

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JAN 25 11 30 AM '98

1. NAME OF COMMITTEE (In full) <b>Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't</b>		2. FEC IDENTIFICATION NUMBER <b>C00095108</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. <b>777 San Marin Drive</b>	3. <input checked="" type="checkbox"/> This committee qualified as a multicandidate committee. (see FEC FORM 1M)	
CITY, STATE and ZIP CODE <b>Novato, CA 94998</b>		

## 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	11/24/98 through 12/31/98		
6. (a) Cash on Hand January 1, 19__98			\$13220.03
(b) Cash on Hand at Beginning of Reporting Period		\$9865.97	
(c) Total Receipts (from Line 1B)		\$2790.48	\$29715.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$12656.45	\$42935.45
7. Total Disbursements (from Line 3D)		\$1300.00	\$31579.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$11356.45	\$11356.45
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)			
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)			

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20453  
Toll Free 800-624-9530  
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer  
**Deborah J. Nosowsky**

Signature of Treasurer

*Deborah J. Nosowsky*

Date  
11/19/98

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

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 Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't	REPORT COVERING PERIOD FROM 11/24/98 TO: 12/31/98		
	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. RECEIPTS</b>			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (Use Schedule A)	\$2304.00	\$18559.00	11(a)(i)
ii. Unitemized	\$473.85	\$12057.25	11(a)(ii)
iii. Total (add i and ii)	\$2777.55	\$29579.10	11(a)(iii)
b. Political Party Committees	\$0.00	\$0.00	11(b)
c. Other Political Committees (such as PACs)	\$0.00	\$0.00	11(c)
d. Total Contributions (add a ii, b and c)	\$2777.55	\$29579.10	11(d)
12. Transfers From Affiliated/Other Party Committees	\$0.00	\$0.00	12
13. All Loans Received	\$0.00	\$0.00	13
14. Loan Repayments Received	\$0.00	\$0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	\$0.00	\$0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	\$0.00	\$0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	\$12.93	\$136.32	17
18. Transfers from Nonfederal Account for Joint Activity	\$0.00	\$0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	\$2790.48	\$29715.42	19
20. Total Federal Receipts (subtract line 18 from line 19)	\$2790.48	\$29715.42	20
<b>II. DISBURSEMENTS</b>			
21. Operating Expenditures:			
a. Shared Federal/Non Federal Activity (from Schedule H4)			
i. Federal Share	\$0.00	\$0.00	21(a)(i)
ii. Non-Federal Share	\$0.00	\$0.00	21(a)(ii)
b. Other Federal Operating Expenditures	\$0.00	\$4.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	\$0.00	\$4.00	21(c)
22. Transfers to Affiliated/Other Party Committees	\$0.00	\$0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$1300.00	\$31575.00	23
24. Independent Expenditures (use Schedule E)	\$0.00	\$0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d); use Schedule F)	\$0.00	\$0.00	25
26. Loan Repayments Made	\$0.00	\$0.00	26
27. Loans Made	\$0.00	\$0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	\$0.00	\$0.00	28(a)
b. Political Party Committees	\$0.00	\$0.00	28(b)
c. Other Political Committees (such as PACs)	\$0.00	\$0.00	28(c)
d. Total Contribution Refunds (add a, b and c)	\$0.00	\$0.00	28(d)
29. Other Disbursements	\$0.00	\$0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	\$1300.00	\$31579.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	\$1300.00	\$31579.00	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	\$2777.55	\$29579.10	32
33. Total Contribution Refunds (from line 28d)	\$0.00	\$0.00	33
34. Net Contributions (other than loans)(subtract line 33 from line 32)	\$2777.55	\$29579.10	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	\$0.00	\$4.00	35
36. Offsets to Operating Expenditures (from line 15)	\$0.00	\$0.00	36
37. Net Operating Expenditures (subtract line 35 from line 36)	\$0.00	\$4.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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)  
 Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't

A. Full Name, Mailing Address and Zip Code GARY E BLACK 2 SUTTON LANE NOVATO, CA 94998-		Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER		Occupation EXEC. VICE PRES. - CLAIMS	Aggregate Year-to-Date -> \$2400.00	
B. Full Name, Mailing Address and Zip Code GARY E BLACK 2 SUTTON LANE NOVATO, CA 94998-		Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER		Occupation EXEC. VICE PRES. - CLAIMS	Aggregate Year-to-Date -> \$2500.00	
C. Full Name, Mailing Address and Zip Code GARY E BLACK 2 SUTTON LANE NOVATO, CA 94998-		Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER		Occupation EXEC. VICE PRES. - CLAIMS	Aggregate Year-to-Date -> \$2600.00	
D. Full Name, Mailing Address and Zip Code FRANK A. BLAHA 11913 S. Carson Way Rich Cordova, CA 95670-		Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER		Occupation PIRCO CLAIMS MGR.	Aggregate Year-to-Date -> \$240.00	
E. Full Name, Mailing Address and Zip Code FRANK A. BLAHA 11913 S. Carson Way Rich Cordova, CA 95670-		Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER		Occupation PIRCO CLAIMS MGR.	Aggregate Year-to-Date -> \$250.00	
F. Full Name, Mailing Address and Zip Code FRANK A. BLAHA 11913 S. Carson Way Rich Cordova, CA 95670-		Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER		Occupation PIRCO CLAIMS MGR.	Aggregate Year-to-Date -> \$260.00	
G. Full Name, Mailing Address and Zip Code FREDERICK K. CHANG 1080 S. BERETANIA, #202 HONOLULU, HI 96814-		Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER		Occupation Vice President	Aggregate Year-to-Date -> \$240.00	

SUBTOTAL of Receipts This Page (optional)	\$340.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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)  
 Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't

A. Full Name, Mailing Address and Zip Code FREDERICK K. CHANG 1080 S. BERETANIA, #202 HONOLULU, HI 96814- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$10.00
	Occupation Vice President	Aggregate Year-to-Date -> \$250.00	
B. Full Name, Mailing Address and Zip Code FREDERICK K. CHANG 1080 S. BERETANIA, #202 HONOLULU, HI 96814- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$10.00
	Occupation Vice President	Aggregate Year-to-Date -> \$260.00	
C. Full Name, Mailing Address and Zip Code THERESA M. CLARK 36 WOODLEAF Novato, CA 94945- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$20.00
	Occupation VICE PRESIDENT & GEN. MGR.	Aggregate Year-to-Date -> \$480.00	
D. Full Name, Mailing Address and Zip Code THERESA M. CLARK 36 WOODLEAF Novato, CA 94945- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$20.00
	Occupation VICE PRESIDENT & GEN. MGR.	Aggregate Year-to-Date -> \$500.00	
E. Full Name, Mailing Address and Zip Code THERESA M. CLARK 36 WOODLEAF Novato, CA 94945- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$20.00
	Occupation VICE PRESIDENT & GEN. MGR.	Aggregate Year-to-Date -> \$520.00	
F. Full Name, Mailing Address and Zip Code DAVID L. CONWAY 986 SLATE DRIVE SANTA ROSA, CA 95405- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$10.00
	Occupation VICE PRESIDENT - ENTERTAINMENT	Aggregate Year-to-Date -> \$240.00	
G. Full Name, Mailing Address and Zip Code DAVID L. CONWAY 986 SLATE DRIVE SANTA ROSA, CA 95405- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$10.00
	Occupation VICE PRESIDENT - ENTERTAINMENT	Aggregate Year-to-Date -> \$250.00	

SUBTOTAL of Receipts This Page (optional)	\$100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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 candidate to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
 Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't

A. Full Name, Mailing Address and Zip Code DAVID L. CONWAY 986 SLATE DRIVE SANTA ROSA, CA 95405- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation VICE PRESIDENT - ENTERTAINMENT Aggregate Year-to-Date -> \$260.00	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$10.00
B. Full Name, Mailing Address and Zip Code KEITH F. CURRY 9034 GREENWAY LANE Shawnee Msn, KS 66215- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation BUSINESS DEV. MANAGER Aggregate Year-to-Date -> \$240.00	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$10.00
C. Full Name, Mailing Address and Zip Code KEITH F. CURRY 9034 GREENWAY LANE Shawnee Msn, KS 66215- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation BUSINESS DEV. MANAGER Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$10.00
D. Full Name, Mailing Address and Zip Code KRITH F. CURRY 9034 GREENWAY LANE Shawnee Msn, KS 66215- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation BUSINESS DEV. MANAGER Aggregate Year-to-Date -> \$260.00	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$10.00
E. Full Name, Mailing Address and Zip Code DEEMS DAVIS 3116 MONTECITO MEADOW DRIVE Santa Rosa, CA 95404- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation SR. VICE PRESIDENT Aggregate Year-to-Date -> \$420.00	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$20.00
F. Full Name, Mailing Address and Zip Code DEEMS DAVIS 3116 MONTECITO MEADOW DRIVE Santa Rosa, CA 95404- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation SR. VICE PRESIDENT Aggregate Year-to-Date -> \$440.00	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$20.00
G. Full Name, Mailing Address and Zip Code DEEMS DAVIS 3116 MONTECITO MEADOW DRIVE Santa Rosa, CA 95404- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation SR. VICE PRESIDENT Aggregate Year-to-Date -> \$460.00	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$20.00

SUBTOTAL of Receipts This Page (optional)	\$100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 18  
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) Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't			
<b>A. Full Name, Mailing Address and Zip Code</b> JOSEPH F. DILLON 45 PACHECO CREEK DR. NOVATO, CA 94949- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	<b>Name of Employer</b> FIREMAN'S FUND INS. CO. <b>Occupation</b> SR. VICE PRESIDENT	<b>Date (month, day, year)</b> 11/25/98 <b>Aggregate Year-to-Date -&gt;</b> \$240.00	<b>Amount of Each Receipt this Period</b> \$10.00
<b>B. Full Name, Mailing Address and Zip Code</b> JOSEPH F. DILLON 45 PACHECO CREEK DR. NOVATO, CA 94949- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	<b>Name of Employer</b> FIREMAN'S FUND INS. CO. <b>Occupation</b> SR. VICE PRESIDENT	<b>Date (month, day, year)</b> 12/04/98 <b>Aggregate Year-to-Date -&gt;</b> \$250.00	<b>Amount of Each Receipt this Period</b> \$10.00
<b>C. Full Name, Mailing Address and Zip Code</b> JOSEPH F. DILLON 45 PACHECO CREEK DR. NOVATO, CA 94949- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	<b>Name of Employer</b> FIREMAN'S FUND INS. CO. <b>Occupation</b> SR. VICE PRESIDENT	<b>Date (month, day, year)</b> 12/18/98 <b>Aggregate Year-to-Date -&gt;</b> \$260.00	<b>Amount of Each Receipt this Period</b> \$10.00
<b>D. Full Name, Mailing Address and Zip Code</b> FRANK S. DIPIETRO 1531 MARIA PLACE ROHNERT PARK, CA 94928- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	<b>Name of Employer</b> FIREMAN'S FUND INS. CO. <b>Occupation</b> Vice President	<b>Date (month, day, year)</b> 11/25/98 <b>Aggregate Year-to-Date -&gt;</b> \$240.00	<b>Amount of Each Receipt this Period</b> \$10.00
<b>E. Full Name, Mailing Address and Zip Code</b> FRANK S. DIPIETRO 1531 MARIA PLACE ROHNERT PARK, CA 94928- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	<b>Name of Employer</b> FIREMAN'S FUND INS. CO. <b>Occupation</b> Vice President	<b>Date (month, day, year)</b> 12/04/98 <b>Aggregate Year-to-Date -&gt;</b> \$250.00	<b>Amount of Each Receipt this Period</b> \$10.00
<b>F. Full Name, Mailing Address and Zip Code</b> FRANK S. DIPIETRO 1531 MARIA PLACE ROHNERT PARK, CA 94928- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	<b>Name of Employer</b> FIREMAN'S FUND INS. CO. <b>Occupation</b> Vice President	<b>Date (month, day, year)</b> 12/18/98 <b>Aggregate Year-to-Date -&gt;</b> \$260.00	<b>Amount of Each Receipt this Period</b> \$10.00
<b>G. Full Name, Mailing Address and Zip Code</b> BRUCE P. FRIEDBERG 5 ASHLEY COURT NOVATO, CA 94945- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	<b>Name of Employer</b> FIREMAN'S FUND INS. CO. <b>Occupation</b> SVP & CFO C/I	<b>Date (month, day, year)</b> 11/25/98 <b>Aggregate Year-to-Date -&gt;</b> \$240.00	<b>Amount of Each Receipt this Period</b> \$10.00

SUBTOTAL of Receipts This Page (optional)	\$70.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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)  
 Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't

A. Full Name, Mailing Address and Zip Code BRUCE P. FRIEDBERG  5 ASHLEY COURT NOVATO, CA 94945-  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$10.00
	Occupation SVP & CFO C/I	Aggregate Year-to-Date -> \$250.00	
B. Full Name, Mailing Address and Zip Code BRUCE P. FRIEDBERG  5 ASHLEY COURT NOVATO, CA 94945-  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/10/98	Amount of Each Receipt this Period \$10.00
	Occupation SVP & CFO C/I	Aggregate Year-to-Date -> \$260.00	
C. Full Name, Mailing Address and Zip Code K. M. GODFREY 168 PURRINGTON RD.  PETALUMA, CA 94952-  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$15.00
	Occupation VP PREMIUM AUDIT	Aggregate Year-to-Date -> \$360.00	
D. Full Name, Mailing Address and Zip Code K. M. GODFREY 168 PURRINGTON RD.  PETALUMA, CA 94952-  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$15.00
	Occupation VP PREMIUM AUDIT	Aggregate Year-to-Date -> \$375.00	
E. Full Name, Mailing Address and Zip Code K. M. GODFREY 168 PURRINGTON RD.  PETALUMA, CA 94952-  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$15.00
	Occupation VP PREMIUM AUDIT	Aggregate Year-to-Date -> \$390.00	
F. Full Name, Mailing Address and Zip Code DARRELL A. GRAY 3316 BALZAC STREET  ALHAMBRA, CA 91803-  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$25.00
	Occupation TERR SLS MGR	Aggregate Year-to-Date -> \$600.00	
G. Full Name, Mailing Address and Zip Code DARRELL A. GRAY 3316 BALZAC STREET  ALHAMBRA, CA 91803-  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$25.00
	Occupation TERR SLS MGR	Aggregate Year-to-Date -> \$625.00	

SUBTOTAL of Receipts This Page (optional)	\$115.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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)  
 Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't

A. Full Name, Mailing Address and Zip Code DARRELL A. GRAY 3316 BALZAC STREET ALHAMBRA, CA 91803- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation TERR SLS MGR Aggregate Year-to-Date -> \$650.00	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$25.00
B. Full Name, Mailing Address and Zip Code DANA P. HENDERSHOTT 921 COURT WAY SAN DIEGO, CA 92103- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation VP Marketing & Planning Aggregate Year-to-Date -> \$720.00	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$30.00
C. Full Name, Mailing Address and Zip Code DANA P. HENDERSHOTT 921 COURT WAY SAN DIEGO, CA 92103- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation VP Marketing & Planning Aggregate Year-to-Date -> \$750.00	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$30.00
D. Full Name, Mailing Address and Zip Code DANA P. HENDERSHOTT 921 COURT WAY SAN DIEGO, CA 92103- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation VP Marketing & Planning Aggregate Year-to-Date -> \$780.00	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$30.00
E. Full Name, Mailing Address and Zip Code PHILIP B. HIGGINS 6097 DUBARRY CT. ROHNERT PARK, CA 94928- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation CI Aggregate Year-to-Date -> \$240.00	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$10.00
F. Full Name, Mailing Address and Zip Code PHILIP B. HIGGINS 6097 DUBARRY CT. ROHNERT PARK, CA 94928- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation CI Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$10.00
G. Full Name, Mailing Address and Zip Code PHILIP B. HIGGINS 6097 DUBARRY CT. ROHNERT PARK, CA 94928- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation CI Aggregate Year-to-Date -> \$260.00	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$10.00

SUBTOTAL of Receipts This Page (optional)	\$145.00
TOTAL This Period (last page this line number only)	



SCHEDULE A

ITEMIZED RECEIPTS

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)  
 Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't

A. Full Name, Mailing Address and Zip Code BILL HOLLEY 9220 BURLEY LANE Laurel, MD 20723-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$10.00
	Occupation Director	Aggregate Year-to-Date -> \$210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
B. Full Name, Mailing Address and Zip Code BILL HOLLEY 9220 BURLEY LANE Laurel, MD 20723-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$10.00
	Occupation Director	Aggregate Year-to-Date -> \$220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
C. Full Name, Mailing Address and Zip Code BILL HOLLEY 9220 BURLEY LANE Laurel, MD 20723-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$10.00
	Occupation Director	Aggregate Year-to-Date -> \$230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
D. Full Name, Mailing Address and Zip Code AGUSTIN C. HOTH 185 SAN FELIPE WAY NOVATO, CA 94945-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$15.00
	Occupation U/W Executive Director	Aggregate Year-to-Date -> \$360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
E. Full Name, Mailing Address and Zip Code AGUSTIN C. HOTH 185 SAN FELIPE WAY NOVATO, CA 94945-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$15.00
	Occupation U/W Executive Director	Aggregate Year-to-Date -> \$375.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
F. Full Name, Mailing Address and Zip Code AGUSTIN C. HOTH 185 SAN FELIPE WAY NOVATO, CA 94945-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$15.00
	Occupation U/W Executive Director	Aggregate Year-to-Date -> \$390.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
G. Full Name, Mailing Address and Zip Code PAUL E. HOUGH 92 LAURA LANE FAIRFAX, CA 94930-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$15.00
	Occupation VP & ACT S/I	Aggregate Year-to-Date -> \$360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			

SUBTOTAL of Receipts This Page (optional)	\$90.00
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 18  
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) Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't			
A. Full Name, Mailing Address and Zip Code PAUL E. HOUGH 92 LAURA LANE FAIRFAX, CA 94930- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation VP & ACT S/I	Date (month, day, year) 12/04/98 Aggregate Year-to-Date -> \$375.00	Amount of Each Receipt this Period \$15.00
B. Full Name, Mailing Address and Zip Code PAUL E. HOUGH 92 LAURA LANE FAIRFAX, CA 94930- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation VP & ACT S/I	Date (month, day, year) 12/18/98 Aggregate Year-to-Date -> \$390.00	Amount of Each Receipt this Period \$15.00
C. Full Name, Mailing Address and Zip Code WILLIAM J. HUTCHINSON 8 PUFFIN CT. NOVATO, CA 94947- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation MGR EQUIP PLNG	Date (month, day, year) 11/25/98 Aggregate Year-to-Date -> \$360.00	Amount of Each Receipt this Period \$15.00
D. Full Name, Mailing Address and Zip Code WILLIAM J. HUTCHINSON 8 PUFFIN CT. NOVATO, CA 94947- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation MGR EQUIP PLNG	Date (month, day, year) 12/04/98 Aggregate Year-to-Date -> \$375.00	Amount of Each Receipt this Period \$15.00
E. Full Name, Mailing Address and Zip Code WILLIAM J. HUTCHINSON 8 PUFFIN CT. NOVATO, CA 94947- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation MGR EQUIP PLNG	Date (month, day, year) 12/18/98 Aggregate Year-to-Date -> \$390.00	Amount of Each Receipt this Period \$15.00
F. Full Name, Mailing Address and Zip Code GARY F. IBELLO 3496 BANYAN ST. SANTA ROSA, CA 95403- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation AVP ENVRN CLMS	Date (month, day, year) 11/25/98 Aggregate Year-to-Date -> \$240.00	Amount of Each Receipt this Period \$10.00
G. Full Name, Mailing Address and Zip Code GARY F. IBELLO 3496 BANYAN ST. SANTA ROSA, CA 95403- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation AVP ENVRN CLMS	Date (month, day, year) 12/04/98 Aggregate Year-to-Date -> \$250.00	Amount of Each Receipt this Period \$10.00

SUBTOTAL of Receipts This Page (optional)	\$95.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (In Full)  
 Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't

A. Full Name, Mailing Address and Zip Code GARY F. ISELLO 3496 BANYAN ST.  SANTA ROSA, CA 95403- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$10.00
	Occupation AVP ENVRN CLMS  Aggregate Year-to-Date -> \$260.00		
B. Full Name, Mailing Address and Zip Code ROBERT L. KING 99 GREENWOOD WAY  MILL VALLEY, CA 94941- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$15.00
	Occupation SR. PRODUCT DIRECTOR  Aggregate Year-to-Date -> \$360.00		
C. Full Name, Mailing Address and Zip Code ROBERT L. KING 99 GREENWOOD WAY  MILL VALLEY, CA 94941- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/04/96	Amount of Each Receipt this Period \$15.00
	Occupation SR. PRODUCT DIRECTOR  Aggregate Year-to-Date -> \$375.00		
D. Full Name, Mailing Address and Zip Code ROBERT L. KING 99 GREENWOOD WAY  MILL VALLEY, CA 94941- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/16/96	Amount of Each Receipt this Period \$15.00
	Occupation SR. PRODUCT DIRECTOR  Aggregate Year-to-Date -> \$390.00		
E. Full Name, Mailing Address and Zip Code PAUL J. LAPERRIERE 2016 FOXTAIL COURT  Santa Rosa, CA 95403- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$40.00
	Occupation SR. VICE PRESIDENT-PERS. INS. Aggregate Year-to-Date -> \$960.00		
F. Full Name, Mailing Address and Zip Code PAUL J. LAPERRIERE 2016 FOXTAIL COURT  Santa Rosa, CA 95403- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$40.00
	Occupation SR. VICE PRESIDENT-PERS. INS. Aggregate Year-to-Date -> \$1000.00		
G. Full Name, Mailing Address and Zip Code PAUL J. LAPERRIERE 2016 FOXTAIL COURT  Santa Rosa, CA 95403- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$40.00
	Occupation SR. VICE PRESIDENT-PERS. INS. Aggregate Year-to-Date -> \$1040.00		

SUBTOTAL of Receipts This Page (optional)	\$175.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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)  
 Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't

A. Full Name, Mailing Address and Zip Code SHIRLEY LAWRENCE 41 KNOB HILL  Orchard Park, NY 14127- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$10.00
	Occupation STAFF COUNSEL	Aggregate Year-to-Date -> \$240.00	
B. Full Name, Mailing Address and Zip Code SHIRLEY LAWRENCE 41 KNOB HILL  Orchard Park, NY 14127- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$10.00
	Occupation STAFF COUNSEL	Aggregate Year-to-Date -> \$250.00	
C. Full Name, Mailing Address and Zip Code SHIRLEY LAWRENCE 41 KNOB HILL  Orchard Park, NY 14127- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$10.00
	Occupation STAFF COUNSEL	Aggregate Year-to-Date -> \$260.00	
D. Full Name, Mailing Address and Zip Code PETER A. LEFKIN 4112 38TH ST NW  WASHINGTON, DC 20016- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$50.00
	Occupation SR. VP-GOVERNMENT AFFAIRS	Aggregate Year-to-Date -> \$1200.00	
E. Full Name, Mailing Address and Zip Code PETER A. LEFKIN 4112 38TH ST NW  WASHINGTON, DC 20016- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$50.00
	Occupation SR. VP-GOVERNMENT AFFAIRS	Aggregate Year-to-Date -> \$1250.00	
F. Full Name, Mailing Address and Zip Code PETER A. LEFKIN 4112 38TH ST NW  WASHINGTON, DC 20016- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$50.00
	Occupation SR. VP-GOVERNMENT AFFAIRS	Aggregate Year-to-Date -> \$1300.00	
G. Full Name, Mailing Address and Zip Code RENEE C. LORENZO 732 APPLETON WAY  SONOMA, CA 95476- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$10.00
	Occupation ASST. VICE PRESIDENT	Aggregate Year-to-Date -> \$240.00	

SUBTOTAL of Receipts This Page (optional)	\$190.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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)  
 Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't

A. Full Name, Mailing Address and Zip Code RENEE C. LORENZO 732 APPLETON WAY SONOMA, CA 95476-		Name of Employer FIREMAN'S FUND INS. CO. Occupation ASST. VICE PRESIDENT	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER		Aggregate Year-to-Date -> \$250.00		
B. Full Name, Mailing Address and Zip Code RENEE C. LORENZO 732 APPLETON WAY SONOMA, CA 95476-		Name of Employer FIREMAN'S FUND INS. CO. Occupation ASST. VICE PRESIDENT	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER		Aggregate Year-to-Date -> \$260.00		
C. Full Name, Mailing Address and Zip Code JOHN F. LYONS 812 VISTAMONT COURT Santa Rosa, CA 95409-		Name of Employer FIREMAN'S FUND INS. CO. Occupation VICE PRESIDENT - CLAIMS	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER		Aggregate Year-to-Date -> \$480.00		
D. Full Name, Mailing Address and Zip Code JOHN F. LYONS 812 VISTAMONT COURT Santa Rosa, CA 95409-		Name of Employer FIREMAN'S FUND INS. CO. Occupation VICE PRESIDENT - CLAIMS	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER		Aggregate Year-to-Date -> \$500.00		
E. Full Name, Mailing Address and Zip Code JOHN F. LYONS 812 VISTAMONT COURT Santa Rosa, CA 95409-		Name of Employer FIREMAN'S FUND INS. CO. Occupation VICE PRESIDENT - CLAIMS	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER		Aggregate Year-to-Date -> \$520.00		
F. Full Name, Mailing Address and Zip Code CLAYTON J. MOSES 4340 HERITAGE LANE ROHNERT PARK, CA 94928-		Name of Employer FIREMAN'S FUND INS. CO. Occupation Vice Pres. Zone Claims EXEC.	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER		Aggregate Year-to-Date -> \$240.00		
G. Full Name, Mailing Address and Zip Code CLAYTON J. MOSES 4340 HERITAGE LANE ROHNERT PARK, CA 94928-		Name of Employer FIREMAN'S FUND INS. CO. Occupation Vice Pres. Zone Claims EXEC.	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER		Aggregate Year-to-Date -> \$250.00		

SUBTOTAL of Receipts This Page (optional)	\$100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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)  
 Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't

A. Full Name, Mailing Address and Zip Code CLAYTON J. MOSES 4340 HERITAGE LANE ROHNERT PARK, CA 94928- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation Vice Pres. Zone Claims Exec. Aggregate Year-to-Date -> \$260.00	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$10.00
B. Full Name, Mailing Address and Zip Code CAROL R. NEWMAN 3110 POLLY LANE FLOSSMORR, IL 60422- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer INTERSTATE INSURANCE CO. Occupation GENERAL COUNSEL Aggregate Year-to-Date -> \$360.00	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$15.00
C. Full Name, Mailing Address and Zip Code CAROL R. NEWMAN 3110 POLLY LANE FLOSSMORR, IL 60422- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer INTERSTATE INSURANCE CO. Occupation GENERAL COUNSEL Aggregate Year-to-Date -> \$375.00	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$15.00
D. Full Name, Mailing Address and Zip Code CAROL R. NEWMAN 3110 POLLY LANE FLOSSMORR, IL 60422- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer INTERSTATE INSURANCE CO. Occupation GENERAL COUNSEL Aggregate Year-to-Date -> \$390.00	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$15.00
E. Full Name, Mailing Address and Zip Code DEBORAH J. NOSOWSKY 278 AMBER DRIVE SAN FRANCISCO, CA 94131- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation ASST. VP GOVT & IND AFFAIRS Aggregate Year-to-Date -> \$192.00	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$8.00
F. Full Name, Mailing Address and Zip Code DEBORAH J. NOSOWSKY 278 AMBER DRIVE SAN FRANCISCO, CA 94131- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation ASST. VP GOVT & IND AFFAIRS Aggregate Year-to-Date -> \$200.00	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$8.00
G. Full Name, Mailing Address and Zip Code DEBORAH J. NOSOWSKY 278 AMBER DRIVE SAN FRANCISCO, CA 94131- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation ASST. VP GOVT & IND AFFAIRS Aggregate Year-to-Date -> \$208.00	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$8.00

SUBTOTAL of Receipts This Page (optional)	\$79.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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 candidate to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
 Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't

A. Full Name, Mailing Address and Zip Code DAVID R. POLLARD 1998 LONG LEAF COURT  SANTA ROSA, CA 95403- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$30.00
	Occupation SR. VICE PRES. PERSONAL INS.	Aggregate Year-to-Date -> \$720.00	
B. Full Name, Mailing Address and Zip Code DAVID R. POLLARD 1998 LONG LEAF COURT  SANTA ROSA, CA 95403- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$30.00
	Occupation SR. VICE PRES. PERSONAL INS.	Aggregate Year-to-Date -> \$750.00	
C. Full Name, Mailing Address and Zip Code DAVID R. POLLARD 1998 LONG LEAF COURT  SANTA ROSA, CA 95403- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$30.00
	Occupation SR. VICE PRES. PERSONAL INS.	Aggregate Year-to-Date -> \$780.00	
D. Full Name, Mailing Address and Zip Code NEIL T. PUTMAN 1079 COUNTRY CLUB DRIVE  Petaluma, CA 94952- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$10.00
	Occupation ASST. VICE PRESIDENT	Aggregate Year-to-Date -> \$240.00	
E. Full Name, Mailing Address and Zip Code NEIL T. PUTMAN 1079 COUNTRY CLUB DRIVE  Petaluma, CA 94952- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$10.00
	Occupation ASST. VICE PRESIDENT	Aggregate Year-to-Date -> \$250.00	
F. Full Name, Mailing Address and Zip Code NEIL T. PUTMAN 1079 COUNTRY CLUB DRIVE  Petaluma, CA 94952- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$10.00
	Occupation ASST. VICE PRESIDENT	Aggregate Year-to-Date -> \$260.00	
G. Full Name, Mailing Address and Zip Code RUSSELL M. ROBISON 5417 CASSANDRA WAY  SANTA ROSA, CA 95403- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$10.00
	Occupation AVP DIR P/L MKTG	Aggregate Year-to-Date -> \$240.00	

SUBTOTAL of Receipts This Page (optional)	\$130.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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)  
 Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RUSSELL M. ROBISON 5417 CASSANDRA WAY SANTA ROSA, CA 95403-	FIREMAN'S FUND INS. CO. Occupation AVP DIR P/L MKTG	12/04/98	\$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date ->	\$250.00	
RUSSELL M. ROBISON 5417 CASSANDRA WAY SANTA ROSA, CA 95403-	FIREMAN'S FUND INS. CO. Occupation AVP DIR P/L MKTG	12/18/98	\$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date ->	\$260.00	
THOMAS E. ROWE 40 VERISSIMO DRIVE NOVATO, CA 94945-	FIREMAN'S FUND INS. CO. Occupation PRESIDENT - COMMERCIAL INS DIV	11/25/98	\$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date ->	\$1800.00	
THOMAS E. ROWE 40 VERISSIMO DRIVE NOVATO, CA 94945-	FIREMAN'S FUND INS. CO. Occupation PRESIDENT - COMMERCIAL INS DIV	12/04/98	\$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date ->	\$1875.00	
THOMAS E. ROWE 40 VERISSIMO DRIVE NOVATO, CA 94945-	FIREMAN'S FUND INS. CO. Occupation PRESIDENT - COMMERCIAL INS DIV	12/18/98	\$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date ->	\$1950.00	
JEFF SAUNDERS 1014 PHILLIPS AVE. PETALUMA, CA 94952	FIREMAN'S FUND INS. CO. Occupation SR. PRODUCT DIRECTOR	11/25/98	\$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date ->	\$240.00	
JEFF SAUNDERS 1014 PHILLIPS AVE. PETALUMA, CA 94952	FIREMAN'S FUND INS. CO. Occupation SR. PRODUCT DIRECTOR	12/04/98	\$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date ->	\$250.00	

SUBTOTAL of Receipts This Page (optional)	\$265.00
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 18

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)			
Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't			
A. Full Name, Mailing Address and Zip Code JEFF SAUNDERS 1014 PHILLIPS AVE. PETALUMA, CA 94952	Name of Employer FIREMAN'S FUND INS. CO. Occupation SR. PRODUCT DIRECTOR	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date ->	\$260.00	
B. Full Name, Mailing Address and Zip Code DAVID J. SCHOONMAKER 15532 LLOYD ST OMAHA, NE 68144-	Name of Employer FIREMAN'S FUND INS. CO. Occupation Territorial Director	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date ->	\$240.00	
C. Full Name, Mailing Address and Zip Code DAVID J. SCHOONMAKER 15532 LLOYD ST OMAHA, NE 68144-	Name of Employer FIREMAN'S FUND INS. CO. Occupation Territorial Director	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date ->	\$250.00	
D. Full Name, Mailing Address and Zip Code DAVID J. SCHOONMAKER 15532 LLOYD ST OMAHA, NE 68144-	Name of Employer FIREMAN'S FUND INS. CO. Occupation Territorial Director	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date ->	\$260.00	
E. Full Name, Mailing Address and Zip Code JOSEPH G. SHORES 217 N. CRAIG PLACE Lombard, IL 60148-	Name of Employer INTERSTATE INSURANCE CO. Occupation Vice President	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date ->	\$240.00	
F. Full Name, Mailing Address and Zip Code JOSEPH G. SHORES 217 N. CRAIG PLACE Lombard, IL 60148-	Name of Employer INTERSTATE INSURANCE CO. Occupation Vice President	Date (month, day, year) 12/04/98	Amount of Each Receipt this Period \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date ->	\$250.00	
G. Full Name, Mailing Address and Zip Code JOSEPH G. SHORES 217 N. CRAIG PLACE Lombard, IL 60148-	Name of Employer INTERSTATE INSURANCE CO. Occupation Vice President	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date ->	\$260.00	

SUBTOTAL of Receipts This Page (optional)	\$70.00
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

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) Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't			
<p>A. Full Name, Mailing Address and Zip Code JACK S. SMITH 124 CRESTA DRIVE #4 San Rafael, CA 94903-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER</p>	<p>Name of Employer FIREMAN'S FUND INS. CO.</p> <p>Occupation VICE PRESIDENT/GENERAL MANAGER</p> <p>Aggregate Year-to-Date -&gt; \$240.00</p>	<p>Date (month, day, year) 11/25/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>B. Full Name, Mailing Address and Zip Code JACK S. SMITH 124 CRESTA DRIVE #4 San Rafael, CA 94903-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER</p>	<p>Name of Employer FIREMAN'S FUND INS. CO.</p> <p>Occupation VICE PRESIDENT/GENERAL MANAGER</p> <p>Aggregate Year-to-Date -&gt; \$250.00</p>	<p>Date (month, day, year) 12/04/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>C. Full Name, Mailing Address and Zip Code JACK S. SMITH 124 CRESTA DRIVE #4 San Rafael, CA 94903-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER</p>	<p>Name of Employer FIREMAN'S FUND INS. CO.</p> <p>Occupation VICE PRESIDENT/GENERAL MANAGER</p> <p>Aggregate Year-to-Date -&gt; \$260.00</p>	<p>Date (month, day, year) 12/18/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>D. Full Name, Mailing Address and Zip Code JAMES K. STEVENSON 30 EAST HURON ST. APT 3510 NOVATO, CA 94949-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER</p>	<p>Name of Employer FIREMAN'S FUND INS. CO.</p> <p>Occupation SR. PRODUCT DIRECTOR</p> <p>Aggregate Year-to-Date -&gt; \$240.00</p>	<p>Date (month, day, year) 11/25/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>E. Full Name, Mailing Address and Zip Code JAMES K. STEVENSON 30 EAST HURON ST. APT 3510 NOVATO, CA 94949-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER</p>	<p>Name of Employer FIREMAN'S FUND INS. CO.</p> <p>Occupation SR. PRODUCT DIRECTOR</p> <p>Aggregate Year-to-Date -&gt; \$250.00</p>	<p>Date (month, day, year) 12/04/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>F. Full Name, Mailing Address and Zip Code JAMES K. STEVENSON 30 EAST HURON ST. APT 3510 NOVATO, CA 94949-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER</p>	<p>Name of Employer FIREMAN'S FUND INS. CO.</p> <p>Occupation SR. PRODUCT DIRECTOR</p> <p>Aggregate Year-to-Date -&gt; \$260.00</p>	<p>Date (month, day, year) 12/18/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>G. Full Name, Mailing Address and Zip Code WALTER G. STRAUSS 6 RED OAK DRIVE TABERNACLE, NJ 08088-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER</p>	<p>Name of Employer FIREMAN'S FUND INS. CO.</p> <p>Occupation SR. PROD MGMT EXEC</p> <p>Aggregate Year-to-Date -&gt; \$240.00</p>	<p>Date (month, day, year) 11/25/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>

SUBTOTAL of Receipts This Page (optional)	\$70.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 17 OF 18

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 general purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't			
<p>A. Full Name, Mailing Address and Zip Code WALTER G. STRAUSS 6 RED OAK DRIVE TABERNACLE, NJ 08088-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER</p>	<p>Name of Employer FIREMAN'S FUND INS. CO.</p> <p>Occupation SR PROD MGMT EXEC</p> <p>Aggregate Year-to-Date -&gt; \$250.00</p>	<p>Date (month, day, year) 12/04/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>B. Full Name, Mailing Address and Zip Code WALTER G. STRAUSS 6 RED OAK DRIVE TABERNACLE, NJ 08088-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER</p>	<p>Name of Employer FIREMAN'S FUND INS. CO.</p> <p>Occupation SR PROD MGMT EXEC</p> <p>Aggregate Year-to-Date -&gt; \$260.00</p>	<p>Date (month, day, year) 12/18/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>C. Full Name, Mailing Address and Zip Code RICHARD G. WARREN 251 SAN RAMON WAY NOVATO, CA 94945-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER</p>	<p>Name of Employer FIREMAN'S FUND INS. CO.</p> <p>Occupation SR. VICE PRESIDENT-CONTROLLER</p> <p>Aggregate Year-to-Date -&gt; \$960.00</p>	<p>Date (month, day, year) 11/25/98</p>	<p>Amount of Each Receipt this Period \$40.00</p>
<p>D. Full Name, Mailing Address and Zip Code RICHARD G. WARREN 251 SAN RAMON WAY NOVATO, CA 94945-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER</p>	<p>Name of Employer FIREMAN'S FUND INS. CO.</p> <p>Occupation SR. VICE PRESIDENT-CONTROLLER</p> <p>Aggregate Year-to-Date -&gt; \$1000.00</p>	<p>Date (month, day, year) 12/04/98</p>	<p>Amount of Each Receipt this Period \$40.00</p>
<p>E. Full Name, Mailing Address and Zip Code RICHARD G. WARREN 251 SAN RAMON WAY NOVATO, CA 94945-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER</p>	<p>Name of Employer FIREMAN'S FUND INS. CO.</p> <p>Occupation SR. VICE PRESIDENT-CONTROLLER</p> <p>Aggregate Year-to-Date -&gt; \$1040.00</p>	<p>Date (month, day, year) 12/18/98</p>	<p>Amount of Each Receipt this Period \$40.00</p>
<p>F. Full Name, Mailing Address and Zip Code SUZY WOENIAK 1511 S GAKHURST DR LOS ANGELES, CA 90035-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER</p>	<p>Name of Employer FIREMAN'S FUND INS. CO.</p> <p>Occupation ASST. VICE PRESIDENT</p> <p>Aggregate Year-to-Date -&gt; \$240.00</p>	<p>Date (month, day, year) 11/25/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>G. Full Name, Mailing Address and Zip Code SUZY WOENIAK 1511 S GAKHURST DR LOS ANGELES, CA 90035-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER</p>	<p>Name of Employer FIREMAN'S FUND INS. CO.</p> <p>Occupation ASST. VICE PRESIDENT</p> <p>Aggregate Year-to-Date -&gt; \$250.00</p>	<p>Date (month, day, year) 12/04/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>

SUBTOTAL of Receipts This Page (optional)	\$160.00
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

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 campaign purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't			
A. Full Name, Mailing Address and Zip Code SUZY WOSNIAK 1511 S OAKHURST DR LOS ANGELES, CA 90035- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer FIREMAN'S FUND INS. CO. Occupation ASST. VICE PRESIDENT Aggregate Year-to-Date -> \$260.00	Date (month, day, year) 12/18/98	Amount of Each Receipt this Period \$10.00
B. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$10.00
TOTAL This Period (last page this line number only)	\$2304.00

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be valid 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)**  
 Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't

A. Full Name, Mailing Address and Zip Code WESTAMERICA BANK P.O. Box 1088 Novato, CA 94948-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/30/98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date ->		\$7.03
		\$130.42	
B. Full Name, Mailing Address and Zip Code WESTAMERICA BANK P.O. Box 1088 Novato, CA 94948-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	12/31/98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date ->		\$5.90
		\$136.32	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	\$12.93
TOTAL This Period (last page this line number only)	\$12.93

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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)  
 Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't


A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ROD GRAMS CAMPAIGN 2000  320 EAST MAIN STREET  ANOKA, MN 55303-	U.S. Senate MN  Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/03/98	\$1000.00
B. Full Name, Mailing Address and Zip Code John Larson for Congress  131 Hartland Street  East Hartford, CT 06108-	Member of Congress CT-Dist 1  Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/11/98	\$300.00
C. 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)	/ /	Amount of Each Disbursement This Period
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)	/ /	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)	/ /	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)	/ /	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)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$1300.00
TOTAL This Period (last page this line number only)	\$1300.00

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1-20-99
<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	
 PREPARER	1-25-99 DATE PREPARED