

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

DEC 5 9 51 AM '98

1. NAME OF COMMITTEE (in full) Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't	2. FEC IDENTIFICATION NUMBER C00095109
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 777 San Marin Drive	3. <input type="checkbox"/> This committee qualified as a multicandidate committee. [see FEC FORM 1M]
CITY, STATE and ZIP CODE Novato, CA 94908	

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:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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>10/15/98</u> through <u>11/23/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$13220.03
(b) Cash on Hand at Beginning of Reporting Period	\$10488.83	
(c) Total Receipts (from Line 19)	\$2854.28	\$25924.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$13353.12	\$40144.97
7. Total Disbursements (from Line 30)	\$1400.00	\$30279.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$11953.12	\$9865.97
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		For further information contact: Federal Election Commission 990 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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

Type or Print Name of Treasurer
Deborah J. Nosowsky

Signature of Treasurer

Date
12/2/98

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

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FEC FORM 3X
(Revised 8/93)

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 10/15/98 TO: 11/23/98		
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (Use Schedule A)	\$2330.00	\$14255.00	11(a)(i)
ii. Unitemized	\$515.55	\$11593.70	11(a)(ii)
iii. Total (add i and ii)	\$2845.55	\$25848.70	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)	\$2845.55	\$25848.70	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.)	\$8.74	\$129.99	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)	\$2854.29	\$25978.69	19
20. Total Federal Receipts (subtract line 16 from line 19)	\$2854.29	\$25978.69	20
II. DISBURSEMENTS			
21. Operating Expenditures:			
a. Shared Federal/Non Federal Activity (from Schedule H-4)			
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	\$1400.00	\$30275.00	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)	\$1400.00	\$30279.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	\$1400.00	\$30279.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	\$2845.55	\$25848.70	32
33. Total Contribution Refunds (from line 28d)	\$0.00	\$0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$2845.55	\$25848.70	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 36 from 35)	\$0.00	\$4.00	37

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			
A. Full Name, Mailing Address and Zip Code KATHLEEN G. BISSELL 1269 LERIDA WAY PACIFICA, CA 94944-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/16/98	Amount of Each Receipt this Period \$15.00
	Occupation ASST. VP GOVT & IND AFFAIRS	Aggregate Year-to-Date -> \$315.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
B. Full Name, Mailing Address and Zip Code KATHLEEN G. BISSELL 1269 LERIDA WAY PACIFICA, CA 94944-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/27/98	Amount of Each Receipt this Period \$15.00
	Occupation ASST. VP GOVT & IND AFFAIRS	Aggregate Year-to-Date -> \$330.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
C. Full Name, Mailing Address and Zip Code GARY E BLACK 2 SUTTON LANE NOVATO, CA 94998-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/16/98	Amount of Each Receipt this Period \$100.00
	Occupation EXEC. VICE PRES. - CLAIMS	Aggregate Year-to-Date -> \$2100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
D. Full Name, Mailing Address and Zip Code GARY E BLACK 2 SUTTON LANE NOVATO, CA 94998-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/27/98	Amount of Each Receipt this Period \$100.00
	Occupation EXEC. VICE PRES. - CLAIMS	Aggregate Year-to-Date -> \$2200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
E. Full Name, Mailing Address and Zip Code GARY E BLACK 2 SUTTON LANE NOVATO, CA 94998-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/12/98	Amount of Each Receipt this Period \$100.00
	Occupation EXEC. VICE PRES. - CLAIMS	Aggregate Year-to-Date -> \$2300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
F. Full Name, Mailing Address and Zip Code FRANK A. BLAHA 11913 S. Carson Way Rich Cordova, CA 95670-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/16/98	Amount of Each Receipt this Period \$10.00
	Occupation PIRCO CLAIMS MGR.	Aggregate Year-to-Date -> \$210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
G. Full Name, Mailing Address and Zip Code FRANK A. BLAHA 11913 S. Carson Way Rich Cordova, CA 95670-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/27/98	Amount of Each Receipt this Period \$10.00
	Occupation PIRCO CLAIMS MGR.	Aggregate Year-to-Date -> \$220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			

SUBTOTAL of Receipts This Page (optional)	\$350.00
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 **18**
FOR LINE NUMBER **11(a)(i)**

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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 FRANK A. BLAHA 11913 S. Carson Way Rnch Cordova, CA 95870-</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 PIRSCO CLAIMS MGR.</p>	<p>Date (month, day, year) 11/12/98</p> <p>Aggregate Year-to-Date → \$230.00</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>B. Full Name, Mailing Address and Zip Code FREDERICK K. CHANG 1080 S. BERETANIA, #202 HONOLULU, HI 96814-</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</p>	<p>Date (month, day, year) 10/16/98</p> <p>Aggregate Year-to-Date → \$210.00</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>C. Full Name, Mailing Address and Zip Code FREDERICK K. CHANG 1080 S. BERETANIA, #202 HONOLULU, HI 96814-</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</p>	<p>Date (month, day, year) 10/27/98</p> <p>Aggregate Year-to-Date → \$220.00</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>D. Full Name, Mailing Address and Zip Code FREDERICK K. CHANG 1080 S. BERETANIA, #202 HONOLULU, HI 96814-</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</p>	<p>Date (month, day, year) 11/12/98</p> <p>Aggregate Year-to-Date → \$230.00</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>E. Full Name, Mailing Address and Zip Code THERESA M. CLARK 36 WOODLEAF 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 VICE PRESIDENT & GEN. MGR.</p>	<p>Date (month, day, year) 10/16/98</p> <p>Aggregate Year-to-Date → \$420.00</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>F. Full Name, Mailing Address and Zip Code THERESA M. CLARK 36 WOODLEAF 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 VICE PRESIDENT & GEN. MGR.</p>	<p>Date (month, day, year) 10/27/98</p> <p>Aggregate Year-to-Date → \$440.00</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>G. Full Name, Mailing Address and Zip Code THERESA M. CLARK 36 WOODLEAF 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 VICE PRESIDENT & GEN. MGR.</p>	<p>Date (month, day, year) 11/12/98</p> <p>Aggregate Year-to-Date → \$460.00</p>	<p>Amount of Each Receipt this Period \$20.00</p>

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

SCHEDULE A

ITEMIZED RECEIPTS

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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 DAVID L. CONWAY 886 SLATE DRIVE SANTA ROSA, CA 95405-</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 - ENTERTAINMENT</p> <p>Aggregate Year-to-Date → \$210.00</p>	<p>Date (month, day, year) 10/18/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>B. Full Name, Mailing Address and Zip Code DAVID L. CONWAY 986 SLATE DRIVE SANTA ROSA, CA 95405-</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 - ENTERTAINMENT</p> <p>Aggregate Year-to-Date → \$220.00</p>	<p>Date (month, day, year) 10/27/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>C. Full Name, Mailing Address and Zip Code DAVID L. CONWAY 986 SLATE DRIVE SANTA ROSA, CA 95405-</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 - ENTERTAINMENT</p> <p>Aggregate Year-to-Date → \$230.00</p>	<p>Date (month, day, year) 11/12/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>D. Full Name, Mailing Address and Zip Code KEITH F. CURRY 9034 GREENWAY LANE Shawnee Man, KS 66215-</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 BUSINESS DEV. MANAGER</p> <p>Aggregate Year-to-Date → \$210.00</p>	<p>Date (month, day, year) 10/18/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>E. Full Name, Mailing Address and Zip Code KEITH F. CURRY 9034 GREENWAY LANE Shawnee Man, KS 66215-</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 BUSINESS DEV. MANAGER</p> <p>Aggregate Year-to-Date → \$220.00</p>	<p>Date (month, day, year) 10/27/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>F. Full Name, Mailing Address and Zip Code KEITH F. CURRY 9034 GREENWAY LANE Shawnee Man, KS 66215-</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 BUSINESS DEV. MANAGER</p> <p>Aggregate Year-to-Date → \$230.00</p>	<p>Date (month, day, year) 11/12/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>G. Full Name, Mailing Address and Zip Code DEEMS DAVIS 3116 MONTECITO MEADOW DRIVE Santa Rosa, CA 95404-</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</p> <p>Aggregate Year-to-Date → \$380.00</p>	<p>Date (month, day, year) 10/16/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$80.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A

ITEMIZED RECEIPTS

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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 DEEMS DAVIS 3116 MONTECITO MEADOW DRIVE Santa Rosa, CA 95404-</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</p> <p>Aggregate Year-to-Date -> \$380.00</p>	<p>Date (month, day, year) 10/27/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>B. Full Name, Mailing Address and Zip Code DEEMS DAVIS 3116 MONTECITO MEADOW DRIVE Santa Rosa, CA 95404-</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</p> <p>Aggregate Year-to-Date -> \$400.00</p>	<p>Date (month, day, year) 11/12/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>C. Full Name, Mailing Address and Zip Code JOSEPH F. DILLON 45 PACHECO CREEK DR. 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. VICE PRESIDENT</p> <p>Aggregate Year-to-Date -> \$210.00</p>	<p>Date (month, day, year) 10/18/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>D. Full Name, Mailing Address and Zip Code JOSEPH F. DILLON 45 PACHECO CREEK DR. 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. VICE PRESIDENT</p> <p>Aggregate Year-to-Date -> \$220.00</p>	<p>Date (month, day, year) 10/27/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>E. Full Name, Mailing Address and Zip Code JOSEPH F. DILLON 45 PACHECO CREEK DR. 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. VICE PRESIDENT</p> <p>Aggregate Year-to-Date -> \$230.00</p>	<p>Date (month, day, year) 11/12/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>F. Full Name, Mailing Address and Zip Code FRANK S. DIPIETRO 1531 MARIA PLACE ROHNERT PARK, CA 94928-</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</p> <p>Aggregate Year-to-Date -> \$210.00</p>	<p>Date (month, day, year) 10/16/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>G. Full Name, Mailing Address and Zip Code FRANK S. DIPIETRO 1531 MARIA PLACE ROHNERT PARK, CA 94928-</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</p> <p>Aggregate Year-to-Date -> \$220.00</p>	<p>Date (month, day, year) 10/27/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$90.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

<p>A. Full Name, Mailing Address and Zip Code FRANK S. DIPIETRO 1531 MARIA PLACE ROHNERT PARK, CA 94928-</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</p> <p>Aggregate Year-to-Date → \$230.00</p>	<p>Date (month, day, year) 11/12/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>B. Full Name, Mailing Address and Zip Code BRUCE F. FRIEDBERG 5 ASHLEY COURT 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 SVP & CFO C/I</p> <p>Aggregate Year-to-Date → \$210.00</p>	<p>Date (month, day, year) 10/16/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>C. Full Name, Mailing Address and Zip Code BRUCE F. FRIEDBERG 5 ASHLEY COURT 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 SVP & CFO C/I</p> <p>Aggregate Year-to-Date → \$220.00</p>	<p>Date (month, day, year) 10/27/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>D. Full Name, Mailing Address and Zip Code BRUCE F. FRIEDBERG 5 ASHLEY COURT 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 SVP & CFO C/I</p> <p>Aggregate Year-to-Date → \$230.00</p>	<p>Date (month, day, year) 11/12/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>E. Full Name, Mailing Address and Zip Code K. M. GODFREY 168 PURRINGTON RD. PETALUMA, CA 94952-</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 VP PREMIUM AUDIT</p> <p>Aggregate Year-to-Date → \$315.00</p>	<p>Date (month, day, year) 10/16/98</p>	<p>Amount of Each Receipt this Period \$15.00</p>
<p>F. Full Name, Mailing Address and Zip Code K. M. GODFREY 168 PURRINGTON RD. PETALUMA, CA 94952-</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 VP PREMIUM AUDIT</p> <p>Aggregate Year-to-Date → \$330.00</p>	<p>Date (month, day, year) 10/27/98</p>	<p>Amount of Each Receipt this Period \$15.00</p>
<p>G. Full Name, Mailing Address and Zip Code K. M. GODFREY 168 PURRINGTON RD. PETALUMA, CA 94952-</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 VP PREMIUM AUDIT</p> <p>Aggregate Year-to-Date → \$345.00</p>	<p>Date (month, day, year) 11/12/98</p>	<p>Amount of Each Receipt this Period \$15.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$65.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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 DARRELL A. GRAY 3316 BALZAC STREET ALHAMBRA, CA 91803-</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 TERR SLS MGR</p> <p>Aggregate Year-to-Date → \$525.00</p>	<p>Date (month, day, year) 10/16/98</p>	<p>Amount of Each Receipt this Period \$25.00</p>
<p>B. Full Name, Mailing Address and Zip Code DARRELL A. GRAY 3316 BALZAC STREET ALHAMBRA, CA 91803-</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 TERR SLS MGR</p> <p>Aggregate Year-to-Date → \$550.00</p>	<p>Date (month, day, year) 10/27/98</p>	<p>Amount of Each Receipt this Period \$25.00</p>
<p>C. Full Name, Mailing Address and Zip Code DARRELL A. GRAY 3316 BALZAC STREET ALHAMBRA, CA 91803-</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 TERR SLS MGR</p> <p>Aggregate Year-to-Date → \$575.00</p>	<p>Date (month, day, year) 11/12/98</p>	<p>Amount of Each Receipt this Period \$25.00</p>
<p>D. Full Name, Mailing Address and Zip Code DANA P. HENDERSHOTT 921 COURT WAY SAN DIEGO, CA 92103-</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 VP Marketing & Planning</p> <p>Aggregate Year-to-Date → \$630.00</p>	<p>Date (month, day, year) 10/16/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>E. Full Name, Mailing Address and Zip Code DANA P. HENDERSHOTT 921 COURT WAY SAN DIEGO, CA 92103-</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 VP Marketing & Planning</p> <p>Aggregate Year-to-Date → \$660.00</p>	<p>Date (month, day, year) 10/27/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>F. Full Name, Mailing Address and Zip Code DANA P. HENDERSHOTT 921 COURT WAY SAN DIEGO, CA 92103-</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 VP Marketing & Planning</p> <p>Aggregate Year-to-Date → \$690.00</p>	<p>Date (month, day, year) 11/12/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>G. Full Name, Mailing Address and Zip Code PHILIP B. HIGGINS 6097 DUBARRY CT. ROHNERT PARK, CA 94828-</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 CI</p> <p>Aggregate Year-to-Date → \$210.00</p>	<p>Date (month, day, year) 10/16/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>

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

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

<p>A. Full Name, Mailing Address and Zip Code PHILIP B. HIGGINS 6097 DUBARRY CT. ROHNERT PARK, CA 94928-</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 CI</p> <p>Aggregate Year-to-Date → \$220.00</p>	<p>Date (month, day, year) 10/27/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>B. Full Name, Mailing Address and Zip Code PHILIP B. HIGGINS 6097 DUBARRY CT. ROHNERT PARK, CA 94928-</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 CI</p> <p>Aggregate Year-to-Date → \$230.00</p>	<p>Date (month, day, year) 11/12/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>C. Full Name, Mailing Address and Zip Code BILL HOLLEY 9220 BURLEY LANE Laurel, MD 20723-</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 Director</p> <p>Aggregate Year-to-Date → \$180.00</p>	<p>Date (month, day, year) 10/16/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>D. Full Name, Mailing Address and Zip Code BILL HOLLEY 9220 BURLEY LANE Laurel, MD 20723-</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 Director</p> <p>Aggregate Year-to-Date → \$190.00</p>	<p>Date (month, day, year) 10/27/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>E. Full Name, Mailing Address and Zip Code BILL HOLLEY 9220 BURLEY LANE Laurel, MD 20723-</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 Director</p> <p>Aggregate Year-to-Date → \$200.00</p>	<p>Date (month, day, year) 11/12/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>F. Full Name, Mailing Address and Zip Code AGUSTIN C. HOTH 185 SAN FELIPE 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 U/W Executive Director</p> <p>Aggregate Year-to-Date → \$315.00</p>	<p>Date (month, day, year) 10/16/98</p>	<p>Amount of Each Receipt this Period \$15.00</p>
<p>G. Full Name, Mailing Address and Zip Code AGUSTIN C. HOTH 185 SAN FELIPE 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 U/W Executive Director</p> <p>Aggregate Year-to-Date → \$330.00</p>	<p>Date (month, day, year) 10/27/98</p>	<p>Amount of Each Receipt this Period \$15.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$80.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

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)(f)**

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 AGUSTIN C. HOTH 185 SAN FELIPE 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 UAW Executive Director</p> <p>Aggregate Year-to-Date -> \$345.00</p>	<p>Date (month, day, year) 11/12/98</p>	<p>Amount of Each Receipt this Period \$15.00</p>
<p>B. Full Name, Mailing Address and Zip Code PAUL E. HOUGH 92 LAURA LANE FAIRFAX, CA 94930-</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 VP & ACT S/I</p> <p>Aggregate Year-to-Date -> \$315.00</p>	<p>Date (month, day, year) 10/16/98</p>	<p>Amount of Each Receipt this Period \$15.00</p>
<p>C. Full Name, Mailing Address and Zip Code PAUL E. HOUGH 92 LAURA LANE FAIRFAX, CA 94930-</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 VP & ACT S/I</p> <p>Aggregate Year-to-Date -> \$330.00</p>	<p>Date (month, day, year) 10/27/98</p>	<p>Amount of Each Receipt this Period \$15.00</p>
<p>D. Full Name, Mailing Address and Zip Code PAUL E. HOUGH 92 LAURA LANE FAIRFAX, CA 94930-</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 VP & ACT S/I</p> <p>Aggregate Year-to-Date -> \$345.00</p>	<p>Date (month, day, year) 11/12/98</p>	<p>Amount of Each Receipt this Period \$15.00</p>
<p>E. Full Name, Mailing Address and Zip Code WILLIAM J. HUTCHINSON 8 PUFFIN CT. NOVATO, CA 94947-</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 MGR EQUIP PLNG</p> <p>Aggregate Year-to-Date -> \$315.00</p>	<p>Date (month, day, year) 10/18/98</p>	<p>Amount of Each Receipt this Period \$15.00</p>
<p>F. Full Name, Mailing Address and Zip Code WILLIAM J. HUTCHINSON 8 PUFFIN CT. NOVATO, CA 94947-</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 MGR EQUIP PLNG</p> <p>Aggregate Year-to-Date -> \$330.00</p>	<p>Date (month, day, year) 10/27/98</p>	<p>Amount of Each Receipt this Period \$15.00</p>
<p>G. Full Name, Mailing Address and Zip Code WILLIAM J. HUTCHINSON 8 PUFFIN CT. NOVATO, CA 94947-</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 MGR EQUIP PLNG</p> <p>Aggregate Year-to-Date -> \$345.00</p>	<p>Date (month, day, year) 11/12/98</p>	<p>Amount of Each Receipt this Period \$15.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$105.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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 F. IBELLO 3498 BANYAN ST. SANTA ROSA, CA 95403-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/16/98	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 AVP ENVRN CLMS	Aggregate Year-to-Date -> \$210.00	
B. Full Name, Mailing Address and Zip Code GARY F. IBELLO 3498 BANYAN ST. SANTA ROSA, CA 95403-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/27/98	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 AVP ENVRN CLMS	Aggregate Year-to-Date -> \$220.00	
C. Full Name, Mailing Address and Zip Code GARY F. IBELLO 3498 BANYAN ST. SANTA ROSA, CA 95403-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/12/98	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 AVP ENVRN CLMS	Aggregate Year-to-Date -> \$230.00	
D. Full Name, Mailing Address and Zip Code ROBERT L. KING 99 GREENWOOD WAY MILL VALLEY, CA 94941-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/16/98	Amount of Each Receipt this Period \$15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Occupation SR. PRODUCT DIRECTOR	Aggregate Year-to-Date -> \$315.00	
E. Full Name, Mailing Address and Zip Code ROBERT L. KING 99 GREENWOOD WAY MILL VALLEY, CA 94941-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/27/98	Amount of Each Receipt this Period \$15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Occupation SR. PRODUCT DIRECTOR	Aggregate Year-to-Date -> \$330.00	
F. Full Name, Mailing Address and Zip Code ROBERT L. KING 99 GREENWOOD WAY MILL VALLEY, CA 94941-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/12/98	Amount of Each Receipt this Period \$15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Occupation SR. PRODUCT DIRECTOR	Aggregate Year-to-Date -> \$345.00	
G. Full Name, Mailing Address and Zip Code PAUL J. LAPERRIERE 2016 FOXTAIL COURT Santa Rosa, CA 95403-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/16/98	Amount of Each Receipt this Period \$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Occupation SR. VICE PRESIDENT-PERS. INS.	Aggregate Year-to-Date -> \$840.00	

SUBTOTAL of Receipts This Page (optional)	\$115.00
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 18
FOR LINE NUMBER 11(a)(j)

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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 PAUL J. LAPERRIERE 2016 FOXTAIL COURT Santa Rosa, CA 95403-</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-PERS. INS.</p> <p>Aggregate Year-to-Date -> \$880.00</p>	<p>Date (month, day, year) 10/27/98</p>	<p>Amount of Each Receipt this Period \$40.00</p>
<p>B. Full Name, Mailing Address and Zip Code PAUL J. LAPERRIERE 2016 FOXTAIL COURT Santa Rosa, CA 95403-</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-PERS. INS.</p> <p>Aggregate Year-to-Date -> \$920.00</p>	<p>Date (month, day, year) 11/12/98</p>	<p>Amount of Each Receipt this Period \$40.00</p>
<p>C. Full Name, Mailing Address and Zip Code SHIRLEY LAWRENCE 41 KNOB HILL Orchard Park, NY 14127-</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 STAFF COUNSEL</p> <p>Aggregate Year-to-Date -> \$210.00</p>	<p>Date (month, day, year) 10/16/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>D. Full Name, Mailing Address and Zip Code SHIRLEY LAWRENCE 41 KNOB HILL Orchard Park, NY 14127-</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 STAFF COUNSEL</p> <p>Aggregate Year-to-Date -> \$220.00</p>	<p>Date (month, day, year) 10/27/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>E. Full Name, Mailing Address and Zip Code SHIRLEY LAWRENCE 41 KNOB HILL Orchard Park, NY 14127-</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 STAFF COUNSEL</p> <p>Aggregate Year-to-Date -> \$230.00</p>	<p>Date (month, day, year) 11/12/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>F. Full Name, Mailing Address and Zip Code PETER A. LEFKIN 4112 38TH ST MW WASHINGTON, DC 20016-</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. VP-GOVERNMENT AFFAIRS</p> <p>Aggregate Year-to-Date -> \$1050.00</p>	<p>Date (month, day, year) 10/16/98</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>G. Full Name, Mailing Address and Zip Code PETER A. LEFKIN 4112 38TH ST MW WASHINGTON, DC 20016-</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. VP-GOVERNMENT AFFAIRS</p> <p>Aggregate Year-to-Date -> \$1100.00</p>	<p>Date (month, day, year) 10/27/98</p>	<p>Amount of Each Receipt this Period \$50.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$210.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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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 PETER A. LEFKIN 4112 38TH ST NW WASHINGTON, DC 20016-	Name of Employer FIREMAN'S FUND INS. CO. Occupation SR. VP-GOVERNMENT AFFAIRS	Date (month, day, year) 11/12/98	Amount of Each Receipt this Period \$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date -> \$1150.00		
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) 10/16/98	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 -> \$210.00		
C. 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) 10/27/98	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 -> \$220.00		
D. 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) 11/12/98	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 -> \$230.00		
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) 10/16/98	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 -> \$420.00		
F. 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) 10/27/98	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 -> \$440.00		
G. 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) 11/12/98	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 -> \$460.00		

SUBTOTAL of Receipts This Page (optional)	\$140.00
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 CHARLES E. MCAULEY III 822 MAC MAHAN WAY PETALUMA, CA 94954-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/16/98	Amount of Each Receipt this Period \$10.00
	Occupation ASST. VICE PRESIDENT	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 CHARLES E. MCAULEY III 822 MAC MAHAN WAY PETALUMA, CA 94954-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/27/98	Amount of Each Receipt this Period \$10.00
	Occupation ASST. VICE PRESIDENT	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 CLAYTON J. MOSES 4340 HERITAGE LANE ROHNERT PARK, CA 94928-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/16/98	Amount of Each Receipt this Period \$10.00
	Occupation Vice Pres. Zone Claims Exec.	Aggregate Year-to-Date -> \$210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
D. Full Name, Mailing Address and Zip Code CLAYTON J. MOSES 4340 HERITAGE LANE ROHNERT PARK, CA 94928-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/27/98	Amount of Each Receipt this Period \$10.00
	Occupation Vice Pres. Zone Claims Exec.	Aggregate Year-to-Date -> \$220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
E. Full Name, Mailing Address and Zip Code CLAYTON J. MOSES 4340 HERITAGE LANE ROHNERT PARK, CA 94928-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/12/98	Amount of Each Receipt this Period \$10.00
	Occupation Vice Pres. Zone Claims Exec.	Aggregate Year-to-Date -> \$230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
F. Full Name, Mailing Address and Zip Code CAROL R. NEWMAN 3110 POLLY LANE FLOSSMORR, IL 60422-	Name of Employer INTERSTATE INSURANCE CO.	Date (month, day, year) 10/16/98	Amount of Each Receipt this Period \$15.00
	Occupation GENERAL COUNSEL	Aggregate Year-to-Date -> \$315.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
G. Full Name, Mailing Address and Zip Code CAROL R. NEWMAN 3110 POLLY LANE FLOSSMORR, IL 60422-	Name of Employer INTERSTATE INSURANCE CO.	Date (month, day, year) 10/27/98	Amount of Each Receipt this Period \$15.00
	Occupation GENERAL COUNSEL	Aggregate Year-to-Date -> \$330.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			

SUBTOTAL of Receipts This Page (optional)	\$80.00
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)
Fireman's Fund Ins. Co. Employee's Com. for Responsible Gov't

<p>A. Full Name, Mailing Address and Zip Code CAROL R. NEWMAN 3110 POLLY LANE FLOSSMORR, IL 60422-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER</p>	<p>Name of Employer INTERSTATE INSURANCE CO.</p> <p>Occupation GENERAL COUNSEL</p> <p>Aggregate Year-to-Date → \$345.00</p>	<p>Date (month, day, year) 11/12/98</p>	<p>Amount of Each Receipt this Period \$15.00</p>
<p>B. Full Name, Mailing Address and Zip Code DAVID R. POLLARD 1998 LONG LEAF COURT SANTA ROSA, CA 95403-</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 PRES. PERSONAL INS.</p> <p>Aggregate Year-to-Date → \$630.00</p>	<p>Date (month, day, year) 10/16/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>C. Full Name, Mailing Address and Zip Code DAVID R. POLLARD 1998 LONG LEAF COURT SANTA ROSA, CA 95403-</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 PRES. PERSONAL INS.</p> <p>Aggregate Year-to-Date → \$660.00</p>	<p>Date (month, day, year) 10/27/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>D. Full Name, Mailing Address and Zip Code DAVID R. POLLARD 1998 LONG LEAF COURT SANTA ROSA, CA 95403-</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 PRES. PERSONAL INS.</p> <p>Aggregate Year-to-Date → \$690.00</p>	<p>Date (month, day, year) 11/12/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>E. Full Name, Mailing Address and Zip Code NEIL T. PUTMAN 1078 COUNTRY CLUB DRIVE Petaluma, CA 94952-</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 → \$210.00</p>	<p>Date (month, day, year) 10/16/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>F. Full Name, Mailing Address and Zip Code NEIL T. PUTMAN 1078 COUNTRY CLUB DRIVE Petaluma, CA 94952-</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 → \$220.00</p>	<p>Date (month, day, year) 10/27/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>G. Full Name, Mailing Address and Zip Code NEIL T. PUTMAN 1078 COUNTRY CLUB DRIVE Petaluma, CA 94952-</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 → \$230.00</p>	<p>Date (month, day, year) 11/12/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$135.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

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 RUSSELL M. ROBISON 5417 CASSANDRA WAY SANTA ROSA, CA 95403-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/16/98	Amount of Each Receipt this Period \$10.00
	Occupation AVP DIR P/L MKTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date → \$210.00		
B. Full Name, Mailing Address and Zip Code RUSSELL M. ROBISON 5417 CASSANDRA WAY SANTA ROSA, CA 95403-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/27/98	Amount of Each Receipt this Period \$10.00
	Occupation AVP DIR P/L MKTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date → \$220.00		
C. Full Name, Mailing Address and Zip Code RUSSELL M. ROBISON 5417 CASSANDRA WAY SANTA ROSA, CA 95403-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/12/98	Amount of Each Receipt this Period \$10.00
	Occupation AVP DIR P/L MKTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date → \$230.00		
D. Full Name, Mailing Address and Zip Code THOMAS E. ROWE 40 VERISSIMO DRIVE NOVATO, CA 94945-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/16/98	Amount of Each Receipt this Period \$75.00
	Occupation PRESIDENT - COMMERCIAL INS DIV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date → \$1575.00		
E. Full Name, Mailing Address and Zip Code THOMAS E. ROWE 40 VERISSIMO DRIVE NOVATO, CA 94945-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/27/98	Amount of Each Receipt this Period \$75.00
	Occupation PRESIDENT - COMMERCIAL INS DIV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date → \$1650.00		
F. Full Name, Mailing Address and Zip Code THOMAS E. ROWE 40 VERISSIMO DRIVE NOVATO, CA 94945-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/12/98	Amount of Each Receipt this Period \$75.00
	Occupation PRESIDENT - COMMERCIAL INS DIV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date → \$1725.00		
G. Full Name, Mailing Address and Zip Code JEFF SAUNDERS 1014 PHILLIPS AVE. PETALUMA, CA 94952	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/16/98	Amount of Each Receipt this Period \$10.00
	Occupation SR. PRODUCT DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Aggregate Year-to-Date → \$210.00		

SUBTOTAL of Receipts This Page (optional)	\$265.00
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 JEFF SAUNDERS 1014 PHILLIPS AVE. PETALUMA, CA 94952	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/27/98	Amount of Each Receipt this Period \$10.00
	Occupation SR. PRODUCT DIRECTOR	Aggregate Year-to-Date -> \$220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
B. Full Name, Mailing Address and Zip Code JEFF SAUNDERS 1014 PHILLIPS AVE. PETALUMA, CA 94952	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/12/98	Amount of Each Receipt this Period \$10.00
	Occupation SR. PRODUCT DIRECTOR	Aggregate Year-to-Date -> \$230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
C. Full Name, Mailing Address and Zip Code DAVID J. SCHOONMAKER 15532 LLOYD ST OMAHA, NE 68144-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/16/98	Amount of Each Receipt this Period \$10.00
	Occupation Territorial Director	Aggregate Year-to-Date -> \$210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
D. Full Name, Mailing Address and Zip Code DAVID J. SCHOONMAKER 15532 LLOYD ST OMAHA, NE 68144-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/27/98	Amount of Each Receipt this Period \$10.00
	Occupation Territorial Director	Aggregate Year-to-Date -> \$220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
E. Full Name, Mailing Address and Zip Code DAVID J. SCHOONMAKER 15532 LLOYD ST OMAHA, NE 68144-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/12/98	Amount of Each Receipt this Period \$10.00
	Occupation Territorial Director	Aggregate Year-to-Date -> \$230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
F. Full Name, Mailing Address and Zip Code JOSEPH G. SHORES 217 N. CRAIG PLACE Lombard, IL 60148-	Name of Employer INTERSTATE INSURANCE CO.	Date (month, day, year) 10/16/98	Amount of Each Receipt this Period \$10.00
	Occupation Vice President	Aggregate Year-to-Date -> \$210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
G. Full Name, Mailing Address and Zip Code JOSEPH G. SHORES 217 N. CRAIG PLACE Lombard, IL 60148-	Name of Employer INTERSTATE INSURANCE CO.	Date (month, day, year) 10/27/98	Amount of Each Receipt this Period \$10.00
	Occupation Vice President	Aggregate Year-to-Date -> \$220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			

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

SCHEDULE A

ITEMIZED RECEIPTS

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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 JOSEPH G. SHORES 217 N. DRAIG PLACE Lombard, IL 60148- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer INTERSTATE INSURANCE CO. Occupation Vice President Aggregate Year-to-Date ->	Date (month, day, year) 11/12/98 Amount of Each Receipt this Period \$10.00
B. Full Name, Mailing Address and Zip Code JACK S. SMITH 124 CRESTA DRIVE #4 San Rafael, CA 94903- 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/GENERAL MANAGER Aggregate Year-to-Date ->	Date (month, day, year) 10/16/98 Amount of Each Receipt this Period \$10.00
C. Full Name, Mailing Address and Zip Code JACK S. SMITH 124 CRESTA DRIVE #4 San Rafael, CA 94903- 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/GENERAL MANAGER Aggregate Year-to-Date ->	Date (month, day, year) 10/27/98 Amount of Each Receipt this Period \$10.00
D. Full Name, Mailing Address and Zip Code JACK S. SMITH 124 CRESTA DRIVE #4 San Rafael, CA 94903- 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/GENERAL MANAGER Aggregate Year-to-Date ->	Date (month, day, year) 11/12/98 Amount of Each Receipt this Period \$10.00
E. Full Name, Mailing Address and Zip Code JAMES K. STEVENSON 30 EAST HURON ST. APT 3510 NOVATO, CA 94949- 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. PRODUCT DIRECTOR Aggregate Year-to-Date ->	Date (month, day, year) 10/16/98 Amount of Each Receipt this Period \$10.00
F. Full Name, Mailing Address and Zip Code JAMES K. STEVENSON 30 EAST HURON ST. APT 3510 NOVATO, CA 94949- 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. PRODUCT DIRECTOR Aggregate Year-to-Date ->	Date (month, day, year) 10/27/98 Amount of Each Receipt this Period \$10.00
G. Full Name, Mailing Address and Zip Code JAMES K. STEVENSON 30 EAST HURON ST. APT 3510 NOVATO, CA 94949- 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. PRODUCT DIRECTOR Aggregate Year-to-Date ->	Date (month, day, year) 11/12/98 Amount of Each Receipt this Period \$10.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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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 WALTER G. STRAUSS 6 RED OAK DRIVE TABERNACLE, NJ 08088- 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) 10/16/98	Amount of Each Receipt this Period \$10.00
	Occupation SR PROD MGMT EXEC	Aggregate Year-to-Date -> \$210.00	
B. Full Name, Mailing Address and Zip Code WALTER G. STRAUSS 6 RED OAK DRIVE TABERNACLE, NJ 08088- 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) 10/27/98	Amount of Each Receipt this Period \$10.00
	Occupation SR PROD MGMT EXEC	Aggregate Year-to-Date -> \$220.00	
C. Full Name, Mailing Address and Zip Code WALTER G. STRAUSS 6 RED OAK DRIVE TABERNACLE, NJ 08088- 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) 11/12/98	Amount of Each Receipt this Period \$10.00
	Occupation SR PROD MGMT EXEC	Aggregate Year-to-Date -> \$230.00	
D. Full Name, Mailing Address and Zip Code RICHARD G. WARREN 251 SAN RAMON WAY 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) 10/16/98	Amount of Each Receipt this Period \$40.00
	Occupation SR. VICE PRESIDENT-CONTROLLER	Aggregate Year-to-Date -> \$840.00	
E. Full Name, Mailing Address and Zip Code RICHARD G. WARREN 251 SAN RAMON WAY 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) 10/27/98	Amount of Each Receipt this Period \$40.00
	Occupation SR. VICE PRESIDENT-CONTROLLER	Aggregate Year-to-Date -> \$880.00	
F. Full Name, Mailing Address and Zip Code RICHARD G. WARREN 251 SAN RAMON WAY 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) 11/12/98	Amount of Each Receipt this Period \$40.00
	Occupation SR. VICE PRESIDENT-CONTROLLER	Aggregate Year-to-Date -> \$920.00	
G. Full Name, Mailing Address and Zip Code SUZY WOZNAK 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.	Date (month, day, year) 10/16/98	Amount of Each Receipt this Period \$10.00
	Occupation ASST. VICE PRESIDENT	Aggregate Year-to-Date -> \$210.00	

SUBTOTAL of Receipts This Page (optional)	\$160.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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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 WOZNAK 1511 S OAKHURST DR LOS ANGELES, CA 90035-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 10/27/98	Amount of Each Receipt this Period \$10.00
	Occupation ASST. VICE PRESIDENT	Aggregate Year-to-Date → \$220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
B. Full Name, Mailing Address and Zip Code SUZY WOZNAK 1511 S OAKHURST DR LOS ANGELES, CA 90035-	Name of Employer FIREMAN'S FUND INS. CO.	Date (month, day, year) 11/12/98	Amount of Each Receipt this Period \$10.00
	Occupation ASST. VICE PRESIDENT	Aggregate Year-to-Date → \$230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER			
C. Full Name, Mailing Address and Zip Code .	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date →	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
D. Full Name, Mailing Address and Zip Code .	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date →	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
E. Full Name, Mailing Address and Zip Code .	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date →	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
F. Full Name, Mailing Address and Zip Code .	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date →	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
G. Full Name, Mailing Address and Zip Code .	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date →	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	\$20.00
TOTAL This Period (last page this line number only)	\$2330.00

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

A. Full Name, Mailing Address and Zip Code WESTAMERICA BANK P.O. Box 1088 Novato, CA 94948- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OTHER	Name of Employer Occupation Bank Aggregate Year-to-Date ->	Date (month, day, year) 10/30/98 Aggregate Year-to-Date ->	Amount of Each Receipt this Period \$8.74 \$123.39
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	Date (month, day, year) / / Aggregate Year-to-Date ->	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	Date (month, day, year) / / Aggregate Year-to-Date ->	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	Date (month, day, year) / / Aggregate Year-to-Date ->	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	Date (month, day, year) / / Aggregate Year-to-Date ->	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	Date (month, day, year) / / Aggregate Year-to-Date ->	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	Date (month, day, year) / / Aggregate Year-to-Date ->	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$8.74
TOTAL This Period (last page this line number only)	\$8.74

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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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
EHRlich FOR CONGRESS 1527 YORK ROAD Lutherville, MD 21093-	Member of Congress MD-Dist 2 Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/98	\$300.00
RANDY HOFFMAN FOR CONGRESS PO BOX 16751 Enclho, CA 91416-6751	Member of Congress CA-Dist 2 Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/98	\$300.00
DARLENE HOOLEY FOR CONGRESS P.O. Box 485 West Linn, OR 97068	Member of Congress OR-Dist 5 Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/98	\$300.00
GARY MILLER FOR CONGRESS COMMITTEE 721 SOUTH BREA CANYON ROAD - SUITE 7 Walnut, CA 91789-	Member of Congress CA-Dist 41 Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	\$500.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	//	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)	\$1400.00
TOTAL This Period (last page this line number only)	\$1400.00

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 12/2/98
<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	
KRS PREPARER	12/5/98 DATE PREPARED