REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JAN 15 12 37 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) C00236414
KATHERINE A. SCHULZE
AEGON USA POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
1111 NORTH CHARLES STREET

CITY, STATE and ZIP CODE
BALTIMORE MD 21201

2. FEC IDENTIFICATION NUMBER
C00236414

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

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election 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 7/1/97 through 12/31/97		
6. (a) Cash on Hand January 1, 19 97		$ 7,338.00
(b) Cash on Hand at Beginning of Reporting Period	$ 15,013.50	
(c) Total Receipts (from Line 19)	$ 7,377.62	$ 16,053.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 22,391.12	$ 23,391.12
7. Total Disbursements (from Line 30)	$ 6,392.00	$ 7,392.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 15,999.12	$ 15,999.12
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: Katherine A. Schulze

Signature of Treasurer: Katherine A. Schulze

Date: 1-13-98

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)

FE7AN047

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

(revised 1/1/91)

NAME OF COMMITTEE: AECON USA, Inc. POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 7/1/97 TO 12/31/97

	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)	$ 2,399.00	$ 8,042.00	11(a)(i)
ii. Unitemized	1,398.50	4,181.00	11(a)(ii)
iii. Total (add i and ii) ➤	3,797.50	12,223.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	3,580.12	3,580.12	11(c)
d. Total Contributions (add a iii, b and c) ➤	7,377.62	15,803.12	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.)	0.00	250.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	7,377.62	16,053.12	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	0.00	0.00	21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	1,192.00	1,192.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	1,192.00	1,192.00	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,850.00	2,350.00	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 (Non-Federal)	3,350.00	3,850.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6,392.00	7,392.00	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)	7,377.62	15,803.12	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	7,377.62	15,803.12	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	1,192.00	1,192.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	250.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	1,192.00	942.00	37

FE7AN047

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 3 FOR LINE NUMBER

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) AEGON USA, INC. Political Action Committee

A. Full Name, Mailing Address and Zip Code Dennis Roland 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☐ Primary ☒ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation-Senior Vice President, Investments Aggregate Year-to-Date)$200.00	Date (month day, year) 7/7/97	Amount of Each Receipt this Period $200.00
B. Full Name, Mailing Address and Zip Code Brian D. Scott 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☐ Primary ☒ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation-Chief Marketing Officer-FMD Aggregate Year-to-Date) $500.00	Date (month day, year) 9/10/97	Amount of Each Receipt this Period $500.00
C. Full Name, Mailing Address and Zip Code Eliot M. Rubin 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☐ Primary ☒ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation - Director of Auditing, DIA Aggregate Year-to-Date) $104.00	Date (month day, year) Payroll Deduction	Amount of Each Receipt this Period $96.00
D. Full Name, Mailing Address and Zip Code Tom A. Schloesberg 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☐ Primary ☒ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation - President, DIA Aggregate Year-to-Date) $380.00	Date (month day, year) Payroll Deduction	Amount of Each Receipt this Period $120.00
E. Full Name, Mailing Address and Zip Code Rex D. Eno 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☐ Primary ☒ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation - President, Individual Division Aggregate Year-to-Date) $200.00	Date (month day, year) Payroll Deduction	Amount of Each Receipt this Period $120.00
F. Full Name, Mailing Address and Zip Code Lindsay P. Schumacher 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☐ Primary ☒ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation - Vice President, Realty Advisors Aggregate Year-to-Date) $228.00	Date (month day, year) Payroll Deduction	Amount of Each Receipt this Period $72.00
G. Full Name, Mailing Address and Zip Code J. Will Paull 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☐ Primary ☒ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP/Mariner Financial Occupation - Chairman Aggregate Year-to-Date) $475.00	Date (month day, year) Payroll Deduction	Amount of Each Receipt this Period $150.00

SUBTOTAL of Receipts This Page (optional)	$1,258.00
TOTAL This Period (last page this line number only)	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 3 FOR LINE NUMBER

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full) AEGON USA, INC. Political Action Committee

A. Full Name, Mailing Address and Zip Code Tom A. Schlossberg 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☐ Primary ☒ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation-Senior Vice President,DIA Aggregate Year-to-Date)$520.00	Date (month day, year) Payroll Deduction	Amount of Each Receipt this Period $140.00
B. Full Name, Mailing Address and Zip Code Eliot M. Rubin 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☐ Primary ☒ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation-Director of Auditing, DIA Aggregate Year-to-Date) $416.00	Date (month day, year) Payroll Deduction	Amount of Each Receipt this Period $112.00
C. Full Name, Mailing Address and Zip Code Paula G. Nelson 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☐ Primary ☒ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation-Vice President, Institutional Marketing Aggregate Year-to-Date) $240.00	Date (month day, year) Payroll Deduction	Amount of Each Receipt this Period $105.00
D. Full Name, Mailing Address and Zip Code Lindsay P. Schomacher 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☐ Primary ☒ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation-Vice President, Realty Advisors Aggregate Year-to-Date) $312.00	Date (month day, year) Payroll Deduction	Amount of Each Receipt this Period $84.00
E. Full Name, Mailing Address and Zip Code David L. Blankenship 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☐ Primary ☒ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation-Vice President, Realty Advisors Aggregate Year-to-Date) $320.00	Date (month day, year) Payroll Deduction	Amount of Each Receipt this Period $140.00
F. Full Name, Mailing Address and Zip Code Clifford A. Sheets 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☐ Primary ☒ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation-Executive Vice President, Credit & Securities Aggregate Year-to-Date) $260.00	Date (month day, year) Payroll Deduction	Amount of Each Receipt this Period $140.00
G. Full Name, Mailing Address and Zip Code Rex B. Ens 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☐ Primary ☒ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation-President, Individual Division Aggregate Year-to-Date) $340.00	Date (month day, year) Payroll Deduction	Amount of Each Receipt this Period $140.00

SUBTOTAL of Receipts This Page (optional)	$ 861.00
TOTAL This Period (last page this line number only)	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 3 FOR LINE NUMBER

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 commerical purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (in Full) AEGON USA, INC. Political Action Committee

A. Full Name, Mailing Address and Zip Code Craig D. Vermie 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☐ Primary ☒ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation-Vice President, General Counsel & Secretary Aggregate Year-to-Date)$240.00	Date (month day, year) Payroll Deduction	Amount of Each Receipt this Period $140.00
B. Full Name, Mailing Address and Zip Code Russell W. Crooks 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☐ Primary ☒ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation-VP & Director of New Business, WRL Division Aggregate Year-to-Date) $260.00	Date (month day, year) Payroll Deduction	Amount of Each Receipt this Period $70.00
C. Full Name, Mailing Address and Zip Code Frank D. Eckstein 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☐ Primary ☒ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation-Vice President, WRL Division Aggregate Year-to-Date) $280.00	Date (month day, year) Payroll Deduction	Amount of Each Receipt this Period $70.00
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)	$ 280.00
TOTAL This Period (last page this line number only)	$2,399.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS - FEDERAL**

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) AEGON USA, Inc. Political Action Committee

A. Full Name, Mailing Address and Zip Code Ehrlich for Congress Campaign Headquarters 1527 York Road Lutherville, MD 21093	Purpose of Disbursement Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (Specify)	Date (month day, year) 08/22/97	Amount of Each Disbursement This Period $200.00
B. Full Name, Mailing Address and Zip Code People for Ganske 521 East Locust, 2nd Floor Des Moines, IA 50309-9527	Purpose of Disbursement Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (Specify)	Date (month day, year) 08/22/97	Amount of Each Disbursement This Period $200.00
C. Full Name, Mailing Address and Zip Code Grassley Committee P.O. Box 6193 Alexandria, VA 22306-0193	Purpose of Disbursement Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (Specify)	Date (month day, year) 08/22/97	Amount of Each Disbursement This Period $200.00
D. Full Name, Mailing Address and Zip Code John Breaux Senate Committee P.O. Box 4042 Baton Rouge, LA 70821	Purpose of Disbursement Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (Specify)	Date (month day, year) 10/7/97	Amount of Each Disbursement This Period $1,000.00
E. Full Name, Mailing Address and Zip Code The Coverdell Good Government Committee 3091 Maple Drive, Suite 200 Atlanta, GA 30305	Purpose of Disbursement Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (Specify)	Date (month day, year) 11/10/97	Amount of Each Disbursement This Period $250.00
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 Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (Specify)	Date (month day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$ 1,850.00
TOTAL This Period (last page this line number only)	$ 1,850.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS - NON FEDERAL**

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) AEGON USA, Inc. Political Action Committee

A. Full Name, Mailing Address and Zip Code Nussle for Congress Committee 4010 Franconia Road Alexandria, VA 22310-2136	Purpose of Disbursement Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (Specify)	Date (month day, year) 08/22/97	Amount of Each Disbursement This Period $250.00
B. Full Name, Mailing Address and Zip Code HIAA PAC Director of Public Affairs (Barbara Jackler) 555 13th Street, NW, Suite 600 East Washington, DC 20004-1109	Purpose of Disbursement Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (Specify)	Date (month day, year) 08/22/97	Amount of Each Disbursement This Period $250.00
C. Full Name, Mailing Address and Zip Code The Republican Party of Kentucky Capitol Avenue at Third Street P.O. Box 1088 Frankfort, KY 40602	Purpose of Disbursement Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (Specify)	Date (month day, year) 10/06/97	Amount of Each Disbursement This Period $2,500.00
D. Full Name, Mailing Address and Zip Code Rose for Congress 501 Darby Creek Road, Suite 33A Lexington, KY 40509	Purpose of Disbursement Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (Specify)	Date (month day, year) 11/18/97	Amount of Each Disbursement This Period $350.00
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)	$3,350.00
TOTAL This Period (last page this line number only)	$3,350.00

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 recived.

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED 1-12-98
☐	Registerd/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
☐	Electronic Filing	

SEB	1-15-98
PREPARER	DATE PREPARED

(7/97)