REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
MAIL ROOM

MAR 20 12 35 PM '97

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
13-19-52497

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

☐ Twelfth day report preceeding _____ (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 [X] NO

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 02/01/97 through 02/28/97		
6. (a) Cash on Hand January 1, 1997		$ 52,155.62
(b) Cash on Hand at Beginning of Reporting Period	$ 59,294.13	
(c) Total Receipts (from line 19)	$ 19,391.70	$ 25,530.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 77,685.83	$ 77,685.83
7. Total Disbursements (from Line 30)	$ 12,500.00	$ 12,500.00
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 65,185.83	$ 65,185.83
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:
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
3/13/97

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)

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: 02/01/97 TO: 02/28/97

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A)	19,250.00	25,250.00
ii. Unitemized	0.00	0.00
iii. Total (add i and ii)>	19,250.00	25,250.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add aiii,b and c)>	19,250.00	25,250.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	141.70	280.21
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d,12,13,14,15,16,17,and 18)>	19,391.70	25,530.21
20. Total Federal Receipts (subtract line 18 from line 19)>	19,391.70	25,530.21
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	0.00	0.00
c. Total Operating Expenditures (Add ai,aii, and b)>	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	12,500.00	12,500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (Such As PACs)	0.00	0.00
d. Total Contribution Refunds (Add a,b, and c)>	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (Add 21c,22,23,24,25,26,27,28d, and 29)>	12,500.00	12,500.00
31. Total Federal Disbursements (Subtract line 21 aii from line 30)>	12,500.00	12,500.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d)	19,250.00	25,250.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32)	19,250.00	25,250.00
35. Total Federal Operating Expenditures (add 21 ai and 21 b)>	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35)>	0.00	0.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 7
	FOR LINE NUMBER 11 a I

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)
The Council of Insurance Agents & Brokers Political Action Committee (CouncilPAC)

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Joseph H. Feitelberg 2 Maple Lane Westport, MA 02790-5192 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	The Feitelberg Company, Inc. President Aggregate Year-to-date > $ 500.00	02/05/97	500.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Robert J. Sutter 820 Thermopylae Ct Alpharetta, GA 30202 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Pritchard & Jerden, Inc. Vice President Aggregate Year-to-date > $ 500.00	02/05/97	500.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
John C. Adams Jr. 1616 S. Peninsula Drive Daytona Beach, FL 32118 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Hilb Rogal & Hamilton Company Executive Vice President Aggregate Year-to-date > $ 500.00	02/05/97	500.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
George M. Homer Jr. 4 Kenmart Road Larchmont, NY 10538-3213 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Murray, Schoen & Homer, Inc. Chairman/CEO Aggregate Year-to-date > $ 500.00	02/05/97	500.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Robert A. Gleason Jr. 552 Elkmud Lane Johnstown, PA 15905 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	The Gleason Agency, Inc. Chairman & CEO Aggregate Year-to-date > $ 1,000.00	02/05/97	1,000.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Andrew G. Cassidy 4101 Westbrook Lane Kensington, MD 20895 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Early, Cassidy & Schilling, Inc. Insurance Agent Aggregate Year-to-date > $ 500.00	02/05/97	500.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Bolling P. Starke III 3464 Warrenton Road Montgomery, AL 36111 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	The Starke Agency, Inc. President Aggregate Year-to-date > $ 250.00	02/05/97	250.00

SUB TOTAL of Receipts This Page (Optional) >	3,750.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 7
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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 / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
John C. Pearson 4417 Sheppard Place Nashville, TN 37205	Willis Corroon Americas - Central Division President & CEO	02/05/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
John E. Butler 2000 South Grandview Avenue Dubuque, IA 52003	Cottingham & Butler President	02/05/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Robert E. Joyce 511 So. 94th Avenue Omaha, NE 68114-2809	The Harry A. Koch Co. Vice President	02/05/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
James F. Cuff Jr. 720 Carriage Lane Mechanicsburg, PA 17055	Byerly Insurance Agents & Brokers, Inc. Insurance Agent	02/05/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Gary R. Griffith 3831 Turtle Creek Blvd, Ste. 3 Dallas, TX 75219	Summit Global Partners, Inc. Insurance Agent	02/05/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Charles W. Gibson 61 Old Colony Road Wellesley Hills, MA 02181	Deland Gibson Insurance Associates President	02/05/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Edward B. Effrein 1100 Laurie Lane Hinsdale, IL 60521	Astro National Incorporated President	02/05/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	3,250.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 7
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SCHEDULE A ITEMIZED RECEIPTS

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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 / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Richard A. Bentfield 499 Washington Road Barrington, RI 02806	Starkweather & Shepley, Inc. President	02/05/97	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
Erland P. Stevens Jr. P.O. Box 1207 Ashland, KY 41105-1207	Putnam Agency, Inc. Senior Vice President	02/05/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Richard S. Roinde 13258 Glencliff Way San Diego, CA 92130	Barney & Barney Partner	02/05/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Charles R. Daniels III 23 Bridle Way Pawling, NY 12564	The Daniels Agency, Inc. President	02/05/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
J. Randal Eifert 10 Valley Rd. Haworth, NJ 07641	Eifert, French & Company, Inc. Insurance Agent	02/05/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Michael W. Battle 10745 S.W. 53rd Avenue Miami, FL 33156	Keen Battle Mead & Company Insurance Agent	02/05/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Durant G. Vick 4711 Cornwall Place Raleigh, NC 27612	Associated Insurers of Wilmington President	02/05/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	2,750.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 OF 7
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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 / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Bill G. Jensen 143 Big Oaks Road Cary, IL 60013	Arthur J. Gallagher & Co. Occupation: Senior Vice President	02/05/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Frederick J. deGrosz 238 Irving Street San Mateo, CA 94402	Alburger Basso deGrosz, Inc. Occupation: Chief Executive Officer	02/05/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Bruce Basso 520 Roehampton Hillsborough, CA 94010	Alburger Basso deGrosz, Inc. Occupation: President	02/05/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
James A. Paul III 5308 New Kent Road Richmond, VA 23225	DeJarnette & Paul, Inc. Occupation: Vice President & Secretary	02/05/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Richard C. Marx Box 440, Peter Drive Wappingers Falls, NY 12590-0440	Professional Coverage Managers, Inc. Occupation: President	02/05/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
James J. Kilbride 20 Waites Landing Road Falmouth, ME 04105	Morse, Payson & Noyes Insurance Occupation: President	02/05/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Dennis Erickson 10908 W. 121st Terrace Overland Park, KS 66213	Thomas McGee, L.C. Occupation: Insurance Agent	02/05/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	3,250.00
TOTAL this Period (Last page this line number only) ..... >	

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

SCHEDULE A ITEMIZED RECEIPTS

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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 / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
George A. Steadman III 45 Cardinal Road Roanoke, VA 24014	Thomas Rutherfoord, Inc. Insurance Agent	02/05/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
John F. O'Sullivan 16 Pryer Lane Larchmont, NY 10538	Marsh & McLennan, Inc. Managing Director	02/05/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Susan H. Butler 1960 South Grandview Avenue Dubuque, IA 52003	Cottingham & Butler Benefits Executive	02/18/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Andrew J. Butler 898 Mt. Carmel Road Dubuque, IA 52003	Cottingham & Butler Executive Vice President	02/18/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
George G. Phillips Jr. 162 Pinewood Road Virginia Beach, VA 23451	Henderson & Phillips Insurance Insurance Agent	02/25/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Robert S. Messina 4024 Pinyon Pine Path Liverpool, NY 13070	The Young Agency, Inc. Commercial Lines Producer	02/26/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
G. David Hall 403 Standish Drive Syracuse, NY 13224	The Young Agency, Inc. Executive Vice President & General Manag	02/26/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	3,000.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 6 OF 7
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SCHEDULE A **ITEMIZED RECEIPTS**

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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
Robert D. Young 500 Plum Street Syracuse, NY 13204-1480	The Young Agency, Inc. Occupation: Secretary	02/26/97	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	Date (Month day, Year)	Amount of Each Receipt this Period
Roy S. Moore III 4751 Limberlost Lane Manlius, NY 13104	The Young Agency, Inc. Occupation: President	02/26/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	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
Donald Cullen 6505 Emilie Lane East Syracuse, NY 13057	The Young Agency, Inc. Occupation: Vice President - Group Operations	02/26/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	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
George J. Schunck 5217 Silver Fox Drive Jamesville, NY 13078	The Young Agency, Inc. Occupation: Chairman & CEO	02/26/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	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
John F. Doetzer 220 Montrose Avenue Baltimore, MD 21228	Consolidated Insurance Center, Inc. Occupation: President	02/26/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Bruce Guthart 2794 Lindenmere Dr. Merrick, NY 11566	Kaye Insurance Associates, Inc. Occupation: Insurance Broker	02/26/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	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
Charles R. Adams 104 South Street Auburn, NY 13021	Adams and Son, Inc. Occupation: President	02/27/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	2,750.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 7 OF 7
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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
Edwin L. Overmyer 2480 Stonehaven Place Columbus, OH 43220	Berwanger Overmyer Associates Occupation: Insurance Agent	02/28/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
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 > $		

SUB TOTAL of Receipts This Page (Optional) >	500.00
TOTAL this Period (Last page this line number only) >	19,250.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 17

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)
The Council of Insurance Agents & Brokers Political Action Committee (CouncilPAC)

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
CRESTAR P.O. Box 85024 Richmond, VA 23285-5024		02/28/97	103.09
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 216.93		
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 > $		

SUB TOTAL of Receipts This Page (Optional) >	103.09
TOTAL this Period (Last page this line number only) >	103.09

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 2
			FOR LINE NUMBER 23

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	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Bennett '98 P.O. Box 8841 Falls Church, VA	Robert F. Bennett, U.S. SENATE UT Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	02/12/97	1,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Missourians for Kit Bond 507 Capitol Court, NE #100 Washington, DC 20002	Christopher S. Bond, U.S. SENATE MO Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	02/24/97	1,000.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Jon Christensen for Congress Committee P.O. Box 540621 Omaha, NE 68154	Jon Christensen, U.S. HOUSE 2nd NE Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	02/24/97	1,000.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Condit for Congress 44 Canal Center Plaza Suite 400 Alexandria, VA 22314	Gary Condit, U.S. HOUSE 18th CA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	02/24/97	500.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
John D. Dingell for Congress Committee P.O. Box 75214 Washington, DC 20013-5214	John D. Dingell, U.S. HOUSE 16th MI Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	02/12/97	1,000.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
John D. Dingell for Congress Committee P.O. Box 75214 Washington, DC 20013-5214	Voided Check Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	02/28/97	-1,000.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
The Judd Gregg Committee P.O. Box 1812 Concord, NH 03302	Judd Gregg, U.S. SENATE NH Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	02/12/97	1,000.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Hagel for Nebraska 507 Capitol Court, NE Suite 100 Washington, DC 20002	Chuck Hagel, U.S. SENATE NE Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	02/12/97	1,000.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
New Republican Majority Fund 3001 Park Center Drive Suite 1105 Alexandria, VA 22302	Sen. Lott's Leadership PAC Disbursement For: [ ] Primary [ ] General [ ] Other (Specify) 1997	02/24/97	1,000.00

SUB TOTAL of Disbursements this page (Optional) ..... >	6,500.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 2
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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 The Reed Committee P.O. Box 8628 Cranston, RI 02920	Purpose of Disbursement John F. Reed, U.S. SENATE RI Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 02/05/97	Amount of Each Disb. this Period 4,000.00
B. Full Name, Mailing Address and Zip Code Jerry Solomon for Congress Committee 1014 East Capitol St., N.E. #5 Washington, DC 20003	Purpose of Disbursement Gerald B.H. Solomon, U.S. HOUSE 22nd NY Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 02/24/97	Amount of Each Disb. this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Billy Tauzin for Congress 550 South Van Houma, LA 70361	Purpose of Disbursement W.J. "Billy" Tauzin, U.S. HOUSE 3rd LA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 02/24/97	Amount of Each Disb. this Period 1,000.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ---------->	6,000.00
TOTAL this Period (Last page this line number only) ---------->	12,500.00

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
☑	Registered/Certified Mail	POSTMARKED 3-17-97
☐	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

SLS — PREPARER

3-20-97 — DATE PREPARED

FEC FORM 70-2 (12/92)