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 Agents & Brokers Political Action Committee (CouncilPAC)

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
1999 DEC 20 P 1:41

2. FEC IDENTIFICATION NUMBER
C00039578

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 11/01/99 through 11/30/99		
6. (a) Cash on Hand January 1, 19 99		$ 30,738.05
(b) Cash on Hand at Beginning of Reporting Period	$ 62,929.08	
(c) Total Receipts (from Line 19)	$ 824.19	$ 131,658.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 63,753.27	$ 162,396.14
7. Total Disbursements (from Line 30)	$ 8,902.31	$ 107,445.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 54,850.96	$ 54,950.96
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

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
12/20/99.

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)

4-00173

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 (CouncilPAC)

REPORT COVERING PERIOD FROM 11/01/98 TO: 11/30/98

	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)	750.00	108,200.00	11(a)(i)
ii. Unitemized	0.00	22,741.00	11(a)(ii)
iii. Total (add i and ii) ➤	750.00	130,941.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	750.00	130,941.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	74.19	717.09	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	824.19	131,658.09	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	824.19	131,658.09	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	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	566.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	566.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,902.31	106,879.18	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6,902.31	107,445.18	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	6,902.31	107,445.18	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	750.00	130,941.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	750.00	130,941.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	566.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	566.00	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

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 (CouncilPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jeannie Hylant 5926 Barkwood Sylvania, OH 43560 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hylant-MacLean, Inc. Occupation: Account Executive Aggregate Year-to-Date > $ 250.00	11/04/99	250.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Christopher Gleason Millcreek Valley Farm RD 5, Box 151 Johnstown, PA 15901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Gleason Agency, Inc. Occupation: President Aggregate Year-to-Date > $ 500.00	11/09/99	500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	750.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee (CouncilPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Crestar Bank P.O. Box 85024 Richmond, VA 23285-5024	Crestar Bank	11/30/99	34.48
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 484.32		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Capitol Bank 316 Pennsylvania Ave., SE Washington, DC 20003	National Capitol Bank	11/30/99	39.71
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 232.77		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	74.19
TOTAL This Period (last page this line number only)	74.19

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee (CouncilPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Red Hot & Blue 3014 Wilson Boulevard Arlington, VA 22201	In-Kind cont. to Rep. Ehrlich (R-2nd-MD) Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	11/04/99	527.88 (In-Kind)
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Ehrlich for Congress Committee 8600 LaSalle Road Suite 103 Baltimore, MD 21230	In-Kind cont. to Rep. Ehrlich (R-2nd-MD) Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/04/99	527.88 (Memo In-Kind)
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Through the Grapevine 502 G St., SE Washington,, DC 20003	In-Kind cont. to Rep. Ehrlich (R-2nd-MD) Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	11/04/99	60.81 (In-Kind)
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Ehrlich for Congress Committee 8600 LaSalle Road Suite 103 Baltimore, MD 21230	In-Kind cont. to Rep. Ehrlich (R-2nd-MD) Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/04/99	60.81 (Memo In-Kind)
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Through the Grapevine 502 G St., SE Washington,, DC 20003	In-Kind cont. to John Ensign (cand. R-NV Sen.) Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	11/08/99	60.81 (In-Kind)
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Ensign for U.S. Senate P.O. Box 98407 Las Vegas, NV 89193	In-Kind cont. to John Ensign (cand. R-NV Sen.) Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/08/99	60.81 (Memo In-Kind)
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Foley for Congress 3517 S Street, NW Washington, DC 20007	Mark Foley, U.S. HOUSE 16th FL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/12/99	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Kerrey for U.S. Senate 301 4th Street, NE Suite 201 Washington, DC 20002	Bob Kerrey, U.S. SENATE NE Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/12/99	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Santorum 2000 128 N. Columbus St. Alexandria, VA 22314	Rick Santorum, U.S. SENATE PA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/12/99	1,000.00

SUBTOTAL of Disbursements This Page (optional) 3,649.50

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee (CouncilPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Reynolds for Congress P.O. Box 479 Victor, NY 14564	Thomas Reynolds, U.S. HOUSE 27th NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/12/99	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sue Kelly for Congress P.O. Box 599 Katonah, NY 10536	Sue W. Kelly, U.S. HOUSE 19th NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/12/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Freedom Project 111 C Ct., SE Lower Unit Washington, DC 20003	cont. to Rep. Boehner's PAC (R-8-OH) Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	11/12/99	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Chris Dodd 2004 256 Massachusetts Avenue, NE Suite 207 Washington, DC 20003	Christopher J. Dodd, U.S. SENATE CT Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/12/99	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pioneer PAC 1212 N. Vernon Street Arlington, VA 22201	Rep. Dave Hobson's PAC (R-7-OH) Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	11/12/99	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ehrlich for Congress Committee 8600 LaSalle Road Suite 103 Baltimore, MD 21230	Robert Ehrlich, U.S. HOUSE 2nd MD Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/12/99	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Foley for Congress 3517 S Street, NW Washington, DC 20007	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/12/99	-1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ehrlich for Congress Committee 8600 LaSalle Road Suite 103 Baltimore, MD 21230	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/12/99	-500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Billey for Congress P.O. Box 17095 Richmond, VA 23226	Thomas J. Billey, U.S. HOUSE 7th VA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/15/99	750.00

SUBTOTAL of Disbursements This Page (optional) 3,750.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 28

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee (CouncilPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Lazio for Congress P.O. Box 5063 Bay Shore, NY 11706	Rick A. Lazio, U.S. HOUSE 2nd NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/16/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Through the Grapevine 502 G St., SE Washington,, DC 20003	In-kind contribution to Tom Reiser (R-TX) Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	11/16/99	60.61 (In-Kind)
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Tom Reiser for Congress 6800 West Loop South Suite 160 Bellaire, TX 77401	In-kind contribution to Tom Reiser (R-TX) Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/16/99	60.61 (Memo In-Kind)
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Complements Catering Company 5507 Inverchapel Road Springfield, VA 22151	In-kind cont. to Tom Reiser (R-TX) Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	11/16/99	442.00 (In-Kind)
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Tom Reiser for Congress 6800 West Loop South Suite 160 Bellaire, TX 77401	In-kind cont. to Tom Reiser (R-TX) Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/16/99	442.00 (Memo In-Kind)
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 1,502.61

TOTAL This Period (last page this line number only) 8,802.31

4-00173

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 12-21-95
☐	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
☐	Electronic Filing	

JMN — PREPARER

12-21-95 — DATE PREPARED

(4/98)