

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
 000211250 053054 P 247
 PAUL I. RABIN
 401 CORPORATION POLITICAL ACT 1
 IN COMMITTEE (CASH PAD)
 330 N. WACK DRIVE
 CHICAGO IL 60600

RECEIVED
 FEDERAL ELECTION
 ADMINISTRATION
 JUL 1 10 53 AM '94

2. FEC IDENTIFICATION NUMBER

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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>04/01/94</u> through <u>06/30/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$40,765.27
(b) Cash on Hand at Beginning of Reporting Period	\$41,749.45	
(c) Total Receipts (from Line 19)	\$ 3,589.92	\$ 7,199.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$45,339.37	\$47,964.37
7. Total Disbursements (from Line 30)	\$ 7,500.00	\$10,125.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$37,839.37	\$37,839.37
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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
 Paul I. Rabin

Signature of Treasurer: 

Date: 06/30/94

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

ITEMIZED RECEIPTS

SCHEDULE 'A'

ANY INFORMATION COPIED FROM SUCH REPORTS OR 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 FOR SUCH COMMITTEE.

NAME OF COMMITTEE (IN FULL): AOM CORPORATION POLITICAL ACTION COMMITTEE FEC# C00211250

<p>A. FULL NAME, MAILING ADDRESS AND ZIP Jerome I. Baer 1616 Birch Northbrook, IL 60062</p> <p>RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A</p>	<p>NAME OF EMPLOYER Combined Insurance OCCUPATION: Vice President</p> <p>AGGREGATE YEAR-TO-DATE \$ 267.66</p>	<p>DATE(MM,DD,YY) Bi-Weekly Payroll Deduct</p>	<p>AMT OF EACH RCPT THIS PERIOD \$ 137.28 \$ 22.88 Per Pay Check</p>
<p>B. FULL NAME, MAILING ADDRESS AND ZIP William D. Baldwin 8797 River Road Richmond, VA 23229</p> <p>RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A</p>	<p>NAME OF EMPLOYER Life of Virginia OCCUPATION: Sr. Vice President</p> <p>AGGREGATE YEAR-TO-DATE \$ 576.00</p>	<p>DATE(MM,DD,YY) Bi-Weekly Payroll Deduct</p>	<p>AMT OF EACH RCPT THIS PERIOD \$ 288.00 \$ 48.00 Per Pay Check</p>
<p>C. FULL NAME, MAILING ADDRESS AND ZIP John D. Bean 1610 King William Woods Midlothian, VA 23113</p> <p>RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A</p>	<p>NAME OF EMPLOYER Life of Virginia OCCUPATION: Vice President</p> <p>AGGREGATE YEAR-TO-DATE \$ 205.38</p>	<p>DATE(MM,DD,YY) Bi-Weekly Payroll Deduct</p>	<p>AMT OF EACH RCPT THIS PERIOD \$ 105.60 \$ 17.60 Per Pay Check</p>
<p>D. FULL NAME, MAILING ADDRESS AND ZIP Paul J. Boudreau 631 Mullady Parkway Libertyville, IL 60048</p> <p>RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A</p>	<p>NAME OF EMPLOYER Combined Insurance OCCUPATION: Sr. Vice President</p> <p>AGGREGATE YEAR-TO-DATE \$ 328.80</p>	<p>DATE(MM,DD,YY) Bi-Weekly Payroll Deduct</p>	<p>AMT OF EACH RCPT THIS PERIOD \$ 167.28 \$ 27.88 Per Pay Check</p>
<p>SUBTOTAL OF RECEIPTS THIS PAGE:</p>			<p>\$ 698.16</p>

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NAME OF COMMITTEE (IN FULL): AOW CORPORATION POLITICAL ACTION COMMITTEE FEC# C00211250

A. FULL NAME, MAILING ADDRESS AND ZIP Kyle Campbell 1333 N. Ridge Ave. Arlington Heights, IL 60004	NAME OF EMPLOYER Ryan Insurance OCCUPATION: Vice President	DATE(MM,DD,YY) Bi-Weekly Payroll Deduct	AMT OF EACH RCPT THIS PERIOD \$ 120.00 \$ 20.00 Per Pay Check
RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 240.00		
B. FULL NAME, MAILING ADDRESS AND ZIP Daniel T. Cox 1000 Vine Street Winnetka, IL 60093	NAME OF EMPLOYER Life of Virginia OCCUPATION: Chairman	DATE(MM,DD,YY) Bi-Weekly Payroll Deduct	AMT OF EACH RCPT THIS PERIOD \$ 288.00 \$ 48.00 Per Pay Check
RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 576.00		
C. FULL NAME, MAILING ADDRESS AND ZIP Thomas A. Curatolo 1105 S. Salem Avenue Arlington Heights, IL 60005	NAME OF EMPLOYER Combined Insurance OCCUPATION: Vice President	DATE(MM,DD,YY) Bi-Weekly Payroll Deduct	AMT OF EACH RCPT THIS PERIOD \$ 113.10 \$ 18.85 Per Pay Check
RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 219.84		
D. FULL NAME, MAILING ADDRESS AND ZIP Robert E. Poye 881 Muirfield Road Iverness, IL 60067	NAME OF EMPLOYER RHM Co. OCCUPATION: President	DATE(MM,DD,YY) Bi-Weekly Payroll Deduct	AMT OF EACH RCPT THIS PERIOD \$ 219.24 \$ 36.54 Per Pay Check
RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 423.48		
SUBTOTAL OF RECEIPTS THIS PAGE:			\$ 740.34

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (IN FULL): AON CORPORATION POLITICAL ACTION COMMITTEE FEC# C00211250

<p>A. FULL NAME, MAILING ADDRESS AND ZIP Alfred H. Prezra 16 Millbrook Drive Princeton Junction, NJ 08550</p>	<p>NAME OF EMPLOYER Aon RE OCCUPATION: Sr. Vice President</p>	<p>DATE(MM,DD,YY) Bi-weekly Payroll Deduct</p>	<p>AMT OF EACH RCPT THIS PERIOD \$ 120.00 \$ 20.00 Per Pay Check</p>
<p>RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A</p>	<p>AGGREGATE YEAR-TO-DATE \$ 240.00</p>		
<p>B. FULL NAME, MAILING ADDRESS AND ZIP George W. Lawler 1938 Stanton Court Arlington Heights, IL 60004</p>	<p>NAME OF EMPLOYER Combined Insurance OCCUPATION: Vice President</p>	<p>DATE(MM,DD,YY) Bi-weekly Payroll Deduct</p>	<p>AMT OF EACH RCPT THIS PERIOD \$ 128.10 \$ 21.35 Per Pay Check</p>
<p>RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A</p>	<p>AGGREGATE YEAR-TO-DATE \$ 252.72</p>		
<p>C. FULL NAME, MAILING ADDRESS AND ZIP Hugo E. Lorent 950 N. Michigan Avenue Chicago, IL 60611</p>	<p>NAME OF EMPLOYER Combined Insurance OCCUPATION: Vice President</p>	<p>DATE(MM,DD,YY) Bi-weekly Payroll Deduct</p>	<p>AMT OF EACH RCPT THIS PERIOD \$ 115.00 \$ 19.23 Per Pay Check</p>
<p>RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A</p>	<p>AGGREGATE YEAR-TO-DATE \$ 228.10</p>		
<p>D. FULL NAME, MAILING ADDRESS AND ZIP Ronald D. Moyer 98 Fresno Ct. Naperville, IL 60540</p>	<p>NAME OF EMPLOYER RHH Co. OCCUPATION: Vice President</p>	<p>DATE(MM,DD,YY) Bi-weekly Payroll Deduct</p>	<p>AMT OF EACH RCPT THIS PERIOD \$ 146.35 \$ 24.54 Per Pay Check</p>
<p>RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A</p>	<p>AGGREGATE YEAR-TO-DATE \$ 288.25</p>		
<p>SUBTOTAL OF RECEIPTS THIS PAGE:</p>			<p>\$ 509.45</p>

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ITEMIZED RECEIPTS

SCHEDULE 'A'

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NAME OF COMMITTEE (IN FULL): AON CORPORATION POLITICAL ACTION COMMITTEE FEC# C00211250

A.	FULL NAME, MAILING ADDRESS AND ZIP	NAME OF EMPLOYER	DATE (MM, DD, YY)	AMT OF EACH RCPT THIS PERIOD
	Michael D. Rice 2 S. 001 Country Club Lane Wheaton, IL 60187	RH Co. OCCUPATION: Sr. Vice President	Bi-Weekly Payroll Deduct	\$ 423.08 \$ 67.31 Per Pay Check
	RECEIPT FOR: <u> </u> PRIMARY <u> </u> GENERAL <u> </u> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 803.84		
B.	FULL NAME, MAILING ADDRESS AND ZIP	NAME OF EMPLOYER	DATE (MM, DD, YY)	AMT OF EACH RCPT THIS PERIOD
	Paul T. Slamar 21844 N. Vesper Court Barrington, IL 60010	RH Co. OCCUPATION: Vice President	Bi-Weekly Payroll Deduct	\$ 126.90 \$ 21.15 Per Pay Check
	RECEIPT FOR: <u> </u> PRIMARY <u> </u> GENERAL <u> </u> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 242.28		
SUBTOTAL OF RECEIPTS THIS PAGE:				\$ 549.98
TOTAL RECEIPTS THIS PERIOD:				\$ 2,497.93

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

AON CORPORATION POLITICAL ACTION COMMITTEE

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Paul Coverdell Campaign P.O. Box 14503 Atlanta, GA 30324	US Senate-GA general disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/11/94	\$ 500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	\$ 500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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)
AON CORPORATION POLITICAL ACTION COMMITTEE

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Illinois Life Insurance Council PAC 600 S. Second St., Ste 201 Springfield, IL 62704	General disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/11/94	\$3,000.00
B. Full Name, Mailing Address and ZIP Code Life Insurance Council of New York PAC 551 Fifth Avenue New York, NY 10176	General disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/11/94	\$1,000.00
C. Full Name, Mailing Address and ZIP Code The Senate President's Forum Illinois Senate 188 W. Randolph, Ste 627 Chicago, IL 60601	Membership - Art Quern - 1 yr. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/11/94	\$1,000.00
D. Full Name, Mailing Address and ZIP Code The Senate President's Forum Illinois Senate 188 W. Randolph, Ste. 627 Chicago, IL 60601	Membership - John Washburn - 1 yr. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/11/94	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Governor's Council 1425 H Street Lincoln, NE 68508	General disbursement Gov. E. B. Nelson-NE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/11/94	\$1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$7,000.00

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

7-1-94

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

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

JML
PREPARER

7-1-94
DATE PREPARED

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