

# REPORT OF RECEIPTS AND DISBURSEMENTS RECEIVED FEC MAIL ROOM

For Other Than An Authorized Committee  
(Summary Page)

2000 JUN 21 P 3 48

<b>1. NAME OF COMMITTEE (in full)</b> FIRMEN'S FUND INSURANCE COMPANY EMPLOYEES COMMITTEE FOR RESPONSIBLE GOVERNMENT (FUNDRAIS)	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported. 591 BROADWOOD JUNE, BLDG. 4000	<b>2. FEC IDENTIFICATION NUMBER</b> C00095109
<b>CITY, STATE and ZIP CODE</b> MT. VALLEY, CA 94941	<b>3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)</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:
- |                                      |   |                                      |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> February 20 | <input checked="" 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  |
- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election 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 05/01/2000 through 05/31/2000		
6. (a) Cash on Hand January 1, 2000		\$ 17002.27
(b) Cash on Hand at Beginning of Reporting Period	\$ 12811.03	
(c) Total Receipts (from Line 19)	\$ 2661.94	\$ 13970.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 15472.97	\$ 30972.97
7. Total Disbursements (from Line 30)	\$ 3250.00	\$ 18750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 12222.97	\$ 12222.97
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-884-1100

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: **Steven S. Lucas, Esq. Assistant Treasurer**

Signature of Treasurer: 

Date: **6/13/00**

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
FIREMAN'S FOND INSURANCE COMPANY EMPLOYEES COMMITTEE FOR RESPONSIBLE GOVERNANCE	05/01/2000	05/31/2000	
	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees:			
i. Itemized (Use Schedule A) .....	1122.00	3926.00	11(a)(i)
ii. Unitemized .....	1539.94	10044.70	11(a)(ii)
iii. Total .....	2661.94	13970.70	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 .....	2661.94	13970.70	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.) .....	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00	18
19. Total Receipts .....	2661.94	13970.70	19
20. Total Federal Receipts .....	2661.94	13970.70	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal (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	0.00	21(b)
c. Total Operating Expenditures .....	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	3000.00	17500.00	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. Individual/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 .....	0.00	0.00	28(d)
29. Other Disbursements .....	250.00	1250.00	29
30. Total Disbursements .....	3250.00	18750.00	30
31. Total Federal Disbursements .....	3250.00	18750.00	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) .....	2661.94	13970.70	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) .....	2661.94	13970.70	34
35. Total Federal Operating Expenditures .....	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36
37. Net Operating Expenditures .....	0.00	0.00	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 4  
FOR LINE NUMBER 11 (a) (i)

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

**NAME OF COMMITTEE (In Full)**

FIREMAN'S FUND INSURANCE COMPANY EMPLOYEES COMMITTEE FOR RESPONSIBLE GOVERNMENT (FLYDEAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY S BLACK 2 SUTTON LANE NOVATO, CA 94988-  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	FIREMAN'S FUND INS. CO.  Occupation EXEC. VICE PRES. - CLAIMS Aggregate Year-to-Date \$ 1000.00	05/09/2000	\$100.00
DAVID L. CONWAY 966 SLATE DRIVE SANTA ROSA, CA 95405-  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	FIREMAN'S FUND INS. CO.  Occupation SR. VICE PRESIDENT - MARINE Aggregate Year-to-Date \$ 400.00	05/09/2000	\$40.00
JOSEPH F. DILLON 45 PACHECO CREEK DR. NOVATO, CA 94949-  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	FIREMAN'S FUND INS. CO.  Occupation SR. VICE PRESIDENT Aggregate Year-to-Date \$ 260.00	05/09/2000	\$30.00
DARRELL A. GRAY 3316 HALZAC STREET ALJAMBRA, CA 91803-  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	FIREMAN'S FUND INS. CO.  Occupation DIRECTOR - WARRANTY SERVICES Aggregate Year-to-Date \$ 250.00	05/09/2000	\$25.00
MARK A. HARMON 777 SAN MARIN DRIVE NOVATO, CA 94996  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	FIREMAN'S FUND INSURANCE CO.  Occupation EXECUTIVE Aggregate Year-to-Date \$ 436.00	05/09/2000	\$6.00
DANA P. HENDERSHOFF 921 COURT WAY SAN DIEGO, CA 92103-  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	FIREMAN'S FUND INS. CO.  Occupation SVT / CFO Aggregate Year-to-Date \$ 400.00	05/09/2000	\$40.00
James D. Simpson 6 Greenpoint Novato, CA 94945-  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	FIREMAN'S FUND INS. CO.  Occupation SR. VICE PRESIDENT Aggregate Year-to-Date \$ 500.00	05/09/2000	\$50.00
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			291.00
<b>TOTAL</b> 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 4  
FOR LINE NUMBER 11(a) (1)

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**NAME OF COMMITTEE (in Full)**

FIREMAN'S FUND INSURANCE COMPANY EMPLOYEES COMMITTEE FOR RESPONSIBLE GOVERNMENT (FIRMDFAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
PETER A. LEBKIN 4112 38TH ST NW WASHINGTON, DC 20016- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	FIREMAN'S FUND INS. CO. SR. VP-GOVERNMENT AFFAIRS \$ 750.00	05/09/2000	\$75.00
B. Full Name, Mailing Address and ZIP Code Paul J. Lapezziere 2016 FOXFALD COURT Santa Rosa, CA 95403- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	FIREMAN'S FUND INS. CO. BR. VICE PRESIDENT PERS. INS. \$ 600.00	05/09/2000	\$60.00
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 checked="" type="checkbox"/> Other (specify):	FIREMAN'S FUND INS. CO. SR. VICE PRES. PERSONAL INS. \$ 300.00	05/09/2000	\$30.00
D. Full Name, Mailing Address and ZIP Code THOMAS E. ROWE 40 VERISSIMO DRIVE NOVATO, CA 94945- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	FIREMAN'S FUND INS. CO. PRESIDENT - COMMERCIAL INS DIV \$ 750.00	05/09/2000	\$75.00
E. Full Name, Mailing Address and ZIP Code Warren D. Montgomery 6 SENSACOLA CT. Novato, CA 94949- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	FIREMAN'S FUND INS. CO. Chief Actuary \$ 300.00	05/09/2000	\$30.00
F. Full Name, Mailing Address and ZIP Code GARY B BLACK 2 SUTTON LANE NOVATO, CA 94948 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	FIREMAN'S FUND INS. CO. EXEC. VICE PRES. - CLAIMS \$ 1000.00	05/16/2000	\$100.00
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 checked="" type="checkbox"/> Other (specify):	FIREMAN'S FUND INS. CO. SR. VICE PRESIDENT - MARINE \$ 400.00	05/16/2000	\$40.00

**SUBTOTAL** of Receipts This Page (optional) ..... 410.00

**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 INSURANCE COMPANY EMPLOYERS COMMITTEE FOR RESPONSIBLE GOVERNMENT (FUNDPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH P. DILLON 45 PACHECO CREEK DR. NOVATO, CA 94949	FIREMAN'S FUND INS. CO.	05/16/2000	530.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation SR. VICE PRESIDENT Aggregate Year-to-Date \$ 260.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DARRELL A. GRAY 3316 BALZAC STREET ALHAMBRA, CA 91803-	FIREMAN'S FUND INS. CO.	05/16/2000	625.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation DIRECTOR - WARRANTY SERVICES Aggregate Year-to-Date \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK A. BARMAN 777 SAN MARIN DRIVE NOVATO, CA 94998	FIREMAN'S FUND INSURANCE CO.	05/16/2000	\$6.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date \$ 436.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DANA P. FRNDESKOTT 921 COURT WAY SAN DIEGO, CA 92103	FIREMAN'S FUND INS. CO.	05/16/2000	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation SVP/CEO Aggregate Year-to-Date \$ 400.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James D. Simpson 6 Greenpoint Novato, CA 94945-	FIREMAN'S FUND INS. CO.	05/16/2000	650.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation SR. VICE PRESIDENT Aggregate Year-to-Date \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER A. JEFKIN 4112 38TH ST NW WASHINGTON, DC 20016-	FIREMAN'S FUND INS. CO.	05/16/2000	\$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation SR. VP GOVERNMENT AFFAIRS Aggregate Year-to-Date \$ 750.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul J. Laparriere 2016 POSTAIL COURT Santa Rosa, CA 95403-	FIREMAN'S FUND INS. CO.	05/16/2000	560.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation SR. VICE PRESIDENT-PERS. INS. Aggregate Year-to-Date \$ 600.00		

**SUBTOTAL** of Receipts This Page (optional) ..... 286.00

**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 INSURANCE COMPANY EMPLOYEES COMMITTEE FOR RESPONSIBLE GOVERNMENT (FUNDPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID R. POLLARD 1398 LONG LEAF COURT SANTA ROSA, CA 95403-	FIREMAN'S FUND INS. CO.	05/16/2000	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation SR. VICE PRES. PERSONAL INSR.	Aggregate Year-to-Date \$ 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS E. ROWS 40 VERISGILNO DRIVE NOVATO, CA 94945-	FIREMAN'S FUND INS. CO.	05/16/2000	\$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation PRESIDENT - COMMERCIAL INS DIV	Aggregate Year-to-Date \$ 750.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Warren D. Montgomery 6 Pensaicola Ct. Novato, CA 94949-	FIREMAN'S FUND INS. CO.	05/16/2000	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Chief Actuary	Aggregate Year-to-Date \$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	

**SUBTOTAL** of Receipts This Page (optional) ..... 235.00

**TOTAL** This Period (last page this line number only) ..... 1172.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**

FIREMAN'S FUND INSURANCE COMPANY EMPLOYEES COMMITTEE FOR RESPONSIBLE GOVERNMENT (FONDEAC)

A. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF CONRAD BURNS P.O. BOX 1532 BILLINGS, MT 59103	CONRAD BURNS US SENATE; STATE: MT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/12/2000	\$1,000.00
B. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pat Toomey for Congress Committee 801 Hamilton Street, Suite 4502 Allentown, PA 18101	PAT TOOMEY MEMBER OF CONGRESS; STATE: PA; DIST. 15 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/02/2000	\$500.00
C. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TEAM EMERSON P.O. BOX 822 CARRS GRANDBAU, MO 63702	JO ADNE EMERSON MEMBER OF CONGRESS; STATE: MO; DIST. 8 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/02/2000	\$500.00
D. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SPENCE ABRAHAM FOR SENATE 2655 EVERCREEN ROAD, SUITE 1120 SOUTH FIELD, AL 36076	SPENCER ABRAHAM US SENATE; STATE: MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/19/2000	\$1,000.00
E. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

**SUBTOTAL** of Disbursements This Page (optional) ..... 3000.00

**TOTAL** This Period (last page this line number only) ..... 3000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**

WIRDMAN'S FUND INSURANCE COMPANY EMPLOYEES COMMITTEE FOR RESPONSIBLE GOVERNMENT (FUNDPAC)

A. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SCHMIDT FOR STATE SENATE P.O. BOX 8 PIERRE, SD 57501	RON SCHMIDT STATE SENATE; STATE: SD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/02/2000	\$250.00
B. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
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)	Date (month, day, year)	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)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	250.00



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.

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