REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

FEDERAL ELECTION COMMISSION MAIL ROOM

MAY 15 11 18 AM '96

1. NAME OF COMMITTEE (in full)
The Council of Insurance Agents and Brokers
Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
316 Pennsylvania Avenue, SE, Suite 400

CITY, STATE and ZIP CODE
Washington, DC 20003-1146

2. FEC IDENTIFICATION NUMBER
C00039578

3. [X] 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
XXX 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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 4/1/96 through 4/30/96		
6. (a) Cash on Hand January 1, 19 96		$ 78,393.04
(b) Cash on Hand at Beginning of Reporting Period	$ 58,105.92	
(c) Total Receipts (from Line 19)	$ 6,857.04	$ 21,251.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 64,962.96	$ 99,644.41
7. Total Disbursements (from Line 30)	$ 1,247.75	$ 35,929.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 63,715.21	$ 63,715.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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
Ken A. Crerar

Signature of Treasurer
Ken A Crerar

Date
5/13/96

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 9/93)

FE5AN066

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

(revised 1/1/91)

OF COMMITTEE The Council of Insurance Agents and Brokers Political Action Committee

REPORT COVERING PERIOD FROM 4/1/96 TO: 4/30/96

	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)	6,200.00	17,450.00	11(a)i
ii. Unitemized	500.00	3,135.00	11(a)ii
iii. Total (add i and ii) ➤	6,700.00	20,585.00	11(a)iii
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤			11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	157.04	666.37	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	6,857.04	21,251.37	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤			20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)i
ii. Non-Federal Share			21(a)ii
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,247.75	35,914.12	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements		15.08	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	1,247.75	35,929.20	30
31 Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FE5AN066

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 11(a)(i)

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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Timothy L. Brenneman 58 Gould St. East Hampton, NY 11937 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Edward F. Cook Agency, Inc. Occupation: insurance agent Aggregate Year-to-Date $ 250.00	4/3/96	$250.00
B. Full Name, Mailing Address and ZIP Code John F. Brimberry 205 Woodway Drive Victoria, TX 77904-1123 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Professional Insurance Agents, Inc. Occupation: insurance Agent Aggregate Year-to-Date $ 500.00	4/4/96	$500.00
C. Full Name, Mailing Address and ZIP Code Andrew J. Butler 898 Mt. Carmel Road Dubuque, IA 52003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Cottingham & Butler Occupation: insurance agent Aggregate Year-to-Date $ 500.00	4/3/96	$500.00
D. Full Name, Mailing Address and ZIP Code Vincent J. Como 25 High Point Lane Fairfield, CT 06430 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Como & Nicholson, Inc. Occupation: insurance agent Aggregate Year-to-Date $ 500.00	4/4/96	$500.00
E. Full Name, Mailing Address and ZIP Code Sackett S. Cook 7 Devon Hill Road Baltimore, MD 21210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Riggs, Counselman, Michaels & Downes, Inc. Occupation: insurance agent Aggregate Year-to-Date $ 250.00	4/17/96	$250.00
F. Full Name, Mailing Address and ZIP Code Robert F. Denny, CPCU, CIC 267 Three Mile Harbor Road East Hampton, NY 11937-6121 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Edward F. Cook Agency, Inc. Occupation: insurance agent Aggregate Year-to-Date $ 500.00	4/3/96	$500.00
G. Full Name, Mailing Address and ZIP Code J. Norman Eckstein 121 Grandon Road Dayton, OH 45419 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Brower Insurance Agency Occupation: insurance agent Aggregate Year-to-Date $ 500.00	4/1/96	$500.00

SUBTOTAL of Receipts This Page (optional) $3,000.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gregory A. Field 1029 Augustana Dr. Naperville, IL 60565 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: T.J. Adams & Associates, Inc. Occupation: Insurance agent Aggregate Year-to-Date > $ 250.00	4/8/96	$250.00
Robert A. Gleason, Jr. 552 ElknudLane Johnstown, PA 15905 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: The Gleason Agency Occupation: insurance agent Aggregate Year-to-Date > $ 500.00	4/3/96	$500.00
William H. Kable, Jr. 2917 York Manor Road Phoenix, MD 21131 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Riggs, Counselman, Michaels & Downes Occupation: Insurance agent Aggregate Year-to-Date > $ 200.00	4/17/9	$200.00
M. Eugene Link, CPCU 8508 Greencastle Drive Charlotte, NC 28210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Cameron M. Harris & Co. Occupation: Insurance agent Aggregate Year-to-Date > $ 500.00	4/29/96	$500.00
Michael J. Minnaugh, CPCU, CIC 4821 E. Pebble Ridge Road Paradise Valley, AZ 85253 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Peak Insurance Group, Inc. Occupation: insurance agent Aggregate Year-to-Date > $ 500.00	4/1/96	$500.00
William M. Rue 33 Cranbury Neck Road Cranbury, NJ 08512 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Rue Insurance Occupation: Insurance agent Aggregate Year-to-Date > $ 250.00	4/16/96	$250.00
James Parry, Sr. 678 Highgate News Rochester Hills, MI 48307 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Meadowbrook Insurance Group Occupation: insurance agent Aggregate Year-to-Date > $ 500.00	4/8/96	$500.00

SUBTOTAL of Receipts This Page (optional) $2,700.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)
The Council of Insurance Agents & Brokers Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Leonard Scioscia, Jr., CPCU, CIC P.O. Box 2051 East Hampton, NY 11937-0299 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Edward F. Cook Agency, Inc. Occupation: Insurance agent Aggregate Year-to-Date > $ 250.00	4/3/96	$250.00
B. Thomas J. Sharkey, Sr. 195 High Tor Drive Watchung, NJ 07060 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meeker Sharkey Financial Group Occupation: Aggregate Year-to-Date > $	4/29/96	$250.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	$500.00
TOTAL This Period (last page this line number only)	$6,200.00

4-00173

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	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)

The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name, Mailing Address and ZIP Code Friends of Blance Lambert Lincoln 5501 Cherokee Ave., Suite 112 Alexandria, VA 22312	Purpose of Disbursement return of check never cashed by campaign; originally reported on 1/31/96 year end report Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 4/8/96	Amount of Each Disbursement This Period ($500.00)
B. Full Name, Mailing Address and ZIP Code Hobson for Congress Committee 1212 N. Vernon St. Arlington, VA 22201	Purpose of Disbursement contribution to Rep. Dave Hobson (OH-7th) Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 4/16/96	Amount of Each Disbursement This Period $500.00
C. Full Name, Mailing Address and ZIP Code Friends of Cliff Stearns P.O. Box 308 Silver Springs, FL 34489	Purpose of Disbursement contribution to Rep. Cliff Stearns (FL-6th) Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 4/16/96	Amount of Each Disbursement This Period $500.00
D. Full Name, Mailing Address and ZIP Code Complements Catering Company 5507 Inverchapel Road Springfield, VA 22151	Purpose of Disbursement in-kind contribution to Gov. Ben Nelson (NE-Senate candidate) Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 4/16/96	Amount of Each Disbursement This Period $247.75
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	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 (specify)	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 (specify)	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 (specify)	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 (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,247.75
TOTAL This Period (last page this line number only)	1,247.75

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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.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 5/13/96
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

JMH
PREPARER

5/16/96
DATE PREPARED

FEC FORM 70-2 (12/92)

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