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)
The Council of Insurance Agencts and Brokers Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
701 Pennsylvania Ave., NW, SUite 750

CITY, STATE and ZIP CODE
Washington, DC 20004-2608

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

OCT 25 2 00 PM '96

2. FEC IDENTIFICATION NUMBER
13-19-52497

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 GENERAL (Type of Election) election on 11/5/96 in the State of DC

☐ 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 10/1/96 through 10/16/96		
6. (a) Cash on Hand January 1, 19 96		$ 78,393.04
(b) Cash on Hand at Beginning of Reporting Period	$ 69,713.25	
(c) Total Receipts (from Line 19)	$ 12,549.00	$ 107,883.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 82,262.25	$ 186,276.40
7. Total Disbursements (from Line 30)	$ 11,000.00	$ 115,014.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 71,262.25	$ 71,262.25
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. CREELAN

Signature of Treasurer
Ken A. Creelan

Date
10/21/96

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)

FE6AN069

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

Revised (1/1/91)

NAME OF COMMITTEE: The Council of Insurance Agents & Brokers Political Action Committee

REPORT COVERING PERIOD FROM: 10/01/96 TO: 10/16/96

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A)	11,100.00	91,600.00
ii. Unitemized	1,449.00	14,849.00
iii. Total (add i and ii) >	12,549.00	106,449.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add iii,b and c) >	12,549.00	106,449.00
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 and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	1,434.36
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) >	12,549.00	107,883.36
20. Total Federal Receipts (subtract line 18 from line 19) >	12,549.00	107,883.36
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	0.00	1,377.00
c. Total Operating Expenditures (Add ai,aii, and bi) >	0.00	1,377.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	11,000.00	113,422.07
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	200.00
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	200.00
29. Other Disbursements	0.00	15.08
30. Total Disbursements (Add 21c,22,23,24,25,26,27,28d, and 29) >	11,000.00	115,014.15
31. Total Federal Disbursements (Subtract line 21 aii from line 30) >	11,000.00	115,014.15
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d)	12,549.00	106,449.00
33. Total Contribution Refunds (from line 28d)	0.00	200.00
34. Net Contributions (Other than loans)(subtract line 33 from 32)	12,549.00	106,249.00
35. Total Federal Operating Expenditures (add 21 ai and 21 b) >	0.00	1,377.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	1,377.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 6
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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	Date (Month day, Year)	Amount of Each Receipt this Period
Champe Fitzhugh Jr. 3508 Castle Waco, TX 76710	Fitzhugh & Co. Insurance Agency Occupation: Chairman & CEO	10/03/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Robert A. LeBreton 1621 Jena Street New Orleans, LA 70115	Gillis, Ellis & Baker, Inc. Occupation: Vice President	10/03/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Robert Hogan Jr. 934 Longwood Drive Lake Forest, IL 60045	Summit Global Partners, Inc. Occupation: President & COO	10/03/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Ronald S. Pavlik 1549 Kirkwood Drive Geneva, IL 60134	Mesirow Insurance Services, Inc. Occupation: Senior Vice President	10/03/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
William R. Fisher 5 St. Andrews Dr. Little Rock, AR 72212	Rebsamen Insurance Occupation: Insurance Agent	10/03/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Steve Madigan 72 Robinwood Drive Little Rock, AR 72227	Rebsamen Insurance Occupation: Insurance Agent	10/03/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Donald E. Martin 59 Crest Rd E Rolling Hills, CA 90274	The Cal-Surance Companies Occupation: CEO	10/03/96	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		

SUB TOTAL of Receipts This Page (Optional) >	2,750.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 6
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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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
J. Bransford Wallace 417 West Tyne Drive Nashville, TN 37205 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Willis Corroon Corporation Vice Chairman Aggregate Year-to-date > $ 500.00	10/03/96	500.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
David O. Turner 4309 Versailles Dallas, TX 75205 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Maxson Mahoney Turner, Inc. President Aggregate Year-to-date > $ 500.00	10/07/96	500.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Frederick J. deGrosz 238 Irving Street San Mateo, CA 94402 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Alburger Basso deGrosz, Inc. Chief Executive Officer Aggregate Year-to-date > $ 550.00	10/15/96	50.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Harry A. Koch Jr. 6301 Rainwood Road Omaha, NE 68152 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	The Harry A. Koch Co. President Aggregate Year-to-date > $ 550.00	10/15/96	50.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
William C. Cohen Jr. 408 N. Hampton Wichita, KS 67206-1907 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Insurance Management Associates, Inc. Chief Executive Officer Aggregate Year-to-date > $ 550.00	10/15/96	50.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Robert J. Sutter 820 Thermopylae Ct Alpharetta, GA 30202 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Pritchard & Jerden, Inc. Vice President Aggregate Year-to-date > $ 300.00	10/15/96	50.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
James F. Cuff Jr. 720 Carriage Lane Mechanicsburg, PA 17055 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Byerly Insurance Agents & Brokers, Inc. Insurance Agent Aggregate Year-to-date > $ 300.00	10/15/96	50.00

SUB TOTAL of Receipts This Page (Optional) >	1,250.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 6
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SCHEDULE A ITEMIZED RECEIPTS

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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. Edwin L. Overmyer 2480 Stonehaven Place Columbus, OH 43220 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Berwanger Overmyer Associates Occupation: Insurance Agent Aggregate Year-to-date > $ 550.00	10/15/96	50.00
B. Albert L. Klein 47 Glenview Road South Orange, NJ 07079 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Wharton/Lyon & Lyon Occupation: Chairman & CEO Aggregate Year-to-date > $ 250.00	10/15/96	250.00
C. Raymond H. Laub 6577 N. Crestwood Drive Glendale, WI 53209 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Laub Group Inc. Occupation: President Aggregate Year-to-date > $ 250.00	10/15/96	250.00
D. Alan D. Mathog 165 Pole Hill Road East Haven, CT 06512 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: The Mathog & Monielio Companies, Inc. Occupation: Managing Principal Aggregate Year-to-date > $ 500.00	10/15/96	500.00
E. Frank D. Baxendale 1 West Point Lane Saint Louis, MO 63131 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Missouri General Insurance Agency, Inc. Occupation: President & CEO Aggregate Year-to-date > $ 250.00	10/15/96	250.00
F. J. Randal Eifert 10 Valley Rd. Haworth, NJ 07641 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Eifert, French & Company, Inc. Occupation: Insurance Agent Aggregate Year-to-date > $ 250.00	10/15/96	250.00
G. Robert E. Williams Sr. 19936 N.E. 36th Place Aventura, FL 33180 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Lauh Group Inc. Occupation: Executive Vice President Aggregate Year-to-date > $ 250.00	10/15/96	250.00

SUB TOTAL of Receipts This Page (Optional) ---------->	1,600.00
TOTAL this Period (Last page this line number only) ---------->	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 OF 6
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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
Andrew H. Marks 170 East 79th Street Apt. 9/10B New York, NY 10021 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	MLW Services, Inc. President & CEO Aggregate Year-to-date > $ 250.00	10/15/96	250.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Richard Stanton 754 Oak Lane Franklin Lakes, NJ 07417 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	F.J. Wilkes & Co., Inc. President Aggregate Year-to-date > $ 250.00	10/15/96	250.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
James R. Pender 7845 Old Mill Road Gates Mills, OH 44040 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	The James B. Oswald Company Insurance Agent Aggregate Year-to-date > $ 550.00	10/15/96	50.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Richard A. Riley 722 South Park Avenue Hinsdale, IL 60521 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aon Risk Services President Aggregate Year-to-date > $ 550.00	10/15/96	500.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Thomas R. Simon 6547 North Oshkosh Avenue Chicago, IL 60631 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Critchell-Miller, Inc. President Aggregate Year-to-date > $ 500.00	10/15/96	500.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
John D. Ellis Jr. 2435 Valencia Terrace Charlotte, NC 28226 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Knauff Insurance, Inc. Vice President Aggregate Year-to-date > $ 500.00	10/15/96	500.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Richard C. Marx Box 440, Peter Drive Wappingers Falls, NY 12590-0440 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Professional Coverage Managers, Inc. President Aggregate Year-to-date > $ 500.00	10/15/96	500.00

SUB TOTAL of Receipts This Page (Optional) >	2,550.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5 OF 6
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SCHEDULE A ITEMIZED RECEIPTS

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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
John F. O'Sullivan 16 Pryer Lane Larchmont, NY 10538	March & McLennan, Inc. Occupation: Managing Director	10/15/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
H. Raymond Rittersbach III 45 Andrew Lane Lansdale, PA 19446	Henry S. Lehr, Inc. Occupation: Senior Vice President	10/15/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Samuel M. Palley 2157 Inverness Lane Huntingdon Valley, PA 19006	Palley Simon Associates Occupation: President	10/15/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Bradley R. Orr 625 Calle Ladera Escondido, CA 92025-6354	John Burnham & Company Occupation: President & CEO	10/15/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Bolling P. Starke III 3464 Warrenton Road Montgomery, AL 36111	The Starke Agency, Inc. Occupation: President	10/15/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
James R. Harper 540 Palmetto Rd. Belleair, FL 34616	Acordia of Central Florida, Inc. Occupation: President	10/15/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Frederick J. England Jr. 11 Long Ridge Lane Ipswich, MA 01938	Hastings-Tapley Insurance Agency, Inc. Occupation: Chairman & CEO	10/15/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

SUB TOTAL of Receipts This Page (Optional) >	2,000.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 6 OF 6
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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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	Date (Month day, Year)	Amount of Each Receipt this Period
D. Randy Williams 1916 Via Rancho Ln. Escondido, CA 92029	John Burnham & Company Occupation: Insurance Agent	10/15/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Lawrence W. Shea 1363 LaJolla Rancho Rd. La Jolla, CA 92037	Barney & Barney Occupation: Insurance Agent	10/15/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
James R. Riedman 592 Allens Creek Rd Rochester, NY 14618	Riedman Corporation Occupation: President	10/15/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) >	750.00
TOTAL this Period (Last page this line number only) >	11,100.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 2
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Bill Baker for Congress P.O.Box 16021 Alexandria, VA 22302	Bill Baker, U.S. HOUSE 10th CA Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	10/15/96	500.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Sherrod Brown 111 Edgefield Dr. Elyria, OH 44035	Sherrod Brown, U.S. HOUSE 13th OH Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	10/15/96	500.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Crapo for Congress P.O. Box 1013 Boise, ID 83701	Michael D. Crapo, U.S. HOUSE 2nd ID Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	10/15/96	500.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Crapo for Congress P.O. Box 1013 Boise, ID 83701	Voided Check Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	10/16/96	(-500.00)
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Bud Cummins Campaign P.O. Box 1719 Little Rock, AR 72203	Bud Cummins, U.S. HOUSE 2nd AR Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	10/02/96	500.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Chris Dodd for Senate 203 C St., NE Washington, DC 20002	Christopher J. Dodd, U.S. SENATE CT Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	10/15/96	2,500.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Chris Dodd for Senate 203 C St., NE Washington, DC 20002	Christopher J. Dodd, U.S. SENATE CT Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1998	10/15/96	2,500.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Chris Dodd for Senate 203 C St., NE Washington, DC 20002	Voided Check Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1998	10/15/96	(2,500.00)
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
People for English 208 G. St., NE Washington, DC 20002	Phil English, U.S. HOUSE 21st PA Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	10/15/96	500.00

SUB TOTAL of Disbursements this page (Optional) ..... >	4,500.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 2
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code Goode for Congress 112 North Main St. Rocky Mount, VA 24151	Purpose of Disbursement Virgil Goode, U.S. HOUSE 5th VA Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 10/15/96	Amount of Each Disb. this Period 500.00
B. Full Name, Mailing Address and Zip Code Hutchinson for Senate 425 Second St., NE Washington, DC 20002	Purpose of Disbursement Tim Hutchinson, U.S. SENATE AR Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 10/02/96	Amount of Each Disb. this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Jenkins for U.S. Senate 660 North Foster St. Suite C-201 Baton Rouge, LA 70806	Purpose of Disbursement Woody Jenkins, U.S. SENATE LA Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 10/15/96	Amount of Each Disb. this Period 1,000.00
D. Full Name, Mailing Address and Zip Code Anne Northup for Congress P.O. Box 7313 Louisville, KY 40257	Purpose of Disbursement Anne Northup, U.S. HOUSE 3rd KY Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 10/15/96	Amount of Each Disb. this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Al Salvi for U.S. Senate 201 N. Union St. Suite 520 Alexandria, VA 22314	Purpose of Disbursement Al Salvi, US SENATE IL Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 10/01/96	Amount of Each Disb. this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Gordon Smith for U.S. Senate 5285 Southwest Meadows Drive Suite 181 Lake Oswego, OR 97035	Purpose of Disbursement Gordon Smith, U.S. SENATE OR Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 10/15/96	Amount of Each Disb. this Period 1,000.00
G. Full Name, Mailing Address and Zip Code Re-elect Thurmond Committee P.O. Box 11691 Columbia, SC 29211-1691	Purpose of Disbursement Strom Thurmond, U.S. SENATE SC Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 10/15/96	Amount of Each Disb. this Period 1,000.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ..... >	6,500.00
TOTAL this Period (Last page this line number only) ..... >	11,000.00

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
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 10-31-96
☐	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

PREPARER: [illegible]

DATE PREPARED: 10-25-96

FEC FORM 70-2 (12/92)