet 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): FL-PAC	Occupation: Account Exec.	Aggregate Year-to-Date > \$ 200.00	
Christopher Gennock 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CA-PAC	Occupation: regional manager	Aggregate Year-to-Date > \$ 200.00	
Daniel Haran 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NY-PAC	Occupation: Regional Manager	Aggregate Year-to-Date > \$ 200.00	
Paul Horgan 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 11-PAC	Occupation: Underwriting Mgr.	Aggregate Year-to-Date > \$ 200.00	
John Hutzenbuhler 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): TX-PAC	Occupation: Regional Mgr.	Aggregate Year-to-Date > \$ 200.00	
Maria Izquierdo 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): FL-PAC	Occupation: Regional Mgr.	Aggregate Year-to-Date > \$ 200.00	
Brian Mibus 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): TX-PAC	Occupation: Division Mgr.	Aggregate Year-to-Date > \$ 200.00	

SUBTOTAL of Receipts This Page (optional) ..... \$140.00

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

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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
Dorothy Mobley 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NY-PAC	Occupation: Reg. Service Mgr. Aggregate Year-to-Date > \$ 200.00		
Mary Rosh 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): TX-PAC	Occupation: Manager Aggregate Year-to-Date > \$ 200.00		
John Ruane 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): TX-PAC	Occupation: Division Manager Aggregate Year-to-Date > \$ 200.00		
Roland Stanton 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): IL-PAC	Occupation: Regional Mgr. Aggregate Year-to-Date > \$ 200.00		
Barbara Vanhorn 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PA-PAC	Occupation: Reg. Gen. Attorney Aggregate Year-to-Date > \$ 200.00		
Charles Walker, Jr. 175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	9/25/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): FL-PAC	Occupation: Manager Aggregate Year-to-Date > \$ 200.00		
175 Berkeley Street Boston, MA 02117	Liberty Mutual Insurance Company	(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) .....

\$120.00

TOTAL This Period (last page this line number only) .....

\$6,239.00

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
Gilcrest for Congress 820 Richie Highway Serverna Park, MD 21146	Check never received (Dated 10/12/94) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Originally reported on report for 10/19/94	10/13/98	(500.00) 10/1/94-
Bank Boston Corporate DDA Department P.O. Box 1758 Boston, MA 02105	Stop payment fee was never charged by bank Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/98	(15.00)
The Reed Committee P.O. Box 8628 Cranston, RI 02920	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/3/98	1,000.00
Earl Pomeroy of Congress P.O. Box 746 Bismarck, ND 58802	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/8/98	2,500.00
KOMPAC P.O. Box 422 Yorkville, IL 60550	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Federal PAC	9/14/98	1,000.00
Molly Bordonaro for Congress 5319 SW Westgate Dr., #22 Portland, OR 97221-9933	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/98	2,500.00
Walden for Congress P.O. Box 1091 Hood River, OR 97031	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/98	1,000.00
Mike Turzai for Congress 801 Oak Road Bradford Woods, PA 15015	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/98	1,000.00
Faircloth for Senate Committee 1998 3901 Barrett Drive #300 Raleigh, NC 27609	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/98	5,000.00

SUBTOTAL of Disbursements This Page (optional) .....	13,485.00
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

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
Gass Ballenger for Congress Comm. 361 10th Avenue Dr. NE P.O. Box 2552 Hickory, NC	Contribution Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/98	5,000.00
Coble for Congress P.O. Box 1177 Greensboro, NC 27402	Contribution Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/98	5,000.00
Ehrlich for Congress Comm. 1301 York Rd. #705 Lutherville, MD 21093	Contribution Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/98	5,000.00
Team Emerson P.O. Box 822 Cape Girardeau, MO 63701	Contribution Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/98	5,000.00
Oxley for Congress P.O. Box 1998 Findlay, OH 45839	Contribution Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/98	5,000.00
Earl Pomeroy for Congress P.O. Box 746 Bismarck, ND 58502	Contribution Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/98	2,500.00
Voinovich for Senate Comm. 25201 Chagrin Blvd. #200 Cleveland, OH 44122	Contribution Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/98	5,000.00
Missourians for Kit Bond 34 N. Brentwood Blvd. #14 St. Louis, MO 63105	Contribution Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/98	2,500.00
ARNPAC 513 Capitol Court #100 Washington, DC 2002	Contribution Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Federal Contribution	9/23/98	5,000.00

SUBTOTAL of Disbursements This Page (optional)

40,000.00

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

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
Jo Musser for Congress P.O. Box 628245 Middleton, WI 53562	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/25/98	2,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Newt Gingrich 10 Holcomb Bridge Rd. # 10 Roswell, GA 30076	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/98	5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

7,500.00

TOTAL This Period (last page this line number only) .....

660,985.00

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 - PENN 175 Berkeley St. Boston, MA 02117	Transfer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/98	5,000.00
B. Full Name, Mailing Address and ZIP Code Liberty Mutual PAC - TEXAS 175 Berkeley St. Boston, MA 02117	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Contribution	9/9/98	5,000.00
C. Full Name, Mailing Address and ZIP Code Liberty Mutual PAC - TEXAS 175 Berkeley St. Boston, MA 02117	Transfer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/98	2,000.00
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 (continues) ..... 12,000.00

TOTAL This Period (last page this line number only) ..... 12,000.00

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 <i>10-20-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>KCT</i> PREPARER	<i>10-20-98</i> DATE PREPARED