

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ALLIANZ LIFE INSURANCE CO/FIREMAN'S FUND INSURANCE CO PAC(ALLIANZ LIFE/FIREMAN'S FUND PA

Full Name (Last, First, Middle Initial)  
**A. LEADERSHIP PAC 2004**

Mailing Address 675 N. WASHINGTON STREET, SUITE 41

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name  
GENERAL PURPOSE COMMITTEE

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: EXP:B:32518  
Date of Disbursement  
02 / 26 / 2004

Amount of Each Disbursement this Period  
1500.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**B. MARK KENNEDY FOR CONGRESS**

Mailing Address P.O. BOX 49333

City BLAINE State MN Zip Code 55448

Purpose of Disbursement

Candidate Name  
MARK KENNEDY

Office Sought:  House Senate President  
State: MN District B

Disbursement For: 2004  
 Primary General Other (specify) ▼

Transaction ID: EXP:B:32515  
Date of Disbursement  
02 / 26 / 2004

Amount of Each Disbursement this Period  
500.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**C. MARY OSE FOR CONGRESS**

Mailing Address 30151 TOMAS

City RANCHO SANTA MARGA State CA Zip Code 92688

Purpose of Disbursement

Candidate Name  
MARY OSE

Office Sought:  House Senate President  
State: CA District 3

Disbursement For: 2004  
 Primary General Other (specify) ▼

Transaction ID: EXP:B:32526  
Date of Disbursement  
02 / 26 / 2004

Amount of Each Disbursement this Period  
500.00

011  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **2500.00**

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