REPORT OF RECEIPTS AND DISBURSEMENTS

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2000 JUL 15 A 11: 26

For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full)
CONAGRA INC GOOD GOVERNMENT ASSOC.

ADDRESS (number and street) ☐ Check if different than previously reported

ONE CONAGRA DRIVE

CITY, STATE and ZIP CODE

OMAHA, NE 68102

2. FEC IDENTIFICATION NUMBER
C00087874

3. ☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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:

☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ 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 5. Covering Period 04/01/00 through 06/30/00	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. [a] Cash on Hand January 1, 2000		$ 50,834.24
[b] Cash on Hand at Beginning of Reporting Period	$ 33,786.70	
[c] Total Receipts (from Line 19)	$ 30,513.28	$ 62,804.86
[d] Subtotal (add Lines 6[b] and 6[c] for Column A and Lines 6[a] and 6[c] for Column B)	$ 64,299.98	$ 113,639.10
7. Total Disbursements (from Line 30)	$ 43,542.80	$ 92,881.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6[d]).	$ 20,757.18	$ 20,757.18
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 202-219-3420

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
LINDA S. HARTY

Signature of Treasurer

Date
7-10-2000

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

FEC FORM 3X
(revised 9/95)

FSA3X01.01

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

(revised 1/1/91)

NAME OF COMMITTEE
CONAGRA INC GOOD GOVERNMENT ASSOC.

REPORT COVERING PERIOD
FROM 04/01/00 TO 06/30/00

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	11,575.50	14,884.50
ii. Unitemized	18,833.32	43,652.18
iii. Total (add i and ii) ▸	30,408.82	58,536.68
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add a iii, b and c) ▸	30,408.82	58,536.68
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates & Other Political Committees	0.00	4,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	104.46	268.18
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▸	30,513.28	62,804.86
20. Total Federal Receipts (subtract line 18 from line 19) ▸	30,513.28	62,804.86
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	42.80	381.92
c. Total Operating Expenditures (add a i, a ii, and b) ▸	42.80	381.92
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	43,300.00	92,500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d))(use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contribution Refunds (add a, b and c) ▸	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▸	43,342.80	92,881.92
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ▸	43,342.80	92,881.92
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	30,408.82	58,536.68
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	30,408.82	58,536.68
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ▸	42.80	381.92
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) ▸	42.80	381.92

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SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 1 OF 17

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BAMI M AL-HASANI 9423 N ROCKHAMPTON CIR COLUMBIA, MO 65203	CONAGRA INC	04/28/00 04/28/00 05/25/00	40.00 20.00 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE 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
BAMI M AL-HASANI 4423 N ROCKHAMPTON CIR COLUMBIA, MO 65203	CONAGRA INC	06/28/00	40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 260.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT S ALTHOFF 9821 LEBANON GREENS SUNSET HILLS, MO 63127	CONAGRA INC	04/28/00 04/28/00 05/25/00	50.00 25.00 50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 325.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT S ALTHOFF 9821 LEBANON GREENS SUNSET HILLS, MO 63127	CONAGRA INC	06/28/00	50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 325.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD A BELMONT 840 SHAWADA COURT ANAHEIM HILLS, CA 92807	CONAGRA INC	04/28/00 04/28/00 05/25/00	40.00 20.00 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 260.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD A BELMONT 840 SHAWADA COURT ANAHEIM HILLS, CA 92807	CONAGRA INC	06/28/00	40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 260.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A B RICE 2200 45TH AVE GREELEY, CO 80634	CONAGRA INC	04/28/00 05/25/00 06/28/00	40.00 40.00 60.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 260.00		

SUBTOTAL of Receipts This Page (optional) 595.00

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SCHEDULE A — ITEMIZED RECEIPTS

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAY T BOLDING 1625 NO 129TH ST OMAHA, NE 68154	CONAGRA INC	04/28/00 04/28/00 05/25/00	40.00 20.00 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE 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
JAY D BOLDING 1625 NO 129TH ST OMAHA, NE 68154	CONAGRA INC	06/28/00	40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 260.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOE BOURLAND 678 NO 57TH AVE OMAHA, NE 68118	CONAGRA INC	04/28/00 04/28/00 05/25/00	50.00 25.00 50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 325.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOE BOURLAND 678 NO 57TH AVE OMAHA, NE 68118	CONAGRA INC	06/28/00	50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 325.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RUSSELL J BRAGG 3075 SUGARLOAF CLUB DR DULUTH, GA 30097	CONAGRA INC	04/28/00 04/28/00 05/25/00	70.00 35.00 70.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 455.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RUSSELL J BRAGG 3075 SUGARLOAF CLUB DR DULUTH, GA 30097	CONAGRA INC	06/28/00	70.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 455.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J R BREVARD 108 GLENRIDGE PKY EL DORADO, AR 71730	CONAGRA INC	04/28/00 04/28/00 05/25/00	50.00 25.00 50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 325.00		

SUBTOTAL of Receipts This Page (optional) 695.00

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SCHEDULE A — ITEMIZED RECEIPTS

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J R BREVARD 108 GLENRIDGE PKY EL DORADO, AR 71730	CONAGRA INC	06/28/00	50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 515.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LARRY A CARTER 604 NO 163RD ST OMAHA, NE 68118	CONAGRA INC	04/28/00 04/28/00 05/25/00	10.00 20.00 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 260.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LARRY A CARTER 604 NO 163RD ST OMAHA, NE 68118	CONAGRA INC	06/28/00	40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 260.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SAMBASIVA R CHIGURUPATI 4832 SO 167TH AVE OMAHA, NE 68135	CONAGRA INC	04/28/00 04/28/00 05/25/00	100.00 50.00 100.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 650.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SAMBASIVA R CHIGURUPATI 4832 SO 167TH AVE OMAHA, NE 68135	CONAGRA INC	06/28/00	100.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 650.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HOWARD CICON 360 BLALOCK CT RICHLAND, WA 99352	CONAGRA INC	04/28/00 04/28/00 05/25/00	50.00 25.00 50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 325.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HOWARD CICON 360 BLALOCK CT RICHLAND, WA 99352	CONAGRA INC	06/28/00	50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 325.00		

SUBTOTAL of Receipts This Page (optional) 715.00

SCHEDULE A — ITEMIZED RECEIPTS

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARSHALL M COLLINS 3721 STRATFORD CT FORT COLLINS, CO 80525	CONAGRA INC	04/26/00 05/25/00 06/28/00	40.00 40.00 60.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	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
JOHN B CURRAN 9317 WEDGEWOOD DR WOODBURY, MN 55125	CONAGRA INC	04/28/00 04/28/00 05/25/00	116.00 5.00 115.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 754.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN B CURRAN 9317 WEDGEWOOD DR WOODBURY, MN 55125	CONAGRA INC	06/28/00	116.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 754.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANK E DAVIS 522 FOREST MEWS OAKBROOK, IL 60523	CONAGRA INC	04/28/00 04/28/00 05/25/00	50.00 25.00 50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 325.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANK E DAVIS 522 FOREST MEWS OAKBROOK, IL 60523	CONAGRA INC	06/26/00	50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 325.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENNETH M DIPONZO 404 MORNING STAR LANE NEWPORT, CA 92660	CONAGRA INC	04/28/00 04/28/00 05/25/00	50.00 25.00 50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 325.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENNETH M DIPONZO 404 MORNING STAR LANE NEWPORT, CA 92660	CONAGRA INC	06/28/00	50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 325.00		

SUBTOTAL of Receipts This Page (optional) 896.00

FEC FORM 461

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOUG DUFTY 1435 W GATEWAY CIR FARGO, ND 58103	CONAGRA INC	04/28/00 04/28/00 05/25/00	50.00 25.00 50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 325.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOUG DUFTY 1435 W GATEWAY CIR FARGO, ND 58103	CONAGRA INC	06/28/00	50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 325.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GLENN L FERGUSON 26450 VISTA GROVE CIRCLE RIVERSIDE, CA 92503	CONAGRA INC	04/28/00 05/25/00 06/28/00	50.00 50.00 50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	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
RICHARD L GADY 6001 SO 173 CIRCLE OMAHA, NE 68130	CONAGRA INC	04/28/00 04/28/00 05/25/00	50.00 25.00 50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 325.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD L GADY 6001 SO 173 CIRCLE OMAHA, NE 68130	CONAGRA INC	06/28/00	50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 325.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JESSE GONZALES 4124 HIGHLAND PARK CIRCL LUTZ, FL 33549	CONAGRA INC	04/28/00 04/28/00 05/25/00	70.00 35.00 70.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 455.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JESSE GONZALES 4124 HIGHLAND PARK CIRCL LUTZ, FL 33549	CONAGRA INC	06/28/00	70.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 455.00		

SUBTOTAL of Receipts This Page (optional) 745.00

FEC Form 3X

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEROME T GRANEY 12315 CUMING OMAHA, NE 68154	CONAGRA INC	04/28/00 04/28/00 05/25/00	40.00 20.00 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	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
JEROME T GRANEY 12315 CUMING OMAHA, NE 68154	CONAGRA INC	06/28/00	40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 260.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TIMOTHY HARRIS 4315 LAWN WESTERN SPRING, IL 60558	CONAGRA INC	04/28/00 04/28/00 05/25/00	40.00 20.00 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 260.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TIMOTHY HARRIS 4315 LAWN WESTERN SPRING, IL 60558	CONAGRA INC	06/28/00	40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 260.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LINDA S HARTY 8565 CEDAR ST OMAHA, NE 68124	CONAGRA INC	04/28/00 04/28/00 05/25/00	77.00 36.50 77.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 500.50		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LINDA S HARTY 8565 CEDAR ST OMAHA, NE 68124	CONAGRA INC	06/28/00	77.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 500.50		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DENNIS HENLEY 1204 43RD AVE GREELEY, CO 80634	CONAGRA INC	04/28/00 04/28/00 05/25/00	60.00 30.00 60.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 390.00		

SUBTOTAL of Receipts This Page (optional)	699.50

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DENNIS HENLEY 1204 43RD AVE GREELEY, CO 80634	CONAGRA INC	06/28/00	60.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 390.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM S HENNINGS 13 WINDBEAM LOOP RINGWOOD, NJ 07456	CONAGRA INC	04/28/00 04/28/00 05/25/00	50.00 25.00 50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 125.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM S HENNINGS 13 WINDBEAM LOOP RINGWOOD, NJ 07456	CONAGRA INC	06/28/00	50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 325.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MANUEL O HERRERA VILLA CABARRA E-29 GUAYNABO, PR 00966	CONAGRA INC	04/28/00 04/28/00 05/25/00	50.00 25.00 50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 275.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DANNY C HERRON 7211 STADLER COURT FT COLLINS, CO 80528	CONAGRA INC	04/28/00 04/28/00 05/25/00	40.00 20.00 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 260.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DANNY C HERRON 7211 STADLER COURT FT COLLINS, CO 80528	CONAGRA INC	06/28/00	40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 260.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICK HOLLAND 16358 HASCALL STREET OMAHA, NE 68130	CONAGRA INC	04/28/00 04/28/00 05/25/00	40.00 20.00 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 260.00		

SUBTOTAL of Receipts This Page (optional) 600.00

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SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICK KOLLAND 16358 HAECALL STREET OMAHA, NE 68130	CONAGRA INC	06/28/00	40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE 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
JAMES W KOLLENBECK 5936 OAK HILLS DR OMAHA, NE 68137	CONAGRA INC	04/28/00 04/28/00 05/25/00	50.00 25.00 50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 325.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES W KOLLENBECK 5936 OAK HILLS DR OMAHA, NE 68137	CONAGRA INC	06/28/00	50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 325.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROGER W HOOPER 1961 W CENTER CAVE CITY, AR 72521	CONAGRA INC	04/28/00 04/28/00 05/25/00	50.00 25.00 50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 325.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROGER W HOOPER 1961 W CENTER CAVE CITY, AR 72521	CONAGRA INC	06/28/00	50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 325.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEONARD J HUBKEY 7167 W CANBERRA ST GREELEY, CO 80634	CONAGRA INC	04/28/00 05/25/00 06/28/00	50.00 50.00 75.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 325.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LINDA JACKSON SMITH 2997 TOWNE DR CARMEL, IN 46032	CONAGRA INC	04/28/00 04/28/00 05/25/00	50.00 25.00 50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 300.00		

SUBTOTAL of Receipts This Page (optional) 690.00

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SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LINDA JACKSON SMITS 2997 TOWNE DR CARMEL, IN 46032	CONAGRA INC	06/28/00	50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE 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
OWEN C JOHNSON 1117 S 113TH CT OMAHA, NE 68144	CONAGRA INC	04/28/00 04/28/00 05/25/00	70.00 35.00 70.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 455.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OWEN C JOHNSON 1117 S 113TH CT OMAHA, NE 68144	CONAGRA INC	06/28/00	70.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 455.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEBRA L KEITH 2918 BLACKHAWK CIR OMAHA, NE 68123	CONAGRA INC	04/28/00 04/28/00 05/25/00	62.00 31.00 62.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 403.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEBRA L KEITH 2918 BLACKHAWK CIR OMAHA, NE 68123	CONAGRA INC	06/28/00	62.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 403.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL F KELLY 4 RANDOLPH DRIVE ROBBINSVILLE, NJ 08691	CONAGRA INC	04/28/00 04/28/00 05/25/00	50.00 25.00 50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 325.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL F KELLY 4 RANDOLPH DRIVE ROBBINSVILLE, NJ 08691	CONAGRA INC	06/28/00	50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 325.00		

SUBTOTAL of Receipts This Page (optional) 687.00

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SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM S LANGE 1366 IRIS AVE CAROL STREAM, IL 60188	CONAGRA INC	04/28/00 04/28/00 05/25/00	40.00 20.00 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	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
WILLIAM S LANGE 1366 IRIS AVE CAROL STREAM, IL 60188	CONAGRA INC	06/28/00	40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 360.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM G LAPP 839 N 133RD ST OMAHA, NE 68154	CONAGRA INC	04/28/00 04/28/00 05/25/00	40.00 20.00 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 260.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM G LAPP 839 N 133RD ST OMAHA, NE 68154	CONAGRA INC	06/28/00	40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 260.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID E LEVINE 8245 SCENIC RIDGE CT FORT COLLINS, CO 80528	CONAGRA INC	04/28/00 04/28/00 05/25/00	50.00 25.00 50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 325.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID E LEVINE 8245 SCENIC RIDGE CT FORT COLLINS, CO 80528	CONAGRA INC	06/28/00	50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 325.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS L MANDEL 11364 WILLIAM PLAZA OMAHA, NE 68144	CONAGRA INC	04/28/00 04/28/00 05/25/00	200.00 100.00 200.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 1,300.00		

SUBTOTAL of Receipts This Page (optional): 955.00

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SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS L MANDEL 11364 WILLIAM PLAZA OMAHA, NE 68144	CONAGRA INC	06/28/00	200.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 1,300.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FLOYD MCKINNERNEY 9909 FM 462 N HONDO, TX 78861	CONAGRA INC	04/28/00 04/28/00 05/25/00	140.00 70.00 140.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 910.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FLOYD MCKINNERNEY 9909 FM 462 N HONDO, TX 78861	CONAGRA INC	06/28/00	140.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 910.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID B MILLIGAN 21855 HAMBSCH LANE GLENWOOD, IA 51534	CONAGRA INC	04/28/00 04/28/00 05/25/00	50.00 25.00 50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 325.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID E MILLIGAN 21855 HAMASCH LANE GLENWOOD, IA 51534	CONAGRA INC	06/26/00	50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 325.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JANICE M MUNSMITH 2002 ANNANDALE WAY FULLERTON, CA 92831	CONAGRA INC	04/28/00 05/25/00 06/28/00	40.00 40.00 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 240.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER O MUSAT 2521 CRESTON DR LOS ANGELES, CA 90068	CONAGRA INC	04/28/00 05/25/00 06/28/00	60.00 60.00 90.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 390.00		

SUBTOTAL of Receipts This Page (optional) 1,195.00

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SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code DAVID L MYERS 9621 MONROE ROAD PLATTSMOUTH, NE 68048	Name of Employer CONAGRA INC	Date (month, day, year) 04/28/00 04/28/00 05/25/00	Amount of Each Receipt this Period 46.00 23.00 46.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 299.00		
B. Full Name, Mailing Address and ZIP Code DAVID L MYERS 9621 MONROE ROAD PLATTSMOUTH, NE 68048	Name of Employer CONAGRA INC	Date (month, day, year) 06/28/00	Amount of Each Receipt this Period 45.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 299.00		
C. Full Name, Mailing Address and ZIP Code JAMES P O'DONNELL 1126 SO 181ST PLAZA OMAHA, NE 68130	Name of Employer CONAGRA INC	Date (month, day, year) 04/28/00 04/28/00 05/25/00	Amount of Each Receipt this Period 50.00 25.00 50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 325.00		
D. Full Name, Mailing Address and ZIP Code JAMES P O'DONNELL 1126 SO 181ST PLAZA OMAHA, NE 68130	Name of Employer CONAGRA INC	Date (month, day, year) 06/28/00	Amount of Each Receipt this Period 50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 325.00		
E. Full Name, Mailing Address and ZIP Code RONALD T OLSON 21209 BRENTWOOD RD ELKHORN, NE 68022	Name of Employer CONAGRA INC	Date (month, day, year) 04/28/00 04/28/00 05/25/00	Amount of Each Receipt this Period 40.00 20.00 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 260.00		
F. Full Name, Mailing Address and ZIP Code RONALD T OLSON 21209 BRENTWOOD RD ELKHORN, NE 68022	Name of Employer CONAGRA INC	Date (month, day, year) 06/28/00	Amount of Each Receipt this Period 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 260.00		
G. Full Name, Mailing Address and ZIP Code MICHAEL ORGAS 17717 HARNEY STREET OMAHA, NE 68118	Name of Employer CONAGRA INC	Date (month, day, year) 04/28/00 04/28/00 05/25/00	Amount of Each Receipt this Period 40.00 20.00 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE Aggregate Year-to-Date > $ 260.00		
SUBTOTAL of Receipts This Page (optional)			576.00

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SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11A1

NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL ORGAS 17737 BARNEY STREET OMAHA, NE 68118	CONAGRA INC	06/28/00	40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	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
LARRY G POINDEXTER 22706 RIFLE RIDGE TERR ELKHORN, NE 68022	CONAGRA INC	04/28/00 04/28/00 05/25/00	40.00 20.00 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 260.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LARRY G POINDEXTER 22706 RIFLE RIDGE TERR ELKHORN, NE 68022	CONAGRA INC	06/28/00	40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 260.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JANET RICHARDSON 1506 LAWRENCE LANE BELLEVUE, NE 68005	CONAGRA INC	04/28/00 04/28/00 05/25/00	80.00 40.00 80.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 520.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JANET RICHARDSON 1506 LAWRENCE LANE BELLEVUE, NE 68005	CONAGRA INC	06/28/00	80.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 520.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVEN RUMMEL 2022 GREENVIEW DR RICHLAND, WA 99352	CONAGRA INC	04/28/00 04/28/00 05/25/00	40.00 20.00 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 260.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVEN RUMMEL 2022 GREENVIEW DR RICHLAND, WA 99352	CONAGRA INC	06/28/00	40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 260.00		

SUBTOTAL of Receipts This Page (optional) 600.00

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SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. JAMES F SEIPLE JR 4418 S 163 ST OMAHA, NE 68135	CONAGRA INC Occupation: EXECUTIVE	04/28/00 04/28/00 05/25/00	40.00 20.00 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Aggregate Year-to-Date > $ 260.00		
B. JAMES B SEIPLE JR 4418 S 163 ST OMAHA, NE 68135	Name of Employer: CONAGRA INC Occupation: EXECUTIVE	06/28/00	40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Aggregate Year-to-Date > $ 260.00		
C. MARK F SEMERAD 4229 WILLIAM ST OMAHA, NE 68105	Name of Employer: CONAGRA INC Occupation: EXECUTIVE	04/28/00 04/28/00 05/25/00	40.00 20.00 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Aggregate Year-to-Date > $ 260.00		
D. MARK F SEMERAD 4229 WILLIAM ST OMAHA, NE 68105	Name of Employer: CONAGRA INC Occupation: EXECUTIVE	06/28/00	40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Aggregate Year-to-Date > $ 260.00		
E. MICHAEL B SIEMES 452 RIDGELAWN TRAIL BATAVIA, IL 60510	Name of Employer: CONAGRA INC Occupation: EXECUTIVE	04/28/00 04/28/00 05/25/00	40.00 20.00 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Aggregate Year-to-Date > $ 320.00		
F. MARTIN SILVER 111 ESTATE DRIVE JERICHO, NY 11753	Name of Employer: CONAGRA INC Occupation: EXECUTIVE	04/28/00 04/28/00 05/25/00	60.00 30.00 60.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Aggregate Year-to-Date > $ 390.00		
G. MARTIN SILVER 111 ESTATE DRIVE JERICHO, NY 11753	Name of Employer: CONAGRA INC Occupation: EXECUTIVE	04/28/00	60.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Aggregate Year-to-Date > $ 390.00		
SUBTOTAL of Receipts This Page (optional)			590.00

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SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES T SMITH 13909 HAMILTON ST OMAHA, NE 68154	CONAGRA INC	04/28/00	40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 280.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TERRANCE W SPENCER PO BOX 3058 HUNTINGTON BEA, CA 92605	CONAGRA INC	04/28/00 04/28/00 05/25/00	50.00 35.00 50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 325.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TERRANCE W SPENCER PO BOX 3058 HUNTINGTON BEA, CA 92605	CONAGRA INC	06/28/00	50.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 325.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JORGE SUCCAR 20701 BUENA VISTA AVE YORBA LINDA, CA 92886	CONAGRA INC	04/28/00 05/25/00 06/28/00	40.00 90.00 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 240.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL D WALTER 9905 BROADMOOR RD OMAHA, NE 68114	CONAGRA INC	04/28/00 04/28/00 05/25/00	100.00 50.00 100.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 650.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL D WALTER 9905 BROADMOOR RD OMAHA, NE 68114	CONAGRA INC	06/28/00	100.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 650.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JIMMIE R WARFIELD 27910 MT HOOD WAY YORBA LINDA, CA 92887	CONAGRA INC	04/28/00 05/25/00 06/28/00	34.00 34.00 34.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 204.00		

SUBTOTAL of Receipts This Page (optional) 767.00

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SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DENNIS W MAUGH 4708 N CAMPBELL STREET CHICAGO, IL 60625	CONAGRA INC	04/26/00 04/26/00 05/25/00	40.00 20.00 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	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
DENNIS W MAUGH 4708 N CAMPBELL STREET CHICAGO, IL 60625	CONAGRA INC	06/28/00	60.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 360.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANITA L WHEELER 217 NO 127TH PLAZA OMAHA, NE 68154	CONAGRA INC	04/28/00 04/28/00 05/25/00	40.00 20.00 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 260.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANITA L WHEELER 217 NO 127TH PLAZA OMAHA, NE 68154	CONAGRA INC	06/28/00	40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 260.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SCOTT D WILDMAN 1771 SO CORONA ST DENVER, CO 80210	CONAGRA INC	04/28/00 04/28/00 05/25/00	40.00 20.00 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 260.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SCOTT D WILDMAN 1771 SO CORONA ST DENVER, CO 80210	CONAGRA INC	06/28/00	40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 260.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT A WRIGHT 18436 PEACHTREE LANE WINFIELD, IL 60190	CONAGRA INC	04/28/00 04/28/00 05/25/00	40.00 20.00 40.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE		
	Aggregate Year-to-Date > $ 260.00		

SUBTOTAL of Receipts This Page (optional) 520.00

FEC FORM 3X

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT A WRIGHT 18436 PEACHTREE LANE WINFIELD, IL 60190	CONAGRA INC	06/28/00	90.00
Receipt For: ☐ Primary ☐ General ☒ Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE 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
Receipt For: ☐ Primary ☐ General ☐ Other:	Occupation Aggregate Year-to-Date > $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other:	Occupation Aggregate Year-to-Date > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other:	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: ☐ Primary ☐ General ☐ Other:	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: ☐ Primary ☐ General ☐ Other:	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: ☐ Primary ☐ General ☐ Other:	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	11,575.50

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SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
U.S. BANK 17TH AND FARNAM OMAHA, NE 68102		04/30/00	37.11
Receipt For: [ ] Primary [ ] General [X] Other: INTEREST EARNED - APRIL 2000	Occupation		
	Aggregate Year-to-Date > $ 268.16		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
U.S. BANK 17TH AND FARNAM OMAHA, NE 68102		05/31/00	39.63
Receipt For: [ ] Primary [ ] General [X] Other: INTEREST EARNED - MAY 2000	Occupation		
	Aggregate Year-to-Date > $ 268.18		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
U.S. BANK 17TH AND FARNAM OMAHA, NE 68102		06/30/00	27.72
Receipt For: [ ] Primary [ ] General [X] Other: INTEREST EARNED - JUNE 2000	Occupation		
	Aggregate Year-to-Date > $ 268.18		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other:	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: [ ] Primary [ ] General [ ] Other:	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: [ ] Primary [ ] General [ ] Other:	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: [ ] Primary [ ] General [ ] Other:	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	104.46
TOTAL This Period (last page this line number only)	104.46

FEC FORM 3X (REV. 6/2000)

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21B

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
U.S. BANK 17TH AND FARNAM OMAHA, NE 68102	SERVICE CHARGE - APRIL 2000 Disbursement for: ☐ Primary ☐ General ☐ Other:	04/30/00	16.87
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
U.S. BANK 17TH AND FARNAM OMAHA, NE 68102	SERVICE CHARGE - MAY 2000 Disbursement for: ☐ Primary ☐ General ☐ Other:	05/31/00	13.79
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
U.S. BANK 17TH AND FARNAM OMAHA, NE 68102	SERVICE CHARGE - JUNE 2000 Disbursement for: ☐ Primary ☐ General ☐ Other:	06/30/00	12.14
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			42.80
TOTAL This Period (last page this line number only)			42.80

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code ADERHOLT FOR CONGRESS COMMITTEE P O BOX 1158 HALEYVILLE, AL 35565	Purpose of Disbursement ROBERT ADERHOLT U S HOUSE AL304 Disbursement for: 00 Primary ☐ General ☐ Other:	Date (month, day, year) 05/19/00	Amount of Each Disbursement this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code SHELBY FOR SENATE 325 SECOND ST., NE WASHINGTON, DC 20002	Purpose of Disbursement RICHARD SHELBY U S SENATE AL Disbursement for: 04 Primary ☐ General ☐ Other:	Date (month, day, year) 05/18/00	Amount of Each Disbursement this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			2,000.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
KOLBE 2000 COMMITTEE P O BOX 21593 ALEXANDRIA, VA 22304	JIM KOLBE U S HOUSE AZ05 Disbursement for: 00 Primary [ ] General [ ] Other:	05/16/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			1,000.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
DOOLEY FOR CONGRESS 300 NORTH LEE STREET SUITE 500 ALEXANDRIA, VA 22314	CALVIN DOOLEY U S HOUSE CA02C Disbursement for: [ ] Primary [X] General [ ] Other: CK#2792 10/15/98 NEVER CLEARED BANK ACCT	05/30/00	1,500.00-
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			1,500.00-

FEC FORM 3P

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code SCHAFFER FOR CONGRESS P O BOX 1929 FORT COLLINS, CO 80522 1929	Purpose of Disbursement BOB SCHAFFER U S HOUSE CO004 Disbursement for: [X] Primary [ ] General [ ] Other:	Date (month, day, year) 06/22/00	Amount of Each Disbursement this Period 500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			500.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
AMERICAN MEAT INSTITUTE (AMI) PAC BOX 3556 WASHINGTON, DC 20007	FEDERAL POLITICAL ACTION CNTB Disbursement for: [30] Primary [ ] General [ ] Other:	06/28/00	5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			5,000.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
BOYD FOR CONGRESS 992 S. CAPITOL ST., SW #603 WASHINGTON, DC 20003	ALLEN BOYD, JR. U S HOUSE FL002 Disbursement for: 00 Primary [ ] General [ ] Other:	05/16/00	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
ADAM PUTNAM FOR CONGRESS 1707 PRINCE ST., #6 ALEXANDRIA, VA 22314	ADAM PUTNAM U S HOUSE FL012 Disbursement for: 00 Primary [ ] General [ ] Other:	06/19/00	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: [ ] Primary [ ] General [ ] Other:		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: [ ] Primary [ ] General [ ] Other:		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: [ ] Primary [ ] General [ ] Other:		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: [ ] Primary [ ] General [ ] Other:		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: [ ] Primary [ ] General [ ] Other:		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: [ ] Primary [ ] General [ ] Other:		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: [ ] Primary [ ] General [ ] Other:		
SUBTOTAL of Disbursements This Page (optional)			1,000.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
BOSWELL FOR CONGRESS 227 MASSACHUSETTS AVE., NE #101 WASHINGTON, DC 20002	LEONARD BOSWELL U S HOUSE CA003 Disbursement for: Primary [CO] General [ ] Other:	06/19/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			500.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
ED WHITFIELD FOR CONGRESS P O BOX 391 HOPKINSVILLE, KY 42241	EDWARD WHITFIELD U S HOUSE KY001 Disbursement for: [ ] Primary [30] General [ ] Other:	06/19/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			1,000.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
COOKSEY FOR CONGRESS P O BOX 7600 MONROE, LA 71211-7600	JOHN COOKSEY U S HOUSE LA005 Disbursement for: 00 Primary [ ] General [ ] Other:	04/27/00	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
BILLY TAUZIN COMMITTEE 524 FT. WILLIAMS PKWY. ALEXANDRIA, VA 22304	BILLY TAUZIN U S HOUSE LA003 Disbursement for: 00 Primary [ ] General [ ] Other:	04/12/00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: [ ] Primary [ ] General [ ] Other:		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: [ ] Primary [ ] General [ ] Other:		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: [ ] Primary [ ] General [ ] Other:		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: [ ] Primary [ ] General [ ] Other:		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: [ ] Primary [ ] General [ ] Other:		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: [ ] Primary [ ] General [ ] Other:		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: [ ] Primary [ ] General [ ] Other:		
SUBTOTAL of Disbursements This Page (optional)			1,500.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
ABRAHAM SENATE 2000 26555 EVERGREEN ROAD, #1220 SOUTHFIELD, MI 48076	SPENCER ABRAHAM U S SENATE MI Disbursement for: 00 Primary ___ General ___ Other:	05/19/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
ABRAHAM SENATE 2000 26555 EVERGREEN ROAD, #1220 SOUTHFIELD, MI 48076	SPENCER ABRAHAM U S SENATE MI Disbursement for: ___ Primary 00 General ___ Other:	05/19/00	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: ___ Primary ___ General ___ Other:		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: ___ Primary ___ General ___ Other:		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: ___ Primary ___ General ___ Other:		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: ___ Primary ___ General ___ Other:		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: ___ Primary ___ General ___ Other:		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: ___ Primary ___ General ___ Other:		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: ___ Primary ___ General ___ Other:		
SUBTOTAL of Disbursements This Page (optional)			1,000.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
JOHN KLINE FOR CONGRESS 1212 NEW YORK AVE., NW #350 WASHINGTON, DC 20005	JOHN KLINE U S HOUSE NN006 Disbursement for: [X] Primary [ ] General [ ] Other:	04/12/06	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			500.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
ASHCROFT 2000 507 CAPITOL COURT, NE STE 100 WASHINGTON, DC 20002	JOHN ASHCROFT U S SENATE MO Disbursement for: [ ] Primary [OB] General [ ] Other:	06/22/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
ROY BLUNT FOR CONGRESS P O BOX 276 ARLINGTON, VA 22202	ROY BLUNT U S HOUSE MO07 Disbursement for: [OC] Primary [ ] General [ ] Other:	04/12/00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			2,000.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

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 U S SENATE MT Disbursement for: [00] Primary [ ] General [ ] Other:	05/18/00	3,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			3,000.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
BOB ETHERIDGE FOR CONGRESS P.O. BOX 28001 RALEIGH, NC 27611	BOB ETHERIDGE U S HOUSE NC002 Disbursement for: [ ] Primary [X] General [ ] Other:	05/19/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			500.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF KENT CONRAD 420 C STREET, NE LOWER LEVEL WASHINGTON, DC 20002	KENT CONRAD U S SENATE ND Disbursement for: [ ] Primary [X] General [ ] Other:	05/25/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			1,000.00

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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)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for:	Date (month, day, year)	Amount of Each Disbursement this Period
SANDHILLS PAC 818 CONNECTICUT AVENUE, NW N1008 WASHINGTON, DC 20006	CHUCK HAGEL FEDERAL POLITICAL ACTION CMTE NE Disbursement for: [CO] Primary [ ] General [ ] Other:	06/22/00	3,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for:	Date (month, day, year)	Amount of Each Disbursement this Period
SCOTT MOORE FOR SENATE 8601 DODGE STREET OMAHA, NE 68114	SCOTT MOORE U S SENATE NE Disbursement for: [CO] Primary [ ] General [ ] Other:	05/03/00	2,500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for:	Date (month, day, year)	Amount of Each Disbursement this Period
LEE TERRY FOR CONGRESS 1212 NORTH VERNON STREET ARLINGTON, VA 22201	LEE TERRY U S HOUSE NE02 Disbursement for: [ ] Primary [GE] General [ ] Other:	06/19/00	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for:	Date (month, day, year)	Amount of Each Disbursement this Period
	[ ] Primary [ ] General [ ] Other:		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for:	Date (month, day, year)	Amount of Each Disbursement this Period
	[ ] Primary [ ] General [ ] Other:		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for:	Date (month, day, year)	Amount of Each Disbursement this Period
	[ ] Primary [ ] General [ ] Other:		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for:	Date (month, day, year)	Amount of Each Disbursement this Period
	[ ] Primary [ ] General [ ] Other:		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for:	Date (month, day, year)	Amount of Each Disbursement this Period
	[ ] Primary [ ] General [ ] Other:		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for:	Date (month, day, year)	Amount of Each Disbursement this Period
	[ ] Primary [ ] General [ ] Other:		
SUBTOTAL of Disbursements This Page (optional)			6,000.00

FE6ANL01

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
SKEEN FOR CONGRESS 429 NORTH ST. ASAPH ST. ALEXANDRIA, VA 22314	JOE SKEEN U S HOUSE NM002 Disbursement for: [03] Primary [ ] General [ ] Other:	05/19/03	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			1,000.00

FE6AN101

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code RANGEL FOR CONGRESS 2000 C/O SHAW PITTMAN 2300 N. STREET, NW WASHINGTON, DC 20001	Purpose of Disbursement CHARLES RANGEL U S HOUSE NY Disbursement for: 00 Primary ___ General ___ Other:	Date (month, day, year) 05/16/00	Amount of Each Disbursement this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code WALSH FOR CONGRESS CMTE P.O. BOX 1974 SYRACUSE, NY 13201	Purpose of Disbursement JIM WALSH U S HOUSE NY25 Disbursement for: 00 Primary ___ General ___ Other:	Date (month, day, year) 05/03/00	Amount of Each Disbursement this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			2,000.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF JOHN BOEHNER 7808 CINCINNATI DAYTON ROAD WEST CHESTER, OH 45069	JOHN BOEHNER U S HOUSE OH008 Disbursement for: Primary [00] General Other:	06/19/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
OXLEY FOR CONGRESS P O BOX 2000 FINDLAY, OH 45839	MIKE OXLEY U S HOUSE OH004 Disbursement for: Primary [00] General Other:	06/22/00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: Primary General Other:		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: Primary General Other:		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: Primary General Other:		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: Primary General Other:		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: Primary General Other:		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: Primary General Other:		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: Primary General Other:		
SUBTOTAL of Disbursements This Page (optional)			2,000.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
PRIENDS OF J.C. WATTS, JR. P O BOX 720495 NORMAN, OK 73070	J.C. WATTS U S HOUSE OK004 Disbursement for: 00 Primary [ ] General [ ] Other:	06/19/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			500.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
GORDON SMITH FOR U.S. SENATE 2002 C/O HUCKABY, DAVID & ASSOC. 228 E. WASHINGTON ST., #200 WASHINGTON, DC 20219	GORDON SMITH U S SENATE OR Disbursement for: 02 Primary ___ General ___ Other:	05/16/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
WALDEN FOR CONGRESS, INC. P.O. BOX 1051 HOOD RIVER, OR 97031	GREG WALDEN U S HOUSE OR02 Disbursement for: ___ Primary 00 General ___ Other:	06/22/00	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: ___ Primary ___ General ___ Other:		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: ___ Primary ___ General ___ Other:		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: ___ Primary ___ General ___ Other:		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: ___ Primary ___ General ___ Other:		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: ___ Primary ___ General ___ Other:		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: ___ Primary ___ General ___ Other:		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: ___ Primary ___ General ___ Other:		
SUBTOTAL of Disbursements This Page (optional)			2,500.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
A. Full Name, Mailing Address and ZIP Code THUNE FOR CONGRESS P.O. BOX 516 SIOUX FALLS, SD 57101	JOHN THUNE U S HOUSE SD01 Disbursement for: [X] Primary [ ] General [ ] Other:	05/18/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			500.00

FE4SB101

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF JOHN TANNER P.O. BOX 9301 ALEXANDRIA, VA 22302	JOHN TANNER U S HOUSE TN08 Disbursement for: 00 Primary ___ General ___ Other:	04/27/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			500.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
DICK ARMEY CAMPAIGN COMMITTEE 4651 BROOKFIELD DRIVE, #200 CHANTILLY, VA 20151	DICK ARMEY U S HOUSE TX02E Disbursement for: Primary [00] General Other:	05/19/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
TEXANS FOR HENRY BONILLA P.O. BOX 17292 SAN ANTONIO, TX 78217	HENRY BONILLA U S HOUSE TX023 Disbursement for: Primary [00] General Other:	04/12/00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
STENHOLM FOR CONGRESS 227 MASSACHUSETTS AVENUE, NE #302 WASHINGTON, DC 20002	CHARLES STENHOLM U S HOUSE TX017 Disbursement for: Primary [00] General Other:	05/16/00	1,500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: Primary General Other:		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: Primary General Other:		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: Primary General Other:		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: Primary General Other:		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: Primary General Other:		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: Primary General Other:		
SUBTOTAL of Disbursements This Page (optional)			3,500.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF GEORGE ALLEN 425 SECOND STREET, NE WASHINGTON, DC 20002	GEORGE ALLEN U S SENATE VA00 Disbursement for: 00 Primary [ ] General [ ] Other:	06/08/00	4,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
TOM DAVIS FOR CONGRESS P. O. BOX 482 DUNN LORING, VA 22027	TOM DAVIS U S HOUSE VA11 Disbursement for: 00 Primary [ ] General [ ] Other:	05/25/00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: [ ] Primary [ ] General [ ] Other:		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: [ ] Primary [ ] General [ ] Other:		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: [ ] Primary [ ] General [ ] Other:		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: [ ] Primary [ ] General [ ] Other:		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: [ ] Primary [ ] General [ ] Other:		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: [ ] Primary [ ] General [ ] Other:		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: [ ] Primary [ ] General [ ] Other:		
SUBTOTAL of Disbursements This Page (optional)			5,000.00

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
MCTHERCUTT FOR CONGRESS P.O. BOX 1925 SPOKANE, WA 99210	GEORGE MCTHERCUTT U S HOUSE WA005 Disbursement for: 00 Primary ___ General ___ Other:	05/19/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			1,000.00

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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)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF CRAIG THOMAS P.O. BOX 25026 WASHINGTON, DC 20007	CRAIG THOMAS U S SENATE RY Disbursement for: [X] Primary [ ] General [ ] Other:	04/26/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			1,000.00
TOTAL This Period (last page this line number only)			43,500.00

FE6A00101

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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☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

Q.A.O.
PREPARER

7/15/00
DATE PREPARED

(6/2000)