

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 6 1 37 PM '99

USE FEC MAILING LABEL
OR
TYPE OR PRINT

| | | |
|---|--|---|
| 1. NAME OF COMMITTEE (in full) C00236414 Jeanne de Cervens AEGON USA POLITICAL ACTION COMMITTEE | | 2. FEC IDENTIFICATION NUMBER C00236414 |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1111 NORTH CHARLES STREET | | |
| CITY, STATE and ZIP CODE BALTIMORE MD 21201 | | |
| 3. <input checked="" type="checkbox"/> This committee has qualified as a multi candidate 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:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|--|
| 5. Covering Period <u>1/1/99</u> through <u>6/30/99</u> | | \$ 70,809.25 |
| 6. (a) Cash on Hand January 1, 19 <u>99</u> | | |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 70,809.25 | |
| (c) Total Receipts (from Line 19) | \$ 32,859.44 | \$ 32,859.44 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 103,669.69 | \$ 103,668.69 |
| 7. Total Disbursements (from Line 30) | \$ 21,666.00 | \$ 21,666.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 82,002.69 | \$ 82,002.69 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ | For further information contact Federal Election Commission 899 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420 |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ | |

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jeanne de Cervens

Signature of Treasurer

Jeanne de Cervens

Date

7/2/99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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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 | | REPORT COVERING PERIOD | |
|---|--|-------------------------------|---------------------------|
| AEGON USA, Inc. POLITICAL ACTION COMMITTEE | | FROM 1/1/99 | TO: 6/30/99 |
| | | COLUMN A Total This Period | COLUMN B Calendar Year |
| Receipts | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | | 26,469.00 | 26,469.00 |
| ii. Unitemized | | 4,967.66 | 4,967.66 |
| iii. Total (add i and ii) > | | 31,436.66 | 31,436.66 |
| b. Political Party Committees | | | |
| c. Other Political Committees (such as PACs) | | | |
| d. Total Contributions (add a ii, b and c) > | | 31,436.66 | 31,436.66 |
| 12. Transfers From Affiliated/Other Party Committees | | | |
| 13. All Loans Received | | | |
| 14. Loan Repayments Received | | | |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (FIT Refund) | | 629.80 | 629.80 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | | |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | | 792.98 | 792.98 |
| 18. Transfers from Nonfederal Account for Joint Activity | | | |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | | 32,859.44 | 32,859.44 |
| 20. Total Federal Receipts (subtract line 18 from line 19) > | | 32,859.44 | 32,859.44 |
| Disbursements | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | | | |
| ii. Non-Federal Share (FIT Payment) | | 1,016.00 | 1,016.00 |
| b. Other Federal Operating Expenditures | | | |
| c. Total Operating Expenditures (add a i, a ii, and b) > | | 1,016.00 | 1,016.00 |
| 22. Transfers to Affiliated/Other Party Committees | | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | | 10,000.00 | 10,000.00 |
| 24. Independent Expenditures (use Schedule E) | | | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | | | |
| 26. Loan Repayments Made | | | |
| 27. Loans Made | | | |
| 28. Refunds of Contributions To: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| b. Political Party Committees | | | |
| c. Other Political Committees (such as PACs) | | | |
| d. Total Contribution Refunds (add a, b and c) > | | 10,650.00 | 10,650.00 |
| 29. Other Disbursements Non-Federal | | 10,650.00 | 10,650.00 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | | 21,666.00 | 21,666.00 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) > | | 21,666.00 | 21,666.00 |
| Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans) (from line 11d) | | 31,436.66 | 31,436.66 |
| 33. Total Contribution Refunds (from line 28d) | | | |
| 34. Net Contributions (other than loans) (subtract line 33 from 32) | | 31,436.66 | 31,436.66 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) > | | 1,016.00 | 1,016.00 |
| 36. Offsets to Operating Expenditures (from line 15) | | 629.80 | 629.80 |
| 37. Net Operating Expenditures (subtract line 36 from 35) > | | 386.20 | 386.20 |

SCHEDULE A ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

| A. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month day, year) | Amount of Each Receipt this Period |
|--|---|---|------------------------------------|
| Mercantile-Safe Deposit & Trust Co. P.O. Box 1592 Baltimore, MD 21203 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Interest on Bank Account Occupation Aggregate Year-to-Date >\$ | 1/31/99 | \$ 199.78 |
| Mercantile-Safe Deposit & Trust Co. P.O. Box 1592 Baltimore, MD 21203 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Interest on Bank Account Occupation Aggregate Year-to-Date > \$266.38 | 2/28/99 | \$ 126.57 |
| Mercantile-Safe Deposit & Trust Co. P.O. Box 1592 Baltimore, MD 21203 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Interest on Bank Account Occupation Aggregate Year-to-Date > \$408.90 | 3/31/99 | \$ 140.44 |
| United States Treasury Austin, TX Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Income Tax Refund from 1998 Old PAC Occupation Aggregate Year-to-Date > \$829.80 | 3/31/99 | \$ 629.80 |
| Donald J. Shepard 1111 North Charles Street Baltimore, MD 21201 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-Corporate Division Occupation-Chairman, President & Chief Executive Officer Aggregate Year-to-Date > \$5,000.00 | 3/31/99 | \$ 5,000.00 |
| Burt Herbert, Jr. 1111 North Charles Street Baltimore, MD 21201 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-AEGON Special Mkts. Div. Occupation-President & Chief Executive Officer Aggregate Year-to-Date > \$5,000.00 | 3/31/99 | \$ 5,000.00 |
| John T. Boyce 4 Manhassetville Road Purchase, NY 10957 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-Diversified Investment Advisors, Division Occupation-Vice President Aggregate Year-to-Date > \$360.00 | Payroll Deduction Date (month day, year) | \$ 360.00 |

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| SUBTOTAL of Receipts This Page (optional) | \$ 11,396.60 |
| TOTAL This Period (last page this line number only) | |

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

| A. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month day, year) | Amount of Each Receipt this Period |
|--|---|------------------------|------------------------------------|
| William L. Busler 4333 Edgewood Road, NE Cedar Rapids, IA 52499 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-Financial Mkts. Division Occupation-President Aggregate Year-to-Date > \$1,950.00 | Payroll Deduction | \$ 1,950.00 |
| Marilyn Carp 520 Park Avenue Baltimore, MD 21201-4500 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-AEGON Special Mkts. Div. Occupation-Executive Vice President Aggregate Year-to-Date > \$780.00 | Payroll Deduction | \$ 780.00 |
| Cindy L. Chanley 400 West Market Street Louisville, KY 40232 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-Diversified Financial Products Division Occupation-Manager of Annuity/Marketing Aggregate Year-to-Date > \$200.00 | Payroll Deduction | \$ 200.00 |
| Robert F. Colby 4 Manhattanville Road Purchase, NY 10577 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-Diversified Investment Advisors Division Occupation-Vice President Aggregate Year-to-Date > \$280.00 | Payroll Deduction | \$ 280.00 |
| Duane A. Davies 400 West Market Street Louisville, KY 40232 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-Monumental Life Division Occupation-Regional Vice President Aggregate Year-to-Date > \$280.00 | Payroll Deduction | \$ 280.00 |
| Henry G. Hagan Two East Chase Street Baltimore, MD 21202 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-Monumental Life Division Occupation-President & COO Aggregate Year-to-Date > \$850.00 | Payroll Deduction | \$ 850.00 |
| Peter G. Kuska 4 Manhattanville Road Purchase, NY 10577 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-Diversified Investment Advisors Division Occupation-Vice President Aggregate Year-to-Date > \$1,040.00 | Payroll Deduction | \$ 1,040.00 |

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| SUBTOTAL of Receipts This Page (optional) | \$ 5,140.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A ITEMIZED RECEIPTS

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

| A. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month day, year) | Amount of Each Receipt this Period |
|---|---|------------------------|------------------------------------|
| James P. Larkin 4 Manhattanville Road Purchase, NY 10577 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-Diversified Investment Advisors Division Occupation-Vice President Aggregate Year-to-Date)\$200.00 | Payroll Deduction | \$ 200.00 |
| B. Full Name, Mailing Address and Zip Code Joseph J. Masterson 4 Manhattanville Road Purchase, NY 10577 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-Diversified Investment Advisors Division Occupation-Vice President Aggregate Year-to-Date) \$1,300.00 | Payroll Deduction | \$ 1,300.00 |
| C. Full Name, Mailing Address and Zip Code Douglas Harris 298 West Monroe Street, Suite 710 Chicago, IL 60608 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-Diversified Investment Advisors Division Occupation-Vice President Aggregate Year-to-Date) \$200.00 | Payroll Deduction | \$ 200.00 |
| D. Full Name, Mailing Address and Zip Code Mark W. Mullin 4 Manhattanville Road Purchase, NY 10577 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-Diversified Investment Advisors Division Occupation-Vice President Aggregate Year-to-Date) \$975.00 | Payroll Deduction | \$ 975.00 |
| E. Full Name, Mailing Address and Zip Code Charles J. Powers 3450 Ponderosa Loop West Linn, OR 97068 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-Diversified Investment Advisors Division Occupation-Vice President Aggregate Year-to-Date) \$250.00 | Payroll Deduction | \$ 250.00 |
| F. Full Name, Mailing Address and Zip Code David G. Reissold 520 Park Avenue Baltimore, MD 21201-4500 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-AEGON Special Mkts. Div. Occupation-Executive Vice President Aggregate Year-to-Date) \$754.00 | Payroll Deduction | \$ 754.00 |
| G. Full Name, Mailing Address and Zip Code Tom A. Schlossberg 4 Manhattanville Road Purchase, NY 10577 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-Diversified Investment Advisors Division Occupation-President Aggregate Year-to-Date) \$3,500.00 | Payroll Deduction | \$ 3,500.00 |

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|---|-------------|
| SUBTOTAL of Receipts This Page (optional) | \$ 7,299.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A ITEMIZED RECEIPTS

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

| A. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month day, year) | Amount of Each Receipt this Period |
|---|--|------------------------|------------------------------------|
| Brian C. Scott 4333 Edgewood Road, NE Cedar Rapids, IA 52499 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-Financial Mkts. Division Occupation-Vice President Aggregate Year-to-Date)\$350.00 | Payroll Deduction | \$ 350.00 |
| Gayle L. Separeck 4333 Edgewood Road, NE Cedar Rapids, IA 52499 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-Individual Division Occupation-Vice President Aggregate Year-to-Date) \$800.00 | Payroll Deduction | \$ 800.00 |
| Alfred C. Sylvain 4 Manhattanville Road Purchase, NY 10577 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-Diversified Investment Advisors Division Occupation-Vice President Aggregate Year-to-Date) \$1,040.00 | Payroll Deduction | \$ 1,040.00 |
| Jerome C. Yabl 570 Carlton Parkway St. Petersburg, FL 33716-1202 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-The Equity Group Occupation-Vice President Aggregate Year-to-Date) \$850.00 | Payroll Deduction | \$ 850.00 |
| Edward H. Walker, III 520 Park Avenue Baltimore, MD 21202-4500 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-AEGON Special Mkts. Div. Occupation-Vice President Aggregate Year-to-Date) \$280.00 | Payroll Deduction | \$ 280.00 |
| Michael R. White 400 West Market Street Louisville, KY 40232 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-Monumental Life Division Occupation-Regional Vice President Aggregate Year-to-Date) \$280.00 | Payroll Deduction | \$ 280.00 |
| David Wyatt 230 West Monroe Street, Suite 710 Chicago, IL 60608 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | AEGON INSURANCE GROUP-Diversified Investment Advisors Division Occupation-Vice President Aggregate Year-to-Date) \$280.00 | Payroll Deduction | \$ 280.00 |

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|---|-------------|
| SUBTOTAL of Receipts This Page (optional) | \$ 3,420.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

| A. Full Name, Mailing Address and Zip Code Mercantile-Safe Deposit & Trust Co. P.O. Box 1582 Baltimore, MD 21203 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Name of Employer Interest on Bank Account Occupation Aggregate Year-to-Date > \$524.60 | Date (month day, year) 4/30/88 | Amount of Each Receipt this Period \$ 117.80 |
|---|--|--|--|
| B. Full Name, Mailing Address and Zip Code Mercantile-Safe Deposit & Trust Co. P.O. Box 1582 Baltimore, MD 21203 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Name of Employer Interest on Bank Account Occupation Aggregate Year-to-Date > \$880.83 | Date (month day, year) 5/30/88 | Amount of Each Receipt this Period \$ 138.23 |
| C. Full Name, Mailing Address and Zip Code David E. G. Miller 4333 Edgewood Road, NE Cedar Rapids, IA 52499 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Name of Employer AEGON INSURANCE GROUP-Individual Division Occupation-Chief Marketing Officer Aggregate Year-to-Date > \$250.00 | Date (month day, year) 6/28/88 | Amount of Each Receipt this Period \$ 250.00 |
| D. Full Name, Mailing Address and Zip Code Mercantile-Safe Deposit & Trust Co. P.O. Box 1582 Baltimore, MD 21203 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Name of Employer Interest on Bank Account Occupation Aggregate Year-to-Date > \$ | Date (month day, year) 6/30/88 | Amount of Each Receipt this Period \$ 132.15 |
| E. Full Name, Mailing Address and Zip Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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) | \$ 636.18 |
| TOTAL This Period (last page this line number only) | \$ 27,891.78 |

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

PAGE 1 OF 2
FOR LINE NUMBER

SCHEDULE B ITEMIZED DISBURSEMENTS - FEDERAL

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) **AEGON USA, Inc. Political Action Committee**

| | | | |
|---|---|---|--|
| <p>A. Full Name, Mailing Address and Zip Code Leadership for America's Future PAC 2300 Clarendon Blvd., Suite 401 Arlington, VA 22201</p> | <p>Purpose of Disbursement-Steve Largent (R-OK-1st Dist.) Contribution-US House Candidate Disbursement for: <input checked="" type="radio"/> Primary <input type="radio"/> General <input type="radio"/> Other (Specify)</p> | <p>Date (month day, year) 2/23/99</p> | <p>Amount of Each Disbursement This Period \$ 500.00</p> |
| <p>B. Full Name, Mailing Address and Zip Code DeWine for US Senate 319 1/2 A Street, NE Washington, DC 20002</p> | <p>Purpose of Disbursement-Mike DeWine (R-OH) Contribution-US Senate Candidate Disbursement for: <input checked="" type="radio"/> Primary <input type="radio"/> General <input type="radio"/> Other (Specify)</p> | <p>Date (month day, year) 2/23/99</p> | <p>Amount of Each Disbursement This Period \$ 1,000.00</p> |
| <p>C. Full Name, Mailing Address and Zip Code Firstar Bank 222 Second Avenue, SE Cedar Rapids, Iowa 52401</p> | <p>Purpose of Disbursement-Federal Income Tax Payment Disbursement for: <input checked="" type="radio"/> Primary <input type="radio"/> General <input checked="" type="radio"/> Other (Specify)</p> | <p>Date (month day, year) 3/4/98</p> | <p>Amount of Each Disbursement This Period \$ 1,016.00</p> |
| <p>D. Full Name, Mailing Address and Zip Code Bob Ehrlich for Maryland Committee P.O. Box 9021 Lutherville, MD 21094</p> | <p>Purpose of Disbursement-Bob Ehrlich (R-MD, 2nd Dist.) Contribution-US House Candidate Disbursement for: <input checked="" type="radio"/> Primary <input type="radio"/> General <input type="radio"/> Other (Specify)</p> | <p>Date (month day, year) 3/18/99</p> | <p>Amount of Each Disbursement This Period \$ 1,000.00</p> |
| <p>E. Full Name, Mailing Address and Zip Code KOMPAC P.O. Box 18277 Washington, DC 20036</p> | <p>Purpose of Disbursement-J. Dennis Hastert (R-IL, 14th Dist.) Contribution-Speaker of the House Disbursement for: <input checked="" type="radio"/> Primary <input type="radio"/> General <input type="radio"/> Other (Specify)</p> | <p>Date (month day, year) 4/8/99</p> | <p>Amount of Each Disbursement This Period \$ 2,500.00</p> |
| <p>F. Full Name, Mailing Address and Zip Code Committee to Re-elect Nancy Johnson P.O. Box 1898 New Britain, CT 06050</p> | <p>Purpose of Disbursement-Nancy Johnson (R-CT-4th Dist.) Contribution-US House Candidate Disbursement for: <input checked="" type="radio"/> Primary <input type="radio"/> General <input type="radio"/> Other (Specify)</p> | <p>Date (month day, year) 5/28/99</p> | <p>Amount of Each Disbursement This Period \$ 1,000.00</p> |
| <p>G. Full Name, Mailing Address and Zip Code Anne Northrup for Congress P.O. Box 7313 Louisville, KY 40257</p> | <p>Purpose of Disbursement-Anne Northrup (R-KY-3rd Dist.) Contribution-US House Candidate Disbursement for: <input checked="" type="radio"/> Primary <input type="radio"/> General <input type="radio"/> Other (Specify)</p> | <p>Date (month day, year) 5/28/99</p> | <p>Amount of Each Disbursement This Period \$ 1,000.00</p> |
| <p>H. Full Name, Mailing Address and Zip Code Ashcroft for Senate 507 Capitol Court, NE - Suite 1000 Washington, DC 20002</p> | <p>Purpose of Disbursement-John Ashcroft (R-MO) Contribution-US Senate Candidate Disbursement for: <input checked="" type="radio"/> Primary <input type="radio"/> General <input type="radio"/> Other (Specify)</p> | <p>Date (month day, year) 6/23/99</p> | <p>Amount of Each Disbursement This Period \$ 1,000.00</p> |
| <p>I. Full Name, Mailing Address and Zip Code Ron Lewis for Congress Committee P.O. Box 307 Elizabethtown, KY 42702</p> | <p>Purpose of Disbursement-Ron Lewis (R-KY-2nd Dist.) Contribution-US House Candidate Disbursement for: <input checked="" type="radio"/> Primary <input type="radio"/> General <input type="radio"/> Other (Specify)</p> | <p>Date (month day, year) 6/23/99</p> | <p>Amount of Each Disbursement This Period \$ 500.00</p> |

| | |
|--|--------------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>\$ 9,516.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

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

PAGE 2 OF 2
FOR LINE NUMBER

SCHEDULE B ITEMIZED DISBURSEMENTS - FEDERAL

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) **AEGON USA, Inc. Political Action Committee**

| | | | |
|--|--|--------------------------------------|---|
| A. Full Name, Mailing Address and Zip Code Matsui for Congress 729 19th Street, NW, 3rd Floor Washington, DC 20005 | Purpose of Disbursement: Bob Matsui (D-CA-5th Dist.) Contribution-US House Candidate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Date (month day, year) 6/23/99 | Amount of Each Disbursement This Period \$ 500.00 |
| B. Full Name, Mailing Address and Zip Code National Structured Settlements Trade Assn. Political Action Committee 1428 16th Street, NW Washington, DC 20038 | Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) | Date (month day, year) 6/23/98 | Amount of Each Disbursement This Period \$ 1,000.00 |
| C. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Date (month day, year) | Amount of Each Disbursement This Period |
| SUBTOTAL of Disbursements This Page (optional) | | | \$ 1,500.00 |
| TOTAL This Period (last page this line number only) | | | \$11,016.00 |

SCHEDULE B ITEMIZED DISBURSEMENTS - NON FEDERAL

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) **AEGON USA, Inc. Political Action Committee**

| | | | |
|---|---|---|--|
| <p>A. Full Name, Mailing Address and Zip Code Pat Patterson Campaign Fund 296 Lake Charles Road DeLand, FL 32724</p> | <p>Purpose of Disbursement-Pat Patterson(R-FL-20th Dist.) Check Dated 10/21/99 Returned-FL State House Candidate</p> <p>Disbursement for: <input type="radio"/> Primary <input checked="" type="radio"/> General <input type="radio"/> Other (Specify)</p> | <p>Date (month day, year) 2/23/99</p> | <p>Amount of Each Disbursement This Period \$ (100.00)</p> |
| <p>B. Full Name, Mailing Address and Zip Code Assoc. of CA Life & Health Insurance Co. Political Action Committee 1201 K Street, Suite 1820 Sacramento, CA 95814</p> | <p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="radio"/> Primary <input checked="" type="radio"/> General <input checked="" type="radio"/> Other (Specify)</p> | <p>Date (month day, year) 8/23/99</p> | <p>Amount of Each Disbursement This Period \$ 2,000.00</p> |
| <p>C. Full Name, Mailing Address and Zip Code Florida Insurance Council, Inc. Political Action Committee 1430 Piedmont Drive, East Tallahassee, FL 32312</p> | <p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="radio"/> Primary <input checked="" type="radio"/> General <input checked="" type="radio"/> Other (Specify)</p> | <p>Date (month day, year) 8/23/99</p> | <p>Amount of Each Disbursement This Period \$ 1,000.00</p> |
| <p>D. Full Name, Mailing Address and Zip Code Iowa Life & Health Insurance Association 100 Court Avenue, Suite 8000 Des Moines, IA 50309-2231</p> | <p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="radio"/> Primary <input checked="" type="radio"/> General <input checked="" type="radio"/> Other (Specify)</p> | <p>Date (month day, year) 8/23/99</p> | <p>Amount of Each Disbursement This Period \$ 3,000.00</p> |
| <p>E. Full Name, Mailing Address and Zip Code Iowa Industry Political Action Committee 904 Walnut Street - Suite 100 Des Moines, IA 50309-3503</p> | <p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="radio"/> Primary <input type="radio"/> General <input checked="" type="radio"/> Other (Specify)</p> | <p>Date (month day, year) 8/23/99</p> | <p>Amount of Each Disbursement This Period \$ 250.00</p> |
| <p>F. Full Name, Mailing Address and Zip Code Life Insurance Council of New York Political Action Committee 551 Fifth Avenue New York, NY 10176</p> | <p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="radio"/> Primary <input type="radio"/> General <input checked="" type="radio"/> Other (Specify)</p> | <p>Date (month day, year) 6/23/98</p> | <p>Amount of Each Disbursement This Period \$ 300.00</p> |
| <p>G. Full Name, Mailing Address and Zip Code LIFEPAC AOLIC Association of Ohio Life Ins. Companies 100 South Third Street Columbus, OH 43215-4281</p> | <p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="radio"/> Primary <input checked="" type="radio"/> General <input type="radio"/> Other (Specify)</p> | <p>Date (month day, year) 6/23/99</p> | <p>Amount of Each Disbursement This Period \$ 1,500.00</p> |
| <p>H. Full Name, Mailing Address and Zip Code PIPAC Insurance Federal of PA 1600 Market Street, Suite 1620 Philadelphia, PA 19103</p> | <p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="radio"/> Primary <input checked="" type="radio"/> General <input type="radio"/> Other (Specify)</p> | <p>Date (month day, year) 8/23/99</p> | <p>Amount of Each Disbursement This Period \$ 500.00</p> |
| <p>I. Full Name, Mailing Address and Zip Code Pat Shey for State House 327 Crescent Street, SE Cedar Rapids, IA 52403</p> | <p>Purpose of Disbursement-Patrick Shey (R-IA-52nd Dist.) Contribution-IA State House Candidate</p> <p>Disbursement for: <input checked="" type="radio"/> Primary <input checked="" type="radio"/> General <input type="radio"/> Other (Specify)</p> | <p>Date (month day, year) 6/23/99</p> | <p>Amount of Each Disbursement This Period \$ 100.00</p> |

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|--|---------------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | |
| <p>TOTAL This Period (last page this line number only)</p> | <p>\$ 10,650.00</p> |

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.

| | |
|---|--------------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input checked="" type="checkbox"/> First Class Mail | POSTMARKED 7-2-99 |
| <input type="checkbox"/> Registered/Certified Mail | POSTMARKED |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Postmarked and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
| <i>JA</i> PREPARER | 7-6-99 DATE PREPARED |