

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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)

FIREMAN'S FUND INSURANCE COMPANY EMPLOYEES COMMITTEE FOR RESPONSIBLE GOVERNMENT (PONDPAK)

A. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ROD GRAMS CAMPAIGN 2000 480 CEDAR STREET, STE. 450 ST. PAUL, MN 55101	ROD GRAMS US SENATE; STATE: MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/1999	\$1,000.00
B. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BOB FRANKS FOR US SENATE, INC. 914 STUYVESANT AVE., STE. 12 UNION, NJ 07083	BOB FRANKS US SENATE; STATE: NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/17/1999	\$500.00
C. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BRIAN BILBRAY FOR CONGRESS 970 SEACOAST DRIVE #7 IMPERIAL BEACH, CA 91932	BRIAN BILBRAY; MEMBER OF CONGRESS; STATE: CA; DIST. 49 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) LOST CHECK #3557	12/31/1999	(\$500.00)
D. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BRIAN BILBRAY FOR CONGRESS 970 SEACOAST DRIVE #7 IMPERIAL BEACH, CA 91932	BRIAN BILBRAY; MEMBER OF CONGRESS; STATE: CA; DIST. 49 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) LOST CHECK #3555	12/31/1999	(\$500.00)
E. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SCHAEFER TO CONGRESS COMMITTEE P.O. BOX 1654 ENGLEWOOD, CO 80150	DAN SCHAEFER MEMBER OF CONGRESS; STATE: CO; DIST. 5 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) LOST CHECK #3457	12/31/1999	(\$500.00)
F. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only) 15250.00