

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER

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NAME OF COMMITTEE (In Full) Employers Mutual Casualty Co. Political Action Committee for Responsible Federal Government

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Montanans for Rick Hill P. O. Box 1256 Helena, MT 59624	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-14-98	75.00
B. Full Name, Mailing Address and ZIP Code Lazio for Congress P. O. Box 5063 Bay Shore, NY 11706	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-14-98	75.00
C. Full Name, Mailing Address and ZIP Code Oxley for Congress P. O. Box 1994 Findlay, OH 45839	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-14-98	75.00
D. Full Name, Mailing Address and ZIP Code Mike Pappas for Congress 340 North Ave. E Cranford, NJ 07016	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-14-98	75.00
E. Full Name, Mailing Address and ZIP Code Volunteers for Shimkus P. O. Box 5458 Springfield, IL 62705-5458	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-14-98	75.00
F. Full Name, Mailing Address and ZIP Code Waygand Committee P. O. Box 28405 Providence, RI 02908	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-14-98	75.00
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

SUBTOTAL of Disbursements This Page (optional)

450.00

TOTAL This Period (last page this line number only)

2,575.00