

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
ROD GRAMS FOR U.S. SENATE P.O. BOX 1029 ANOKA, MN 553031029	ROD GRAMS U S SENATE MN Disbursement for: <input checked="" type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Other: _____	05/13/98	1,000.00
B. Full Name, Mailing Address and ZIP Code SUTENECHT FOR CONGRESS P.O. BOX 6428 ROCHESTER, MN 55303	GIL SUTENECHT U S CONGRESS MN0001 Disbursement for: <input checked="" type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Other: _____	06/22/98	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Other: _____	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Other: _____	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Other: _____	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Other: _____	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Other: _____	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Other: _____	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Other: _____	Date (month, day, year)	Amount of Each Disbursement this Period
(NETOTAL of Disbursements This Page (optional))			1,500.00