REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 JUN 16 P 1:59

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

2. FEC IDENTIFICATION NUMBER
C00029579

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 05/01/00 through 06/31/00		
6. (a) Cash on Hand January 1, 19 00		$ 37,794.74
(b) Cash on Hand at Beginning of Reporting Period	$ 56,941.66	
(c) Total Receipts (from Line 19)	$ 13,350.00	$ 52,352.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 70,291.66	$ 90,147.09
7. Total Disbursements (from Line 30)	$ 4,000.00	$ 23,855.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 66,291.66	$ 66,291.86
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: 6/14/00

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)

4-00179

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: 05/01/00 TO: 05/31/00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11(a)(i)
i. Itemized (use Schedule A)	10,100.00	48,850.00	11(a)(ii)
ii. Unitemized	3,250.00	3,300.00	11(a)(iii)
iii. Total (add i and ii) ➤	13,350.00	52,150.00	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) ➤	13,350.00	52,150.00	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.)	0.00	202.35	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) ➤	13,350.00	52,352.35	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤	13,350.00	52,352.35	
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	355.23	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	355.23	22
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,000.00	22,500.00	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	1,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	4,000.00	23,855.23	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	4,000.00	23,855.23	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	13,350.00	52,150.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	13,350.00	52,150.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	355.23	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	355.23	37

440173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11a 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)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael Hutcherson 61 Chestnut Street Cooperstown, NY 13326-1418 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Colonial Agency, Inc. President Aggregate Year-to-Date > $ 500.00	05/10/00	500.00
B. J. Norman Eckstein 121 Grandon Road Dayton, OH 45419 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Brower Insurance Agency, P.L.L. Partner Aggregate Year-to-Date > $ 1,000.00	05/10/00	1,000.00
C. Edward Effrein 1100 Laurie Lane Burr Ridge, IL 60521 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Astro National Incorporated President Aggregate Year-to-Date > $ 600.00	05/11/00	500.00
D. Bruce Ferguson 125 Indian Hills Trail Louisville, KY 40207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Underwriters Safety & Claims, Inc. President Aggregate Year-to-Date > $ 600.00	05/11/00	500.00
E. Peter Dahl 1906 Billy Barton Circle Reisterstown, MD 21136 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Riggs, Counselman, Michaels & Downes, Inc. Senior Vice President Aggregate Year-to-Date > $ 275.00	05/12/00	275.00
F. William Gilmartin 6351 Five Fingers Way Columbia, MD 21045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Riggs, Counselman, Michaels & Downes, Inc. Senior Vice President Aggregate Year-to-Date > $ 275.00	05/12/00	275.00
G. Thomas Healy 2 Warrenton Road Baltimore, MD 21210-2925 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Riggs, Counselman, Michaels & Downes, Inc. Executive Vice President Aggregate Year-to-Date > $ 500.00	05/12/00	500.00

SUBTOTAL of Receipts This Page (optional) 3,550.00

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

4-00170

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 4

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. David Hill 227 Quaker Ridge Road Timonium, MD 21093 Receipt For: Primary / General / Other (specify):	Riggs, Counselman, Michaels & Downes, Inc. Occupation: Sr. Vice President Aggregate Year-to-Date $ 275.00	05/12/00	275.00
B. William Kable Jr. 2817 York Manor Road Phoenix, MD 21131 Receipt For: Primary / General / Other (specify):	Riggs, Counselman, Michaels & Downes, Inc. Occupation: Senior Vice President Aggregate Year-to-Date $ 225.00	05/12/00	225.00
C. Terry Purvis 1050 Hidden Moss Drive Hunt Valley, MD 21030 Receipt For: Primary / General / Other (specify):	Riggs, Counselman, Michaels & Downes, Inc. Occupation: Senior Vice President Aggregate Year-to-Date $ 300.00	05/12/00	300.00
D. 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	05/12/00	500.00
E. Sackett Cook 222 Banyan Street P. O. Box 1146 Boca Grand, FL 33921-0236 Receipt For: Primary / General / Other (specify):	Riggs, Counselman, Michaels & Downes, Inc. Occupation: Vice President Aggregate Year-to-Date $ 250.00	05/12/00	250.00
F. Timothy Brady 2703 South Southern Oaks Houston, TX 77056 Receipt For: Primary / General / Other (specify):	Brady, Chapman, Holland & Associates, Inc. Occupation: Chairman Aggregate Year-to-Date $ 500.00	05/17/00	500.00
G. Christie McVicker 7745 Lower Fishers Rd. Fishers, NY 14453 Receipt For: Primary / General / Other (specify):	The Flanders Group Occupation: President Aggregate Year-to-Date $ 1,000.00	05/17/00	1,000.00

SUBTOTAL of Receipts This Page (optional) 3,050.00

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 8 OF 14

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. John Doetzer 220 Montrose Avenue Baltimore, MD 21228 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Consolidated Insurance Center, Inc. Occupation: Chairman & CEO Aggregate Year-to-Date $ 500.00	05/17/00	500.00
B. Bruce Basso 520 Roehampton Hillsborough, CA 94010 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alburger Basso deGrosz, Inc. Occupation: President Aggregate Year-to-Date $ 500.00	05/17/00	500.00
C. H. Grantland Rice III 2 Montrose Circle Birmingham, AL 35213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cobbs, Allen & Hall, Incorporated Occupation: President & CFO Aggregate Year-to-Date $ 250.00	05/17/00	250.00
D. L. Patrick Deering 1001 Malvern Avenue Ruxton, MD 21204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Riggs, Counselman, Michaels & Downes, Inc. Occupation: Chairman Aggregate Year-to-Date $ 500.00	05/24/00	500.00
E. George Homer Jr. 4 Kenmare Road Larchmont, NY 10538-3213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Murray, Schoen & Homer, Inc. Occupation: Chairman/CEO Aggregate Year-to-Date $ 500.00	05/24/00	500.00
F. James Braniff III 2903 No. 1 Mid Lane Houston, TX 77027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Arthur J. Gallagher & Company Occupation: Aggregate Year-to-Date $ 500.00	05/24/00	500.00
G. Dan Francis CA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alburger Basso deGrosz, Inc. Occupation: President, Technology Group Aggregate Year-to-Date $ 500.00	05/31/00	500.00

SUBTOTAL of Receipts This Page (optional) 3,250.00

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 1 OF 1

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
William Rue 33 Cranbury Neck Road Cranbury, NJ 08512	Rue Insurance Occupation: President	05/31/00	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
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)	250.00
TOTAL This Period (last page this line number only)	10,100.00

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

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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	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Nelson 2000 301 4th Street, NE Suite 201 Washington, DC 20002	Ben Nelson, U.S. SENATE NE Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/09/00	1,000.00
B. Bill Nelson for U.S. Senate Campaign P.O. Box 10962 Tallahassee, FL 32302	Bill Nelson, U.S. SENATE FL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/23/00	2,500.00
C. Ed Schrock for Congress 429 St. Asaph Street Alexandria, VA 22314	Ed Schrock, U.S. HOUSE 2nd VA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/30/00	500.00
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)	4,000.00
TOTAL This Period (last page this line number only)	4,000.00

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 6-16-00
☐	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	DATE PREPARED 6-16-00

(4/98)