

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Life PAC 1001 Pennsylvania Ave Washington, DC 20004-2599	Purpose of Disbursement Contribution YTD Contributions \$5,000.00	09/22/99	\$5,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Rod Grams for US Senate PO Box 1029 Anoka, MN 55303	Purpose of Disbursement Rod Grams, Senate candidate, MN YTD Contributions \$5,500.00	12/15/99	\$3,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Gulknacht for Congress 1449 12th Avenue NE Rochester, MN 55908	Purpose of Disbursement Gulknacht, House candidate, 1st MN YTD Contributions \$3,000.00	12/15/99	\$2,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Gulknacht for Congress 1449 12th Avenue NE Rochester, MN 55908	Purpose of Disbursement Gulknacht, House candidate, 1st MN YTD Contributions \$3,000.00	06/10/99	\$1,000 Memo (orig. reported in June)
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Kline for Congress PO Box 21632 Eagan, MN 55121-0632	Purpose of Disbursement John Kline, House candidate, 6th MN YTD Contributions \$3,000.00	12/16/99	\$3,000.00
	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).....	\$13,000.00
TOTAL This Period (last page this line number only).....	\$13,000.00