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)
BROOKE HOLDINGS, INC. and JACKSON NATIONAL LIFE INSURANCE COMPANY SEPARATE SEGREGATED FUND

ADDRESS (number and street) ☐ Check if different than previously reported
5901 EXECUTIVE DRIVE

CITY, STATE and ZIP CODE
LANSING, MICHIGAN 48911

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

APR 20 9 16 AM '98

2. FEC IDENTIFICATION NUMBER
C00254953

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 _____

☐ 30-Day Post-Election 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 03/01/98 through 03/31/98		
6. (a) Cash on Hand January 1, 1998		$27,580.26
(b) Cash on Hand at Beginning of Reporting Period	$ 25,618.83	
(c) Total Receipts (from Line 19)	$ 1,718.63	$ 5,757.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 27,337.46	$33,337.46
7. Total Disbursements (from Line 30)	$ 8,750.00	$14,750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 18,587.46	$18,587.46
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ NONE	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ NONE	

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
Brian C. LePARD

Signature of Treasurer
Brian C. LePard

Date
4/17/98

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)

FE7A0047

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

(revised 1/1/91)

NAME OF COMMITTEE Brooke Holdings, Inc. and Jackson National Life Insurance Company Separate Segregated Fund

REPORT COVERING PERIOD FROM 03/01/98 TO: 03/31/98

	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)	702.26	1,423.93
ii. Unitemized	1,016.37	4,333.27
iii. Total (add i and ii) ➤	1,718.63	5,757.20
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	1,718.63	5,757.20
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1,718.63	5,757.20
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1,718.63	5,757.20
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	8,750.00	14,750.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	8,750.00	14,750.00
31 Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	8,750.00	14,750.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	1,718.63	5,757.20
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,718.63	5,757.20
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-0-	-0-
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	-0-	-0-

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER

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) BROOKE HOLDINGS, INC. and JACKSON NATIONAL LIFE INSURANCE COMPANY SEPARATE SEGREGATED FUND

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JAMES PIETRZAK 3545 Slorian Terrace Palm Harbor, FL 34685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: JACKSON NATIONAL LIFE INSURANCE CO. Occupation: Regional Manager Aggregate Year-to-Date > $ 361.62	% of Monthly Income	61.62
B. GREG CICOTTE P.O. Box 160 Belleville, MI 48112 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: JACKSON NATIONAL LIFE INSURANCE CO. Occupation: Regional Manager Aggregate Year-to-Date > $ 366.19	% of Monthly Income	118.02
C. BRUCE FISHER 832 S. W. 295th Street Federal Way, WA 98023 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: JACKSON NATIONAL LIFE INSURANCE CO. Occupation: Regional Manager Aggregate Year-to-Date > $ 374.00	% of Monthly Income	132.00
D. JOSEPH W. SULZINGER 17515 River Hill Drive Dallas, TX 75287 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: JACKSON NATIONAL LIFE INSURANCE CO. Occupation: Regional Manager Aggregate Year-to-Date > $ 750.00	% of Monthly Income	250.00
E. CLARK MANNING 2003 Birch Bluff Drive Okemos, MI 48864 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: JACKSON NATIONAL LIFE INSURANCE CO. Occupation: Sr. Vice President Aggregate Year-to-Date > $ 215.39	Bi-weekly Payroll Deduction	61.54
F. ROBERT SALTZMAN 6105 W. Longview Drive East Lansing, MI 48823 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: JACKSON NATIONAL LIFE INSURANCE CO. Occupation: CEO Aggregate Year-to-Date > $ 225.00	Bi-weekly Payroll Deduction	75.00
G. DAVE LeROUX 28 DePaolo Court Roseland, NJ 07068 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: JACKSON NATIONAL LIFE INSURANCE CO. Occupation: Sr. Vice President Aggregate Year-to-Date > $ 215.39	Bi-weekly Payroll Deduction	61.54

SUBTOTAL of Receipts This Page (optional) 640.72

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

FEC Form 3X

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full) BROOKE HOLDINGS, INC. and JACKSON NATIONAL LIFE INSURANCE COMPANY, SEPARATE SEGREGATED ACCOUNT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALAN HAHN 4445 Alta Tupelo Drive Calabasas, CA 91302	JACKSON NATIONAL LIFE INSURANCE CO.	Bi-weekly Payroll Deduction	61.54
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Sr. Vice President Aggregate Year-to-Date > $ 215.39		
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) ..... > 61.54

TOTAL This Period (last page this line number only) ..... > 702.26

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full) BROOKE HOLDINGS, INC. and JACKSON NATIONAL LIFE INSURANCE COMPANY, SEPARATE SEGREGATED ACCOUNT

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KNOLLENBERG FOR CONGRESS 27867 Orchard Lake Road Farmington Hills, MI 48334	Congressional Candidate Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	03/02/98	$5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
STABENOW FOR CONGRESS P.O. Box 4945 East Lansing, MI 48823	Congressional Candidate Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	03/02/98	2,500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
EHLERS FOR CONGRESS 4451 Brookfield Corporate Drive Chantilly, VA 20151-1652	Congressional Candidate Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	03/09/98	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BOB BARR FOR CONGRESS P.O. Box 4323 Marietta, GA 30061-4323	Congressional Candidate Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	03/16/98	250.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
STUPAK FOR CONGRESS P.O. Box 143, 817 9th Ave. Menominee, MI 49858	Congressional Candidate Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	03/30/98	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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	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	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	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	8,750.00
TOTAL This Period (last page this line number only)	

FEYAN047

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 4/20/98
☐	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	
	J.A.O. PREPARER	4/20/98 DATE PREPARED

(4/98)