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)

C00120006 091798 P 23A
ALLEN L PETERSON
MINNESOTA MUTUAL LIFE INSURANC
E COMPANY PAC (MINNESOTA MUTUA
400 ROBERT STREET NORTH
ST PAUL MN 55101

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
OCT 5 12 12 PM '98

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
[X] 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7-1-98 through 9-30-98		
6. (a) Cash on Hand January 1, 19 98		$ 21512.19
(b) Cash on Hand at Beginning of Reporting Period	$ 15,282.19	
(c) Total Receipts (from Line 19)	$ 6,960.00	$ 18,230.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 22,242.19	$ 39,742.19
7. Total Disbursements (from Line 30)	$ 500.00	$ 18,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 21,742.19	$ 21,742.19
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: 10-1-98

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)

FEBAN004

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

(revised 1/1/91)

NAME OF COMMITTEE: MINNESOTA MUTUAL LIFE INS CO PAC

REPORT COVERING PERIOD FROM 7-1-98 TO 9-30-98

	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)	5,635.00	10,420.00	11(a)i
ii. Unitemized	1,325.00	7,810.00	11(a)ii
iii. Total (add i and ii) ➤	6,960.00	18,230.00	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) ➤	6,960.00	18,230.00	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) ➤	6,960.00	18,230.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	6,960.00	18,230.00	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	500.00	18,000.00	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) ➤	500.00	18,000.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	500.00	18,000.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	6,960.00	18,230.00	32
33. Total Contribution Refunds (from line 28d)	—	—	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	6,960.00	18,230.00	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

FE8AN004

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 Mutual 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. Paul Anderson Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Second Vice President Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
B. Betty Brost Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Second Vice President Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
C. John Bruder Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Senior Vice President Aggregate Year-to-Date > $ 540.00	Payroll Deduction	$180.00 ($60 Monthly)
D. Keith Campbell Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Senior Vice President Aggregate Year-to-Date > $ 450.00	Payroll Deduction	$150.00 ($50 Monthly)
E. Leslie Chapman Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Second Vice President Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
F. George Connolly Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Second Vice President Aggregate Year-to-Date > $ 450.00	Payroll Deduction	$150.00 ($50 Monthly)
G. Jensen Cordon Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Second Vice President Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)

SUBTOTAL of Receipts This Page (optional) $950.00

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 Mutual 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 Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Second Vice President Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
B. Joan Delaney Nelson Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Second Vice President Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
C. Frederick Feuerherm Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Vice President Aggregate Year-to-Date > $ 450.00	Payroll Deduction	$150.00 ($50 Monthly)
D. Frank Fitzpatrick Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Second Vice President Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
E. George Frentder Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Second Vice President Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
F. Jaymes Hubbell Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Second Vice President Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
G. Michael Kellett Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Vice President Aggregate Year-to-Date > $ 450.00	Payroll Deduction	$150.00 ($50 Monthly)

SUBTOTAL of Receipts This Page (optional) $900.00

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 11a

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NAME OF COMMITTEE (In Full)
Minnesota Mutual 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 Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Vice President Aggregate Year-to-Date > $ 450.00	Payroll Deduction	$150.00 ($50 Monthly)
B. Lynne Mills Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Second Vice President Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
C. Dianne Orbison Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Second Vice President Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
D. Geoffrey Peterson Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Second Vice President Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
E. William Steffes Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Second Vice President Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
F. Gregory Strong Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Senior Vice President Aggregate Year-to-Date > $ 600.00	Payroll Deduction	$210.00 ($70 Monthly)
G. Terrance Sullivan Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Senior Vice President Aggregate Year-to-Date > $ 540.00	Payroll Deduction	$180.00 ($60 Monthly)

SUBTOTAL of Receipts This Page (optional)	$1,020.00
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 4 OF 7

FOR LINE NUMBER 11a

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) / Aggregate Year-to-Date > $	Amount of Each Receipt this Period
A. Randy Wallake Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Senior Vice President	Payroll Deduction 540.00	$180.00 ($60 Monthly)
B. Vincent Giordano Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Sales Manager	Payroll Deduction 360.00	$120.00 ($40 Monthly)
C. Bonnie Jacobson Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Sales Manager	Payroll Deduction 280.00	$40.00 ($40 Monthly)
D. Scott Jentz Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Regional Vice President	Payroll Deduction 450.00	$150.00 ($50 Monthly)
E. William Klendermen Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Second Vice President	Payroll Deduction 405.00	$135.00 ($45 Monthly)
F. David Lipps Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Sales Manager	Payroll Deduction 360.00	$120.00 ($40 Monthly)
G. Catherine McCarty Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Sales Manager	Payroll Deduction 360.00	$120.00 ($40 Monthly)

SUBTOTAL of Receipts This Page (optional)	$865.00
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 Mutual 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 Merlens Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Sales Manager Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
B. Mike Nusbel Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Sales Manager Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
C. Charles Peterson Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Sales Manager Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
D. Eric Schneeman Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Sales Manager Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
E. Bruce Shay Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Sales Manager Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
F. James Thomas Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Sales Manager Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
G. David Underdale Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Sales Manager Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)

SUBTOTAL of Receipts This Page (optional) $840.00

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 6 OF 7
	FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)
Minnesota Mutual 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. Ron Zickert Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Sales Manager Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
B. Richard Dominik Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Manager Aggregate Year-to-Date > $ 225.00	Payroll Deduction	$75.00 ($25 Monthly)
C. Mary Anne Kluck Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Director Aggregate Year-to-Date > $ 225.00	Payroll Deduction	$75.00 ($25 Monthly)
D. Richard Manke Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Second Vice President Aggregate Year-to-Date > $ 315.00	Payroll Deduction	$120.00 ($40 Monthly)
E. Robert Olafson Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Vice President Aggregate Year-to-Date > $ 345.00	Payroll Deduction	$150.00 ($50 Monthly)
F. Ronald Sandquist Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Investment Officer Aggregate Year-to-Date > $ 225.00	Payroll Deduction	$75.00 ($25 Monthly)
G. David Seidel Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Mutual Life Insurance Occupation: Director Aggregate Year-to-Date > $ 225.00	Payroll Deduction	$75.00 ($25 Monthly)
SUBTOTAL of Receipts This Page (optional)			$690.00
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 Mutual 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 Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Mutual Life Insurance Occupation Sales Manager	Payroll Deduction	$120.00 ($40 Monthly)
Receipt for: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	320.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mark Cummings Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Mutual Life Insurance Occupation Sales Manager	Payroll Deduction	$120.00 ($40 Monthly)
Receipt for: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	240.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dale MacNaughton Minnesota Mutual Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Mutual Life Insurance Occupation Sales Manager	Payroll Deduction	$120.00 ($40 Monthly)
Receipt for: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	320.00	
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) $360.00

TOTAL This Period (last page this line number only) $5,635.00

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Ramstad for Congress 8100 Penn Avenue South #104 Bloomington, MN 55431	Contribution YTD Contributions $2,500.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
LIFE PAC 1001 Pennsylvania Ave Washington, DC 20004-2599	Contribution YTD Contributions $5,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Minge for Congress PO Box 71 Granite Falls, MN 56241	Contribution YTD Contributions $5,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Gutknecht for Congress 1449 12th Avenue NE Rochester, MN 55906	Contribution YTD Contributions $5,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Pomeroy for Congress P. O. Box 746 Bismark, ND 58502	Contribution YTD Contributions $500.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9-22-98	$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)	$500.00
TOTAL This Period (last page this line number only)	$500.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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