REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 23 11 05 AM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

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
13-19-52487

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

☐ Twelfth day report preceding _____ (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 ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 01/01/98 through 01/31/98		
6. (a) Cash on Hand January 1, 19 98		$ 44,634.70
(b) Cash on Hand at Beginning of Reporting Period	$ 44,634.70	
(c) Total Receipts (from Line 19)	$ 11,871.43	$ 11,871.43
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 56,506.13	$ 56,506.13
7. Total Disbursements (from Line 30)	$ -1,000.00	$ -1,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 57,506.13	$ 57,506.13
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 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
Ken A. Crerar

Signature of Treasurer
Ken A Crerar

Date
2/20/98

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 8/93)

4-00173

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 01/01/98 TO: 01/31/98

	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)	11,500.00	11,500.00	11(a)(i)
ii. Unitemized	285.00	285.00	11(a)(ii)
iii. Total (add i and ii) ➤	11,785.00	11,785.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	11,785.00	11,785.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	86.43	86.43	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	11,871.43	11,871.43	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	11,871.43	11,871.43	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	-1,000.00	-1,000.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	-1,000.00	-1,000.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	-1,000.00	-1,000.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	11,785.00	11,785.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	11,785.00	11,785.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	0.00	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	0.00	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11.a.1

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 committees.

NAME OF COMMITTEE (In Full)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Harold M. Humphrey 14130 Cypress Court Hialeah, FL 33014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Worley Humphrey & Hall, Inc. Occupation: President Aggregate Year-to-Date > $ 250.00	01/09/98	250.00
B. Grantland Rice III 2 Montrose Circle Birmingham, AL 35213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cobbs, Allen & Hall, Incorporated Occupation: Chief Financial Aggregate Year-to-Date > $ 250.00	01/20/98	250.00
C. Bruce W. Ferguson 125 Indian Hills Trail Louisville, KY 40207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Underwriters Safety & Claims, Inc. Occupation: President Aggregate Year-to-Date > $ 500.00	01/21/98	500.00
D. Charles R. Daniels III 23 Bridle Way Pawling, NY 12564 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Daniels Agency, Inc. Occupation: President Aggregate Year-to-Date > $ 500.00	01/21/98	500.00
E. J. Norman Eckstein 121 Grandon Road Dayton, OH 45419 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Broener Insurance Agency Occupation: Partner Aggregate Year-to-Date > $ 1,000.00	01/21/98	1,000.00
F. Edward E. Mack III 481 Grove Street Glencoe, IL 60022 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mack and Parker, Inc. Occupation: Chairman Aggregate Year-to-Date > $ 500.00	01/22/98	500.00
G. Robert F. Denny 267 Three Mile Harbor Road P.O. Box 5090 East Hampton, NY 11937-6121 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Edward F. Cook Agency, Inc. Occupation: Chairman Aggregate Year-to-Date > $ 500.00	01/22/98	500.00

SUBTOTAL of Receipts This Page (optional) 3,500.00

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

4-00113

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 4

FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Leonard Scioscia Jr. P.O. Box 2051 East Hampton, NY 11937-0299 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Edward F. Cook Agency, Inc. President Aggregate Year-to-Date > $ 250.00	01/23/98	250.00
B. Dennis G. Johnson 2417 Dunsmore Drive Toledo, OH 43606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brooks Insurance Agency, Inc. President Aggregate Year-to-Date > $ 500.00	01/22/98	500.00
C. Norma D. Homer 4 Kenmare Road Larchmont, NY 10538 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Murray, Schoen & Homer, Inc. Vice President & Aggregate Year-to-Date > $ 500.00	01/22/98	500.00
D. John S. Childress 8300 Gannon Avenue Saint Louis, MO 63132-5030 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Daniel & Henry Company Executive Vice Aggregate Year-to-Date > $ 250.00	01/23/98	250.00
E. Albert R. Counselman 12313 Michaelsford Road Cockeysville, MD 21030 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Riggs, Counselman, Michaels & Downes, Inc. President & CEO Aggregate Year-to-Date > $ 500.00	01/23/98	500.00
F. William E. Lehr 734 Paxinosa Avenue Easton, PA 18042 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Henry S. Lehr, Inc. Insurance Agent Aggregate Year-to-Date > $ 1,000.00	01/23/98	1,000.00
G. Michael W. Battle 10745 S.W. 53rd Avenue Miami, FL 33156 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Keen Battle Mead & Company Insurance Agent Aggregate Year-to-Date > $ 500.00	01/23/98	500.00

SUBTOTAL of Receipts This Page (optional) 3,500.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 4

FOR LINE NUMBER 11.a.1

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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee (CouncilPAC)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Edward B. Effrein 1100 Laurie Lane Hinsdale, IL 60521 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Astro National Incorporated President Aggregate Year-to-Date $ 500.00	01/26/98	500.00
B. Bruce H. Ball 7440 Twin Lakes Trl. Chagrin Falls, OH 44022 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Britton-Gallagher & Associates, Inc. Insurance Agent Aggregate Year-to-Date $ 250.00	01/27/98	250.00
C. John L. Hazen 40 Pine River Drive Chagrin Falls, OH 44022 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Britton-Gallagher & Associates, Inc. Senior Vice President Aggregate Year-to-Date $ 250.00	01/27/98	250.00
D. Thomas A. Brackett OH Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Britton-Gallagher & Associates, Inc. Secretary & Treasurer Aggregate Year-to-Date $ 250.00	01/27/98	250.00
E. James A. Paul III 5308 New Kent Road Richmond, VA 23225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	DeJarnette & Paul, Inc. Vice President & Aggregate Year-to-Date $ 250.00	01/27/98	250.00
F. Harry A. Koch Jr. 6301 Rainwood Road Omaha, NE 68152 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Harry A. Koch Co. President Aggregate Year-to-Date $ 500.00	01/28/98	500.00
G. John E. Butler 2000 South Grandview Avenue Dubuque, IA 52003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cottingham & Butler President Aggregate Year-to-Date $ 500.00	01/28/98	500.00

SUBTOTAL of Receipts This Page (optional) 2,500.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 4

FOR LINE NUMBER 11.a.f

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NAME OF COMMITTEE (In Full)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Robert E. Joyce 511 So. 94th Avenue Omaha, NE 68114-2809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Harry A. Koch Co. Occupation: Vice President Aggregate Year-to-Date $ 500.00	01/29/98	500.00
B. Richard C. Marx Box 440, Peter Drive Wappingers Falls, NY 12590-0440 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Professional Coverage Managers, Inc. Occupation: President Aggregate Year-to-Date $ 500.00	01/30/98	500.00
C. James J. Kilbride 20 Walton Landing Road Falmouth, ME 04105 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Morse, Payson & Hayes Insurance Occupation: President Aggregate Year-to-Date $ 1,000.00	01/30/98	1,000.00
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) 2,000.00

TOTAL This Period (last page this line number only) 11,500.00

4-00173

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)

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Armando Falcon for Congress Box 101016 San Antonio, TX 78201	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	01/05/98	-1,000.00
B. 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
C. 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
D. 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
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)	-1,000.00
TOTAL This Period (last page this line number only)	-1,000.00

4-00176

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 recived.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registerd/Certified Mail	POSTMARKED 2/20/98
☐	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.S.
PREPARER

2/23/98
DATE PREPARED

(7/97)