

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 2	Of 2
	For Line Number 23	

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NAME OF COMMITTEE (in FULL)

AMERICAN UNITED LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code Paul Helmke for United States Senator 916 South Calhoun Street Fort Wayne, IN 46802	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	Date (month, day, year) 10-22-98	Amount of Each Disbursement This Period \$250.00
B. Full Name, Mailing Address and ZIP Code Jean Leising for United States Congress P.O. Box 53 Batesville, IN 47006	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	Date (month, day, year) 10-22-98	Amount of Each Disbursement This Period \$250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	day, year)	Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	day, year)	Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			\$500.00
TOTAL This Period (last page this line number only)			\$7,250.00