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

May 10 [illegible]

2. FEC IDENTIFICATION NUMBER
C00032573

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 04/01/99 through 04/30/99		
6. (a) Cash on Hand January 1, 19 99		$ 30,738.05
(b) Cash on Hand at Beginning of Reporting Period	$ 38,468.21	
(c) Total Receipts (from Line 19)	$ 9,601.32	$ 36,528.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 48,067.53	$ 67,266.40
7. Total Disbursements (from Line 30)	$ 5,025.81	$ 24,224.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 43,041.72	$ 43,041.72
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
5/10/99

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 9/99)

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: 01/01/00 TO: 04/30/00

	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)	8,025.00	34,525.00	11(a)(i)
ii. Unitemized	1,525.00	1,750.00	11(a)(ii)
iii. Total (add i and ii) ➤	9,550.00	36,275.00	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) ➤	9,550.00	36,275.00	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.)	51.32	253.35	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) ➤	9,601.32	36,528.35	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	9,601.32	36,528.35	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	5,025.81	23,658.68	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) ➤	5,025.81	24,224.68	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	5,025.81	24,224.68	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	9,550.00	36,275.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	9,550.00	36,275.00	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 8

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	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Ferguson 125 Indian Hills Trail Louisville, KY 40207	Underwriters Safety & Claims, Inc.	04/01/99	500.00
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**
Morton Firestone 2320 Gloaming Way Beverly Hills, CA 90210	MDM Insurance Associates, Inc.	04/05/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chairman 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**
Harry Koch 618 S. 83rd Street Omaha, NE 68114	The Harry A. Koch Co.	04/05/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chief Executive Officer 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**
Gregory Overmyer 1340 Marlyn Drive Columbus, OH 43220	Berwanger Overmyer Associates	04/05/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President/P & C Operations Man 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**
Calvin Reno 11614 Stanwood Drive Los Angeles, CA 90066	MDM Insurance Associates, Inc.	04/05/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CEO 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**
Luther Hackett 1296 Spear St. South Burlington, VT 05403-2127	Hackett, Valine & MacDonald, Inc.	04/06/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: 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**
John Woods III 46 Oriole Avenue Bronxville, NY 10708	The Colonial Agency, Inc.	04/06/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00		

SUBTOTAL of Receipts This Page (optional)	2,250.00
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 3 OF 3

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)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Donald Rushing 1065 Harbourview Circle Pensacola, FL 32507 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fisher-Brown, Inc. Occupation: Chairman of the Board Aggregate Year-to-Date > $ 250.00	04/09/99	250.00
B. Alan Moore 204 Bayou Boulevard Pensacola, FL 32507 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fisher-Brown, Inc. Occupation: Executive Vice President Aggregate Year-to-Date > $ 250.00	04/06/99	250.00
C. Michael Hutcherson 61 Chestnut Street Cooperstown, NY 13326-1418 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Colonial Agency, Inc. Occupation: President Aggregate Year-to-Date > $ 500.00	04/12/99	500.00
D. Dennis Erickson 10908 West 121st Terrace Overland Park, KS 66213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Thomas McGee, L.C. Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	04/12/99	500.00
E. William Graham IV 828 Conshohocken State Road Gladwyne, PA 19035 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Graham Company Occupation: Insurance agent Aggregate Year-to-Date > $ 500.00	04/15/99	500.00
F. Bruce Dunbar Jr. 3304 Hermitage Road Birmingham, AL 35223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	McGriff, Seibels & Williams, Inc. Occupation: Chairman Aggregate Year-to-Date > $ 1,000.00	04/19/99	1,000.00
G. Sackett Cook 222 Banyan Street P. O. Box 1146 Boca Grand, FL 33921-0236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rigga, Counselman, Michaels & Downes, Inc. Occupation: Vice President Aggregate Year-to-Date > $ 250.00	04/21/99	250.00

SUBTOTAL of Receipts This Page (optional) 3,250.00

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 3 OF 8

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)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Peter Dahl 1906 Billy Barton Circle Reisterstown, MD 21136 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Riggs, Counselman, Michaels & Downes, Inc. Occupation: Senior Vice President Aggregate Year-to-Date > $ 275.00	04/21/99	275.00
B. Thomas Healy 2 Warrenton Road Baltimore, MD 21210-2925 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Riggs, Counselman, Michaels & Downes, Inc. Occupation: Executive Vice President Aggregate Year-to-Date > $ 500.00	04/21/99	500.00
C. Francis Riggs 555 Fairmount Avenue Baltimore, MD 21204-5491 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Riggs, Counselman, Michaels & Downes, Inc. Occupation: Executive Vice President Aggregate Year-to-Date > $ 500.00	04/21/99	500.00
D. Albert Sproul Jr. 34 Wellwood Road Demarest, NJ 07627 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Donnelly & Sproul, Inc. Occupation: Chairman of the Board Aggregate Year-to-Date > $ 500.00	04/21/99	500.00
E. Merton J. Segal 1468 Imcoods Insurance Group Bloomfield, MI 48034-1307 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meadowbrook Insurance Group Occupation: Chairman and CEO Aggregate Year-to-Date > $ 500.00	04/29/99	500.00
F. William Rue 33 Cranbury Neck Road Cranbury, NJ 08512 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rue Insurance Occupation: President Aggregate Year-to-Date > $ 250.00	04/29/99	250.00
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) 2,525.00

TOTAL This Period (last page this line number only) 6,025.00

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 (CoanoIIPAC)

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	04/30/99	51.32
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 205.93		

B. 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 > $		

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)	51.32
TOTAL This Period (last page this line number only)	51.32

4-00178

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 22

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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
Sue Kelly for Congress P.O. Box 18021 Alexandria, VA 22302	Sue W. Kelly, U.S. HOUSE 19th NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	04/07/99	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LoBiondo for Congress P.O. Box 2778 Alexandria, VA 22202	Frank A. LoBiondo, U.S. HOUSE 2nd NJ Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	04/07/99	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lee Terry for Congress 1212 North Vernon Street Arlington, VA 22201	Lee Terry, U.S. HOUSE 2nd NE Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	04/07/99	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Ney for Congress P.O. Box 490 St. Clairsville, OH 43950	Bob Ney, U.S. HOUSE 18th OH Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	04/07/99	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Team Emerson P.O. Box 18021 Alexandria, VA 22302	Jo Ann Emerson, U.S. HOUSE 8th MO Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	04/07/99	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Re-Elect McGovern Committee P.O. Box 405 Worcester, MA 01606	Jim McGovern, U.S. HOUSE 3rd MA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	04/07/99	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kingston for Congress 1170 North Pitt Street Alexandria, VA 22314	Jack Kingston, U.S. HOUSE 1st GA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	04/07/99	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Congressman Tim Holden 729 15th Street, NW 3rd Floor Washington, DC 20005	Tim Holden, U.S. HOUSE 6th PA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	04/07/99	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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. Harold Ford, Jr. (D-TN-9) Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	04/15/99	60.81 (In-Kind)

SUBTOTAL of Disbursements This Page (optional)	4,560.81
TOTAL This Period (last page this line number only)	

4-00173

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2

FOR LINE NUMBER 22

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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 Harold Ford Jr - New Vision Comm. 58 River Mist Ln Memphis, TN 38103	Purpose of Disbursement In-kind cont. to Rep. Harold Ford, Jr. (D-TN-9) Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 04/15/99	Amount of Each Disbursement This Period 60.81 (Memo In-Kind)
B. Full Name, Mailing Address and ZIP Code Complements Catering Company 6507 Invershapel Road Springfield, VA 22151	Purpose of Disbursement In-kind cont. to Rep. Harold Ford, Jr. (D-TN-9) Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 04/15/99	Amount of Each Disbursement This Period 465.00 (In-Kind)
C. Full Name, Mailing Address and ZIP Code Harold Ford Jr - New Vision Comm. 58 River Mist Ln Memphis, TN 38103	Purpose of Disbursement In-kind cont. to Rep. Harold Ford, Jr. (D-TN-9) Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 04/15/99	Amount of Each Disbursement This Period 465.00 (Memo In-Kind)
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)	465.00
TOTAL This Period (last page this line number only)	5,025.81

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 5-18-99
☐	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	

JMN — PREPARER

5-18-99 — DATE PREPARED

(4/98)