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) C00236414
Jeanne de Cervens
AEGON USA POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
1111 NORTH CHARLES STREET

CITY, STATE and ZIP CODE
BALTIMORE MD 21201

RECEIVED
FEDERAL ELECTION
COMMISSION PER RECD
JUL 13 12 38 PM '98

2. FEC IDENTIFICATION NUMBER
C00236414

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

☐ 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 4/1/98 through 6/30/98		
6. (a) Cash on Hand January 1, 19 98		$ 69,555.18
(b) Cash on Hand at Beginning of Reporting Period	$ 72,594.18	
(c) Total Receipts (from Line 19)	$ 16,205.00	$ 21,994.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 88,799.18	$ 91,549.18
7. Total Disbursements (from Line 30)	$ 9,850.00	$ 12,600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 78,949.18	$ 78,949.18
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 202-219-3420

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
Jeanne de Cervens

Signature of Treasurer
Jeanne de Cervens

Date 7/10/98

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)

FE7A9047

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

(revised 1/1/91)

NAME OF COMMITTEE: AEGON USA, Inc. POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 4/1/98 TO: 6/30/98

	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)	14,150.00	19,150.00	11a(i)
ii. Unitemized	2,055.00	2,844.00	11a(ii)
iii. Total (add i and ii) ➤	16,205.00	21,994.00	11a(iii)
b. Political Party Committees			11b
c. Other Political Committees (such as PACs)			11c
d. Total Contributions (add a iii, b and c) ➤	16,205.00	21,994.00	11d
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) ➤	16,205.00	21,994.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	16,205.00	21,994.00	20
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21a(i)
ii. Non-Federal Share			21a(ii)
b. Other Federal Operating Expenditures	0.00	100.00	21b
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	100.00	21c
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	8,750.00	11,250.00	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			28a
b. Political Party Committees			28b
c. Other Political Committees (such as PACs)			28c
d. Total Contribution Refunds (add a, b and c) ➤			28d
29. Other Disbursements Non-Federal	1,100.00	1,250.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	9,850.00	12,600.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	9,850.00	12,600.00	31
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	16,205.00	21,994.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	16,205.00	21,994.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	100.00	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	100.00	37

FE7AN047

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 3 FOR LINE NUMBER

SCHEDULE A **ITEMIZED RECEIPTS**

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) AEGON USA, INC. Political Action Committee

A. Full Name, Mailing Address and Zip Code Earl Herbert, Jr. 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☒ Primary ☐ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation-Executive Vice President Aggregate Year-to-Date)$	Date (month day, year) 4/20/98	Amount of Each Receipt this Period $ 5,000.00
B. Full Name, Mailing Address and Zip Code William A. Waldie, Jr. 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☒ Primary ☐ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation-VP Marketing Support-Financial Markets Div. Aggregate Year-to-Date) $	Date (month day, year) 4/20/98	Amount of Each Receipt this Period $ 500.00
C. Full Name, Mailing Address and Zip Code David E. O. Miller 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☒ Primary ☐ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation-VP-Individual Division Aggregate Year-to-Date) $	Date (month day, year) 4/21/98	Amount of Each Receipt this Period $ 250.00
D. Full Name, Mailing Address and Zip Code Jack Dylhouse 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☒ Primary ☐ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation-President-Worksite Marketing Division Aggregate Year-to-Date) $	Date (month day, year) 4/27/98	Amount of Each Receipt this Period $ 1,000.00
E. Full Name, Mailing Address and Zip Code David R. Halfpap 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☒ Primary ☐ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation-Senior Vice President-Investments Aggregate Year-to-Date) $	Date (month day, year) 4/28/98	Amount of Each Receipt this Period $ 250.00
F. Full Name, Mailing Address and Zip Code H. Stacey Boyer 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☒ Primary ☐ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation-VP, General Counsel & Secretary-Mon. Life Aggregate Year-to-Date) $	Date (month day, year) 5/10/98	Amount of Each Receipt this Period $ 1,000.00
G. Full Name, Mailing Address and Zip Code James G. Zimmerly 1111 North Charles Street Baltimore, Md 21201 Receipt for: ☒ Primary ☐ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation-Medical Director-Mon. Life Aggregate Year-to-Date) $	Date (month day, year) 6/14/98	Amount of Each Receipt this Period $ 500.00
SUBTOTAL of Receipts This Page (optional)			$ 8,500.00
TOTAL This Period (last page this line number only)			

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 3 FOR LINE NUMBER

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full) AEGON USA, INC. Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month day, year)	Amount of Each Receipt this Period
Dennis E. Lanz 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☒ Primary ☐ General ☐ Other (Specify)	AEGON INSURANCE GROUP Occupation-VP-Mon. General Aggregate Year-to-Date)$	5/12/98	$ 250.00
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month day, year)**	**Amount of Each Receipt this Period**
Chris Cumming 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☒ Primary ☐ General ☐ Other (Specify)	AEGON INSURANCE GROUP Occupation-VP Marketing-Diversified Investment Advisors Aggregate Year-to-Date) $	5/28/98	$ 300.00
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month day, year)**	**Amount of Each Receipt this Period**
Larry H. Norman 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☒ Primary ☐ General ☐ Other (Specify)	AEGON INSURANCE GROUP Occupation-President-Financial Markets Division Aggregate Year-to-Date) $	5/29/98	$ 200.00
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month day, year)**	**Amount of Each Receipt this Period**
Jill A. H. Andersen 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☒ Primary ☐ General ☐ Other (Specify)	AEGON INSURANCE GROUP Occupation-Assistant General Counsel Aggregate Year-to-Date) $	6/1/98	$ 250.00
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month day, year)**	**Amount of Each Receipt this Period**
Patrick S. Baird 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☒ Primary ☐ General ☐ Other (Specify)	AEGON INSURANCE GROUP Occupation-Executive Vice President Aggregate Year-to-Date) $	6/1/98	$ 2,500.00
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month day, year)**	**Amount of Each Receipt this Period**
Joseph A. Dutcher 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☒ Primary ☐ General ☐ Other (Specify)	AEGON INSURANCE GROUP Occupation-VP & Director of Internal Audit Aggregate Year-to-Date) $	6/10/98	$ 250.00
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month day, year)**	**Amount of Each Receipt this Period**
Mark Mullin 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☒ Primary ☐ General ☐ Other (Specify)	AEGON INSURANCE GROUP Occupation-VP-Diversified Investment Advisors Aggregate Year-to-Date) $	6/13/98	$ 250.00

SUBTOTAL of Receipts This Page (optional)	$ 4,000.00
TOTAL This Period (last page this line number only)	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 3 FOR LINE NUMBER

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full) AEGON USA, INC. Political Action Committee

A. Full Name, Mailing Address and Zip Code Brenda K. Clancy 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☒ Primary ☐ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation-Senior VP-Information & Finance Aggregate Year-to-Date)$	Date (month day, year) 6/15/98	Amount of Each Receipt this Period $ 650.00
B. Full Name, Mailing Address and Zip Code Kenneth C. Klush 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☒ Primary ☐ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation-Exec. VP-Worksite Marketing Division Aggregate Year-to-Date) $	Date (month day, year) 6/18/98	Amount of Each Receipt this Period $ 500.00
C. Full Name, Mailing Address and Zip Code John R. Kenney 1111 North Charles Street Baltimore, MD 21201 Receipt for: ☒ Primary ☐ General ☐ Other (Specify)	Name of Employer AEGON INSURANCE GROUP Occupation-Chairman, President, CEO-AFS Division Aggregate Year-to-Date) $	Date (month day, year) 6/23/98	Amount of Each Receipt this Period $ 500.00
D. 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
E. 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
F. 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
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)	$ 1,650.00
TOTAL This Period (last page this line number only)	$ 14,150.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 2 FOR LINE NUMBER

SCHEDULE B **ITEMIZED DISBURSEMENTS-FEDERAL**

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A. Full Name, Mailing Address and Zip Code Mikulski for Senate 711 West 40th Street, Suite 480 Baltimore, MD 21211	Purpose of Disbursement Contribution Disbursement for: ☒ Primary ☐ General ☐ Other (Specify)	Date (month day, year) 4/3/98	Amount of Each Disbursement This Period $ 1,000.00
B. Full Name, Mailing Address and Zip Code The Freedom Project (Rep. John Boehner) 111 C Street, SE Washington, DC 20003	Purpose of Disbursement Contribution Disbursement for: ☒ Primary ☐ General ☐ Other (Specify)	Date (month day, year) 4/21/98	Amount of Each Disbursement This Period $ 1,000.00
C. Full Name, Mailing Address and Zip Code The Coverdell Good Government Committee 3091 Maple Drive, Suite 200 Atlanta, GA 30305	Purpose of Disbursement Contribution Disbursement for: ☒ Primary ☐ General ☐ Other (Specify)	Date (month day, year) 4/21/98	Amount of Each Disbursement This Period $ 4,000.00
D. Full Name, Mailing Address and Zip Code The Coverdell Good Government Committee 3091 Maple Drive, Suite 200 Atlanta, GA 30305	Purpose of Disbursement Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (Specify)	Date (month day, year) 4/21/98	Amount of Each Disbursement This Period $ 1,000.00
E. Full Name, Mailing Address and Zip Code Ehrlich for Congress 300 First Street, SE Washington, DC 20003	Purpose of Disbursement Contribution Disbursement for: ☒ Primary ☐ General ☐ Other (Specify)	Date (month day, year) 4/21/98	Amount of Each Disbursement This Period $ 500.00
F. Full Name, Mailing Address and Zip Code The Bluegrass Committee (Senator Mitch McConnell) 425 Second Street, NE Washington, DC 20003	Purpose of Disbursement Contribution Disbursement for: ☒ Primary ☐ General ☐ Other (Specify)	Date (month day, year) 4/21/98	Amount of Each Disbursement This Period $ 1,000.00
G. Full Name, Mailing Address and Zip Code Cummings for Congress 2300 N. Calvert Street Baltimore, MD 21218	Purpose of Disbursement Contribution Disbursement for: ☒ Primary ☐ General ☐ Other (Specify)	Date (month day, year) 6/30/98	Amount of Each Disbursement This Period $ 250.00
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)	$ 8,750.00
TOTAL This Period (last page this line number only)	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 2 FOR LINE NUMBER

SCHEDULE B **ITEMIZED DISBURSEMENTS-NON FEDERAL**

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 commerical purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) AEGON USA, Inc. Political Action Committee

A. Full Name, Mailing Address and Zip Code Marshall Long for Congress P.O. Box 605 Shelbyville, KY 40004	Purpose of Disbursement Contribution Disbursement for: ☒ Primary ☐ General ☐ Other (Specify)	Date (month day, year) 5/27/98	Amount of Each Disbursement This Period $ 300.00
B. Full Name, Mailing Address and Zip Code Julie Rose Re-Election Committee 4600 Doe Spring Court Louisville, KY 40241	Purpose of Disbursement Contribution Disbursement for: ☒ Primary ☐ General ☐ Other (Specify)	Date (month day, year) 5/27/98	Amount of Each Disbursement This Period $ 300.00
C. Full Name, Mailing Address and Zip Code Jim Gooch Re-Election Committee P.O. Box 289 Providence, KY 42450	Purpose of Disbursement Contribution Disbursement for: ☒ Primary ☐ General ☐ Other (Specify)	Date (month day, year) 5/27/98	Amount of Each Disbursement This Period $ 250.00
D. Full Name, Mailing Address and Zip Code Ruth Ann Palumbo Re-Election Committee 10 Deepwood Drive Lexington, KY 40505	Purpose of Disbursement Contribution Disbursement for: ☒ Primary ☐ General ☐ Other (Specify)	Date (month day, year) 5/27/98	Amount of Each Disbursement This Period $ 250.00
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)	$ 1,100.00
TOTAL This Period (last page this line number only)	$ 9,850.00

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
☑	First Class Mail	POSTMARKED 7/10/98
☐	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	

E.A. — PREPARER

7/15/98 — DATE PREPARED

(4/98)