REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Nov 30 1 42 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

C00120006 101998 F 236
ALLEN L PETERSON
MINNESOTA LIFE INSURANCE COMPA
NY PAC
400 ROBERT STREET NORTH
ST PAUL MN 55101

2. FEC IDENTIFICATION NUMBER

3. [X] 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 _____

[X] 30-Day Post-Election Report following the General Election
on 11-3-98 in the State of _____

(b) Is this Report an Amendment? [ ] YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10-1-98 through 11-23-98		
6. (a) Cash on Hand January 1, 19 98		$ 21,512.19
(b) Cash on Hand at Beginning of Reporting Period	$ 21,742.19	
(c) Total Receipts (from Line 19)	$ 4,660.00	$ 22,890.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 26,402.19	$ 44,402.19
7. Total Disbursements (from Line 30)	$ 2,500.00	$ 20,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 23,902.19	$ 23,902.19
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 202-694-1100

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
Allen L Peterson

Signature of Treasurer
Allen L Peterson

Date
11-25-98

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)

FE5AN064

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

(revised 1/1/91)

NAME OF COMMITTEE: MINNESOTA LIFE PAC

REPORT COVERING PERIOD FROM 10-1-98 TO: 11-23-98

	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)	1,865.00	12,285.00	11(a)(i)
ii. Unitemized	2,795.00	10,605.00	11(a)(ii)
iii. Total (add i and ii) ➤	4,660.00	22,890.00	11(a)(iii)
b. Political Party Committees	—	—	11(b)
c. Other Political Committees (such as PACs)	—	—	11(c)
d. Total Contributions (add a iii, b and c) ➤	4,660.00	22,890.00	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.)	—	—	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) ➤	4,660.00	22,890.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4,660.00	22,890.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	—	—	21(a)(i)
ii. Non-Federal Share	—	—	21(a)(ii)
b. Other Federal Operating Expenditures	—	—	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	—	—	21(c)
22. Transfers to Affiliated/Other Party Committees	—	—	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,500.00	20,500.00	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	—	—	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	2,500.00	20,500.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	2,500.00	20,500.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4,660.00	22,890.00	32
33. Total Contribution Refunds (from line 28d)	—	—	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,660.00	22,890.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	—	—	35
36. Offsets to Operating Expenditures (from line 15)	—	—	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	—	—	37

FE8A/084

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 7

FOR LINE NUMBER 11ai

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)
Minnesota Life Insurance Company PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Anderson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$40.00
Receipt for: [ ] Primary [X] General [ ] Other (specify):	Occupation: Second Vice President		($40 Monthly)
	Aggregate Year-to-Date > $	400.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Betty Brost Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$40.00
Receipt for: [ ] Primary [X] General [ ] Other (specify):	Occupation: Second Vice President		($40 Monthly)
	Aggregate Year-to-Date > $	400.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Bruder Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$60.00
Receipt for: [ ] Primary [X] General [ ] Other (specify):	Occupation: Senior Vice President		($60 Monthly)
	Aggregate Year-to-Date > $	600.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Keith Campbell Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$50.00
Receipt for: [ ] Primary [X] General [ ] Other (specify):	Occupation: Senior Vice President		($50 Monthly)
	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
Leslie Chapman Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$40.00
Receipt for: [ ] Primary [X] General [ ] Other (specify):	Occupation: Second Vice President		($40 Monthly)
	Aggregate Year-to-Date > $	400.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Connolly Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$50.00
Receipt for: [ ] Primary [X] General [ ] Other (specify):	Occupation: Second Vice President		($50 Monthly)
	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
Jenean Gordon Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$40.00
Receipt for: [ ] Primary [X] General [ ] Other (specify):	Occupation: Second Vice President		($40 Monthly)
	Aggregate Year-to-Date > $	400.00	

SUBTOTAL of Receipts This Page (optional)	$320.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 7

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Guy deLambert Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Second Vice President Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)
B. Jean Delaney Nelson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Second Vice President Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)
C. Frederick Feuerherm Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Vice President Aggregate Year-to-Date > $ 500.00	Payroll Deduction	$50.00 ($50 Monthly)
D. Frank Fitzpatrick Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Second Vice President Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)
E. George Fremder Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Second Vice President Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)
F. Jaymes Hubbell Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Second Vice President Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)
G. Michael Kellett Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Vice President Aggregate Year-to-Date > $ 500.00	Payroll Deduction	$50.00 ($50 Monthly)

SUBTOTAL of Receipts This Page (optional) $300.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 7

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard Lee, Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, MN 55101 — Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance / Vice President — Aggregate Year-to-Date > $ 500.00	Payroll Deduction	$50.00 ($50 Monthly)
B. Lynne Mills, Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, MN 55101 — Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance / Second Vice President — Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)
C. Dianne Orbison, Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, MN 55101 — Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance / Second Vice President — Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)
D. Goeffrey Peterson, Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, MN 55101 — Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance / Second Vice President — Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)
E. William Steffes, Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, MN 55101 — Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance / Second Vice President — Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)
F. Gregory Strong, Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, MN 55101 — Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance / Senior Vice President — Aggregate Year-to-Date > $ 670.00	Payroll Deduction	$70.00 ($70 Monthly)
G. Terrance Sullivan, Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, MN 55101 — Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance / Senior Vice President — Aggregate Year-to-Date > $ 600.00	Payroll Deduction	$60.00 ($60 Monthly)

SUBTOTAL of Receipts This Page (optional) $340.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11al

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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Randy Wallake Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Senior Vice President Aggregate Year-to-Date > $ 600.00	Payroll Deduction	$60.00 ($60 Monthly)
B. Vincent Giordano Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Sales Manager Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)
C. Bonnie Jacobson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Sales Manager Aggregate Year-to-Date > $ 280.00	Payroll Deduction	($40 Monthly)
D. Scott Jentz Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Regional Vice President Aggregate Year-to-Date > $ 500.00	Payroll Deduction	$50.00 ($50 Monthly)
E. William Handerman Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Second Vice President Aggregate Year-to-Date > $ 450.00	Payroll Deduction	$45.00 ($45 Monthly)
F. David Lipps Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Sales Manager Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)
G. Catherine McCarty Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Sales Manager Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)

SUBTOTAL of Receipts This Page (optional) $275.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5 OF 7
	FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Fran Mertens Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Sales Manager Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)
B. Mike Nuebel Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Sales Manager Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)
C. Charles Peterson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Sales Manager Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)
D. Eric Schneeman Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Sales Manager Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)
E. Bruce Shey Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Sales Manager Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)
F. James Thomas Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Sales Manager Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)
G. David Underdale Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Sales Manager Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)

SUBTOTAL of Receipts This Page (optional) $280.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Ron Zickert Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation: Sales Manager Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)
B. Richard Dominik Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation: Manager Aggregate Year-to-Date > $ 250.00	Payroll Deduction	$25.00 ($25 Monthly)
C. Mary Anne Kluck Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation: Director Aggregate Year-to-Date > $ 250.00	Payroll Deduction	$25.00 ($25 Monthly)
D. Richard Manke Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation: Vice President Aggregate Year-to-Date > $ 395.00	Payroll Deduction	$40.00 ($40 Monthly)
E. Robert Olafson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation: Vice President Aggregate Year-to-Date > $ 395.00	Payroll Deduction	$50.00 ($50 Monthly)
F. Ronald Sandquist Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation: Investment Officer Aggregate Year-to-Date > $ 250.00	Payroll Deduction	$25.00 ($25 Monthly)
G. David Seidel Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation: Director Aggregate Year-to-Date > $ 250.00	Payroll Deduction	$25.00 ($25 Monthly)

SUBTOTAL of Receipts This Page (optional) $290.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 7 OF 7

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Bushlack Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$40.00
Receipt for: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Sales Manager		($40 Monthly)
	Aggregate Year-to-Date > $	360.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Cummings Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$40.00
Receipt for: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Sales Manager		($40 Monthly)
	Aggregate Year-to-Date > $	280.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dale MacNaughton Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$40.00
Receipt for: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Sales Manager		($40 Monthly)
	Aggregate Year-to-Date > $	360.00	

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)	$120.00
TOTAL This Period (last page this line number only)	$1,865.00

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)

Minnesota Mutual Life Insurance Company PAC

A. Full Name, Mailing Address and ZIP Code Ramstad for Congress 8100 Penn Avenue South #104 Bloomington, MN 55431	Purpose of Disbursement Contribution YTD Contributions $5,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 10/28/98	Amount of Each Disbursement this Perio $2,500.00
B. Full Name, Mailing Address and ZIP Code LIFE PAC 1001 Pennsylvania Ave Washington, DC 20004-2599	Purpose of Disbursement Contribution YTD Contributions $5,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Perio
C. Full Name, Mailing Address and ZIP Code Minge for Congress PO Box 71 Granite Falls, MN 56241	Purpose of Disbursement Contribution YTD Contributions $5,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Perio
D. Full Name, Mailing Address and ZIP Code Gutknecht for Congress 1449 12th Avenue NE Rochester, MN 55906	Purpose of Disbursement Contribution YTD Contributions $5,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Perio
E. Full Name, Mailing Address and ZIP Code Pomeroy for Congress P. O. Box 746 Bismark, ND 58502	Purpose of Disbursement Contribution YTD Contributions $500.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Perio
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 Perio
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 Perio
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 Perio
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 Perio

SUBTOTAL of Disbursements This Page (optional) $2,500.00

TOTAL This Period (last page this line number only) $2,500.00

Federal Election Commission

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PREPARER

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