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 20004-2606

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
99 OCT 19 A 11:56

2. FEC IDENTIFICATION NUMBER
C00029578

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 09/01/99 through 09/30/99		
6. (a) Cash on Hand January 1, 19 99		$ 20,738.05
(b) Cash on Hand at Beginning of Reporting Period	$ 42,161.34	
(c) Total Receipts (from Line 19)	$ 23,429.61	$ 117,102.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 65,610.95	$ 147,840.25
7. Total Disbursements (from Line 30)	$ 1,000.00	$ 83,229.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 64,610.95	$ 64,610.95
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: 10-19-99

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)

4-00178

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 09/04/99 TO: 09/30/99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11(a)(i)
i. Itemized (use Schedule A)	16,250.00	98,000.00	11(a)(ii)
ii. Unitemized	6,120.00	19,530.00	11(a)(iii)
iii. Total (add i and ii) ➤	22,370.00	116,530.00	11(b)
b. Political Party Committees	0.00	0.00	11(c)
c. Other Political Committees (such as PACs)	0.00	0.00	11(d)
d. Total Contributions (add a iii, b and c) ➤	23,370.00	116,530.00	12
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	13
13. All Loans Received	0.00	0.00	14
14. Loan Repayments Received	0.00	0.00	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	17
17. Other Federal Receipts (Dividends, Interest, etc.)	59.61	572.20	18
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	23,429.61	117,102.20	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤	23,429.61	117,102.20	
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share	0.00	0.00	21(a)(ii)
ii. Non-Federal Share	0.00	0.00	21(b)
b. Other Federal Operating Expenditures	0.00	566.00	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	566.00	22
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	82,663.30	24
24. Independent Expenditures (use Schedule E)	0.00	0.00	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	26
26. Loan Repayments Made	0.00	0.00	27
27. Loans Made	0.00	0.00	
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) ➤	1,000.00	83,229.30	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	1,000.00	83,229.30	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	23,370.00	116,530.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	23,370.00	116,530.00	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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 6

FOR LINE NUMBER 11.a

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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
Gary Pyne 807 Kateslord Road Cockeysville, MD 21030	HM3 Insurance Associates, Inc.	09/02/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President Aggregate Year-to-Date > $ 500.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Kerr 17611 Cedar Creek Canyon Dallas, TX 75252	Lambert Fenchurch U.S. Holdings, Inc.	09/02/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chairman & CEO 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
Craig Treiber 7 Tanglewood Lane Sea Cliff, NY 11579	The Treiber Group LLC	09/02/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Aggregate Year-to-Date > $ 700.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Bowles Jr. 6326 Glendora Avenue Dallas, TX 75230	McQueary Henry Bowles Troy, L.L.P.	09/07/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President Aggregate Year-to-Date > $ 250.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Buckley 3757 Brookside Road Toledo, OH 43606-2615	Hylant-MacLean, Inc.	09/07/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President & COO 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
Patrick Hylant P.O. Box 1687 Toledo, OH 43603	Hylant-MacLean, Inc.	09/07/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President Aggregate Year-to-Date > $ 500.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Dowd 5914 Walden Trail Arlington, TX 76016	McQueary Henry Bowles Troy, L.L.P.	09/07/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional)	2,250.00
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 9 OF 6

FOR LINE NUMBER 11a.i

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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
Stephen Hylant 4346 Birch Run Troy, MI 48098	Hylant-MacLean, Inc.	09/13/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President 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
William Cohen Jr. 408 N. Hampton Wichita, KS 67206-1807	Insurance Management Associates, Inc.	09/13/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chief Executive Officer 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
John Milward 317 Holiday Drive Lexington, KY 40502	Powell-Walton-Milward, Inc.	09/13/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President 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
Marshall Polk III 101 Jocelyn Hills Road Nashville, TN 37205	Polk & Sullivan Group, Inc.	09/13/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent 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
J. Dixon Witherspoon Sr. 4004 - A Wayland Drive Nashville, TN 37215-4022	Gale, Smith & Co., Inc.	09/14/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent 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
Thomas Glenn III 1011 Bartlett Avenue Linwood, NJ 08221	Glenn Insurance, Inc.	09/14/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President 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
Jeffrey Sanders 5079 Palermo Road Cincinnati, OH 45244	Hylant-MacLean, Inc.	09/21/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional) 2,250.00

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 9 OF 9

FOR LINE NUMBER 11a

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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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard Hylant 12198 Lakeshore Drive LaSalle, MI 48145 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hylant-MacLean, Inc. Occupation: Vice President Aggregate Year-to-Date $ 250.00	09/21/99	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William Chaufty 7405 Shoreline Drive Oklahoma City, OK 73132 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hilb, Rogal & Hamilton of Oklahoma Occupation: President Aggregate Year-to-Date $ 1,000.00	09/21/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Martin O'Brien 218 E. Waldheim Road Pittsburgh, PA 15215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Allied Insurance Brokers, Inc. Occupation: Insurance Agent Aggregate Year-to-Date $ 500.00	09/21/99	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
R. Ronald Glenn 121 East Edgewood Avenue Linwood, NJ 08221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Glenn Insurance, Inc. Occupation: Insurance Agent Aggregate Year-to-Date $ 500.00	09/21/99	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Doetzer 220 Montrose Avenue Baltimore, MD 21236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Consolidated Insurance Center, Inc. Occupation: Chairman & CEO Aggregate Year-to-Date $ 500.00	09/21/99	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Allen McDowell 11 Timberlake Drive Little Rock, AR 72207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rebsamen Insurance Occupation: Insurance Agent Aggregate Year-to-Date $ 500.00	09/23/99	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Steve Madigan 72 Robinwood Drive Little Rock, AR 72227 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rebsamen Insurance Occupation: Insurance Agent Aggregate Year-to-Date $ 250.00	09/23/99	250.00

SUBTOTAL of Receipts This Page (optional) 3,500.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a i

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NAME OF COMMITTEE (In Full)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Bill Stringfellow 10 Hayfield Drive Little Rock, AR 72207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rebsamen Insurance Occupation: Insurance Agent Aggregate Year-to-Date > $ 250.00	09/23/99	250.00
B. John Elliott 8 Revere Court Little Rock, AR 72227 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rebsamen Insurance Occupation: Insurance Agent Aggregate Year-to-Date > $ 250.00	09/23/99	250.00
C. Eugene Klein 14037 Knox Kansas City, MO 64105 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Thomas McGee, L.C. Occupation: Member Aggregate Year-to-Date > $ 250.00	09/23/99	250.00
D. Andrew Rogal 600 Grant Street Pittsburgh, PA 15219 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hilb, Rogal & Hamilton Company Occupation: Insurance Agent Aggregate Year-to-Date > $ 1,000.00	09/24/99	1,000.00
E. John McGrath Jr. 10 Wilson Drive Pittsburgh, PA 15220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hilb, Rogal & Hamilton Company Occupation: Insurance Agent Aggregate Year-to-Date > $ 1,000.00	09/24/99	1,000.00
F. John Sullivan 22 Charles River Square Boston, MA 02114-3265 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sullivan Risk Management Group - Petroleum Insuran Occupation: Chairman & CEO Aggregate Year-to-Date > $ 1,000.00	09/24/99	1,000.00
G. James Harper 150 Palmetto Road Belleair, FL 34616 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Accordia Southeast, Inc. Occupation: President/CEO Aggregate Year-to-Date > $ 500.00	09/27/99	500.00

SUBTOTAL of Receipts This Page (optional) 4,250.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF 6

FOR LINE NUMBER 11 a i

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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
Timothy Korman 11730 Hazelton Drive Richmond, VA 23236	Hilb, Rogal & Hamilton Company	09/27/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Vice President, Finance &		
	Aggregate Year-to-Date > $ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
E. Jerome Zwiesler 252 Burgess Avenue Dayton, OH 45415	The Brower Insurance Agency, P.L.L.	09/27/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent		
	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**
Marc Reynolds 77 Royal Birkdale Drive Springboro, OH 45066	The Brower Insurance Agency, P.L.L.	09/27/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Partner		
	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**
David Griffin 300 S. Village Dr. Dayton, OH 45459	The Brower Insurance Agency, P.L.L.	09/27/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent		
	Aggregate Year-to-Date > $ 250.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Charles Castle 758 Plantation Lane Dayton, OH 45419	The Brower Insurance Agency, P.L.L.	09/27/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent		
	Aggregate Year-to-Date > $ 500.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Donald DesCombes 2595 San Andres Way Ontario, CA 91764	Averbeck Company Insurance Brokers	09/27/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chairman		
	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**
John Barron Jr. P. O. Box 37 Dayton, OH 45401	The Brower Insurance Agency, P.L.L.	09/27/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Partner		
	Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional) 2,750.00

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

4-00175

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 6 OF 6

FOR LINE NUMBER 11 a.1.

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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
Joseph Maloney 506 W David Road Kettering, OH 45429	The Brower Insurance Agency, P.L.L.	09/27/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Partner 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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

C. 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 > $		

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 > $		

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	15,250.00

4-00173

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 Occupation	09/30/99	34.34
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 414.29		
B. 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 > $		
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)	34.34
TOTAL This Period (last page this line number only)	34.34

4-00173

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 (CouncilPAC)

A. Full Name, Mailing Address and ZIP Code Congressional Black Caucus Foundation 2232 Rayburn House Office Building Washington, DC 20515	Purpose of Disbursement cont. Rep. Ed Towns (D-10-NY) Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 09/15/99	Amount of Each Disbursement This Period 1,000.00
B. 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
C. 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
D. 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
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)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00

4-00193

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 10-19-99
☐	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	
	PREPARER	10-19-99 DATE PREPARED

(4/98)