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 120798 F 236
ALLEN L. PETERSON
MINNESOTA LIFE INSURANCE COMPA
.NY PAC
400 ROBERT STREET NORTH
ST PAUL MN 55101

RECEIVED
FEDERAL ELECTION
COMMISSION

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
[ ] October 15 Quarterly Report
[X] 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 11-24-98 through 12-31-98		
6. (a) Cash on Hand January 1, 19 98		$ 21,512.19
(b) Cash on Hand at Beginning of Reporting Period	$ 23,902.19	
(c) Total Receipts (from Line 19)	$ 5,160.00	$ 28,050.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 29,062.19	$ 49,562.19
7. Total Disbursements (from Line 30)	$ 21.75	$ 20,521.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 29,040.44	$ 29,040.44
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: 1-7-99

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)

FESAN084

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

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD
FROM TO:

	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)	4,990.00	17,275.00	11(a)(i)
ii. Unitemized	170.00	10,775.00	11(a)(ii)
iii. Total (add i and ii) ➤	5,160.00	28,050.00	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) ➤	5,160.00	28,050.00	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) ➤	5,160.00	28,050.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	5,160.00	28,050.00	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	21.75	21.75	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	21.75	21.75	21(c)
22. Transfers to Affiliated/Other Party Committees	—	—	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	—	—	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) ➤	21.75	21.75	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	21.75	21.75	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	5,160.00	28,050.00	32
33. Total Contribution Refunds (from line 28d)	—	—	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	5,160.00	28,050.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	21.75	21.75	35
36. Offsets to Operating Expenditures (from line 15)	—	—	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	21.75	21.75	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 10

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)
Minnesota 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
Paul Anderson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$80.00
Receipt for: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Second Vice President Aggregate Year-to-Date > $ 480.00		($40 Monthly)

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Betty Brost Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$80.00
Receipt for: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Second Vice President Aggregate Year-to-Date > $ 480.00		($40 Monthly)

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Bruder Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$120.00
Receipt for: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > $ 720.00		($60 Monthly)

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Keith Campbell Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$100.00
Receipt for: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > $ 600.00		($50 Monthly)

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leslie Chapman Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$80.00
Receipt for: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Second Vice President Aggregate Year-to-Date > $ 480.00		($40 Monthly)

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Connolly Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$100.00
Receipt for: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Second Vice President Aggregate Year-to-Date > $ 600.00		($50 Monthly)

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jensen Cordon Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$80.00
Receipt for: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Second Vice President Aggregate Year-to-Date > $ 480.00		($40 Monthly)

SUBTOTAL of Receipts This Page (optional)	$640.00
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 10

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)
Minnesota 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
Guy deLambert Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$80.00
Receipt for: ☐ Primary ☒ General ☐ Other (specify):	Occupation Second Vice President Aggregate Year-to-Date > $ 480.00		($40 Monthly)

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean Delaney Nelson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$80.00
Receipt for: ☐ Primary ☒ General ☐ Other (specify):	Occupation Vice President Aggregate Year-to-Date > $ 480.00		($40 Monthly)

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick Feuerherm Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$100.00
Receipt for: ☐ Primary ☒ General ☐ Other (specify):	Occupation Vice President Aggregate Year-to-Date > $ 600.00		($50 Monthly)

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Fitzpatrick Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$80.00
Receipt for: ☐ Primary ☒ General ☐ Other (specify):	Occupation Second Vice President Aggregate Year-to-Date > $ 480.00		($40 Monthly)

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Framder Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$80.00
Receipt for: ☐ Primary ☒ General ☐ Other (specify):	Occupation Second Vice President Aggregate Year-to-Date > $ 480.00		($40 Monthly)

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jaymes Hubbell Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$80.00
Receipt for: ☐ Primary ☒ General ☐ Other (specify):	Occupation Second Vice President Aggregate Year-to-Date > $ 480.00		($40 Monthly)

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Kellett Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$100.00
Receipt for: ☐ Primary ☒ General ☐ Other (specify):	Occupation Vice President Aggregate Year-to-Date > $ 600.00		($50 Monthly)

SUBTOTAL of Receipts This Page (optional)	$600.00
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 10

FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Richard Lee Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Minnesota Life Insurance Occupation Vice President Aggregate Year-to-Date > $ 600.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $100.00 ($50 Monthly)
B. Full Name, Mailing Address and ZIP Code Lynne Mills Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Minnesota Life Insurance Occupation Second Vice President Aggregate Year-to-Date > $ 480.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $80.00 ($40 Monthly)
C. Full Name, Mailing Address and ZIP Code Dianne Orbison Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Minnesota Life Insurance Occupation Second Vice President Aggregate Year-to-Date > $ 480.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $80.00 ($40 Monthly)
D. Full Name, Mailing Address and ZIP Code Goeffrey Peterson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Minnesota Life Insurance Occupation Second Vice President Aggregate Year-to-Date > $ 480.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $80.00 ($40 Monthly)
E. Full Name, Mailing Address and ZIP Code William Steffes Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Minnesota Life Insurance Occupation Second Vice President Aggregate Year-to-Date > $ 480.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $80.00 ($40 Monthly)
F. Full Name, Mailing Address and ZIP Code Gregory Strong Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Minnesota Life Insurance Occupation Senior Vice President Aggregate Year-to-Date > $ 810.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $140.00 ($70 Monthly)
G. Full Name, Mailing Address and ZIP Code Terrance Sullivan Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Minnesota Life Insurance Occupation Senior Vice President Aggregate Year-to-Date > $ 720.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $120.00 ($60 Monthly)

SUBTOTAL of Receipts This Page (optional) $660.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11a

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

A. Full Name, Mailing Address and ZIP Code Randy Wallake Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Minnesota Life Insurance Occupation Senior Vice President Aggregate Year-to-Date > $ 720.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $120.00 ($60 Monthly)
B. Full Name, Mailing Address and ZIP Code Vincent Giordano Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Minnesota Life Insurance Occupation Sales Manager Aggregate Year-to-Date > $ 480.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $80.00 ($40 Monthly)
C. Full Name, Mailing Address and ZIP Code Bonnie Jacobson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Minnesota Life Insurance Occupation Sales Manager Aggregate Year-to-Date > $ 280.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period ($40 Monthly)
D. Full Name, Mailing Address and ZIP Code Scott Jentz Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Minnesota Life Insurance Occupation Regional Vice President Aggregate Year-to-Date > $ 600.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $100.00 ($50 Monthly)
E. Full Name, Mailing Address and ZIP Code William Klanderman Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Minnesota Life Insurance Occupation Second Vice President Aggregate Year-to-Date > $ 540.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $90.00 ($45 Monthly)
F. Full Name, Mailing Address and ZIP Code David Lipps Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Minnesota Life Insurance Occupation Sales Manager Aggregate Year-to-Date > $ 480.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $80.00 ($40 Monthly)
G. Full Name, Mailing Address and ZIP Code Catherine McCarty Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Minnesota Life Insurance Occupation Sales Manager Aggregate Year-to-Date > $ 480.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $80.00 ($40 Monthly)

SUBTOTAL of Receipts This Page (optional) $550.00

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 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
Fran Martens Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$80.00
Receipt for: [ ] Primary [X] General [ ] Other (specify):	Occupation: Sales Manager Aggregate Year-to-Date > $ 480.00		($40 Monthly)

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mike Nuebel Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$80.00
Receipt for: [ ] Primary [X] General [ ] Other (specify):	Occupation: Sales Manager Aggregate Year-to-Date > $ 480.00		($40 Monthly)

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Peterson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$80.00
Receipt for: [ ] Primary [X] General [ ] Other (specify):	Occupation: Sales Manager Aggregate Year-to-Date > $ 480.00		($40 Monthly)

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eric Schneeman Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$80.00
Receipt for: [ ] Primary [X] General [ ] Other (specify):	Occupation: Sales Manager Aggregate Year-to-Date > $ 480.00		($40 Monthly)

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Shay Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$80.00
Receipt for: [ ] Primary [X] General [ ] Other (specify):	Occupation: Sales Manager Aggregate Year-to-Date > $ 480.00		($40 Monthly)

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Thomas Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$80.00
Receipt for: [ ] Primary [X] General [ ] Other (specify):	Occupation: Sales Manager Aggregate Year-to-Date > $ 480.00		($40 Monthly)

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Underdale Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$80.00
Receipt for: [ ] Primary [X] General [ ] Other (specify):	Occupation: Sales Manager Aggregate Year-to-Date > $ 480.00		($40 Monthly)

SUBTOTAL of Receipts This Page (optional) $560.00

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 10

FOR LINE NUMBER 11al

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Ron Zickert Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation: Sales Manager Aggregate Year-to-Date > $ 480.00	Payroll Deduction	$80.00 ($40 Monthly)
B. Richard Dominik Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation: Manager Aggregate Year-to-Date > $ 300.00	Payroll Deduction	$50.00 ($25 Monthly)
C. Mary Anne Kluck Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation: Director Aggregate Year-to-Date > $ 300.00	Payroll Deduction	$50.00 ($25 Monthly)
D. Richard Menke Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation: Vice President Aggregate Year-to-Date > $ 435.00	Payroll Deduction	$80.00 ($40 Monthly)
E. Robert Olafson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation: Vice President Aggregate Year-to-Date > $ 495.00	Payroll Deduction	$100.00 ($50 Monthly)
F. Ronald Sandquist Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation: Investment Officer Aggregate Year-to-Date > $ 300.00	Payroll Deduction	$50.00 ($25 Monthly)
G. David Seidel Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation: Director Aggregate Year-to-Date > $ 300.00	Payroll Deduction	$50.00 ($25 Monthly)

SUBTOTAL of Receipts This Page (optional) $450.00

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 10

FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code William Bushlack Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Minnesota Life Insurance Occupation Sales Manager Aggregate Year-to-Date > $ 440.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $80.00 ($40 Monthly)
B. Full Name, Mailing Address and ZIP Code Mark Cummings Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Minnesota Life Insurance Occupation Sales Manager Aggregate Year-to-Date > $ 360.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $80.00 ($40 Monthly)
C. Full Name, Mailing Address and ZIP Code Dale MacNaughton Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Minnesota Life Insurance Occupation Sales Manager Aggregate Year-to-Date > $ 440.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $80.00 ($40 Monthly)
D. Full Name, Mailing Address and ZIP Code Gary Christensen Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Minnesota Life Insurance Occupation Attorney Aggregate Year-to-Date > $ 240.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $40.00 ($20 Monthly)
E. Full Name, Mailing Address and ZIP Code Craig Frisvold Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Minnesota Life Insurance Occupation Second Vice President Aggregate Year-to-Date > $ 240.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $40.00 ($20 Monthly)
F. Full Name, Mailing Address and ZIP Code Thomas Goodwin Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Minnesota Life Insurance Occupation Director Aggregate Year-to-Date > $ 240.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $40.00 ($20 Monthly)
G. Full Name, Mailing Address and ZIP Code Thomas Gustafson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Minnesota Life Insurance Occupation Aggregate Year-to-Date > $ 240.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $40.00 ($20 Monthly)

SUBTOTAL of Receipts This Page (optional) $400.00

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 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. Greg Hammerly Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation: Director Aggregate Year-to-Date > $ 240.00	Payroll Deduction	$40.00 ($20 Monthly)
B. Paul Hirschboeck Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation: Director Aggregate Year-to-Date > $ 240.00	Payroll Deduction	$40.00 ($20 Monthly)
C. John Lund Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation: Director Aggregate Year-to-Date > $ 240.00	Payroll Deduction	$40.00 ($20 Monthly)
D. Thomas Meyer Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation: Director Aggregate Year-to-Date > $ 240.00	Payroll Deduction	$40.00 ($20 Monthly)
E. James Peterson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation: Director Aggregate Year-to-Date > $ 240.00	Payroll Deduction	$40.00 ($20 Monthly)
F. Kathy Pinkett Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation: Second Vice President Aggregate Year-to-Date > $ 240.00	Payroll Deduction	$40.00 ($20 Monthly)
G. Keith Ricke Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation: Manager Aggregate Year-to-Date > $ 240.00	Payroll Deduction	$40.00 ($20 Monthly)

SUBTOTAL of Receipts This Page (optional)	$280.00
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 Life Insurance Company PAC

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Paul Rudeen Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation Director Aggregate Year-to-Date > $ 240.00	Payroll Deduction	$40.00 ($20 Monthly)
B. Dave Steppat Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation Director Aggregate Year-to-Date > $ 240.00	Payroll Deduction	$40.00 ($20 Monthly)
C. Fred Caprio Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation Sales Manager Aggregate Year-to-Date > $ 500.00	12/02/98	$500.00
D. Tim Dolan Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation Sales Manager Aggregate Year-to-Date > $ 240.00	Payroll Deduction	$40.00 ($20 Monthly)
E. Mark Green Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation Sales Manager Aggregate Year-to-Date > $ 210.00	Payroll Deduction	$40.00 ($20 Monthly)
F. Connie Cottrill Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation Account Executive Aggregate Year-to-Date > $ 220.00	Payroll Deduction	$40.00 ($20 Monthly)
G. David Igo Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: [ ] Primary [X] General [ ] Other (specify):	Minnesota Life Insurance Occupation Regional Vice President Aggregate Year-to-Date > $ 240.00	Payroll Deduction	$40.00 ($20 Monthly)

SUBTOTAL of Receipts This Page (optional) $740.00

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 11a

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NAME OF COMMITTEE (in Full)
Minnesota Life Insurance Company PAC

A. Full Name, Mailing Address and ZIP Code Jeff Rasmussen Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: Primary [X] General Other (specify):	Name of Employer Minnesota Life Insurance Occupation Sales Manager Aggregate Year-to-Date > $ 240.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $40.00 ($20 Monthly)
B. Full Name, Mailing Address and ZIP Code Mark Thomas Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: Primary [X] General Other (specify):	Name of Employer Minnesota Life Insurance Occupation Sales Manager Aggregate Year-to-Date > $ 240.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $40.00 ($20 Monthly)
C. 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
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)	$80.00
TOTAL This Period (last page this line number only)	$4,990.00

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 1-15-99
☐	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	

JMU — PREPARER

1-15-99 — DATE PREPARED

(4/98)