

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 JAN 14 P 1:24

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (SEE INSTRUCTIONS) C00126006 121499 P 262 ALLEN L PETERSON MINNESOTA LIFE INSURANCE COMPA NY PAC 400 ROBERT STREET NORTH ST PAUL MN 55101		2. FEC IDENTIFICATION NUMBER
		3. <input checked="" type="checkbox"/> 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

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>7-1-99</u> through <u>12-31-99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 29,040.44
(b) Cash on Hand at Beginning of Reporting Period	\$ 29,770.44	
(c) Total Receipts (from Line 19)	\$ 14,515.00	\$ 29,745.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 44,285.44	\$ 58,785.44
7. Total Disbursements (from Line 30)	\$ 13,000.00	\$ 27,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 31,285.44	\$ 31,285.44
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ —	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-694-1100
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

Allen L Peterson

Signature of Treasurer

Allen L Peterson

Date

1-4-2000

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 1/1/81)

NAME OF COMMITTEE <i>Minnesota Life Insurance Company PAC</i>		REPORT COVERING PERIOD FROM <i>7-1-99</i> TO: <i>12-31-99</i>	
		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)	<i>14,045.00</i>	<i>25,735.00</i>	11(a)(1)
ii. Unitemized	<i>470.00</i>	<i>4,010.00</i>	11(a)(2)
ii. Total (add i and ii) >	<i>14,515.00</i>	<i>29,745.00</i>	11(a)(3)
b. Political Party Committees	-	-	11(b)
c. Other Political Committees (such as PACs)	-	-	11(c)
d. Total Contributions (add a ii, b and c) >	<i>14,515.00</i>	<i>29,745.00</i>	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 11 d, 12, 13, 14, 15, 16, 17, and 18) >	<i>14,515.00</i>	<i>29,745.00</i>	19
20. Total Federal Receipts (subtract line 18 from line 19) >	<i>14,515.00</i>	<i>29,745.00</i>	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-	-	21(a)(1)
ii. Non-Federal Share	-	-	21(a)(2)
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	<i>13,000.00</i>	<i>27,500.00</i>	23
24. Independent Expenditures (use Schedule E)	-	-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F)	-	-	25
26. Loan Repayments Made	-	-	26
27. Loans Made	-	-	27
28. Refunds of Contributions To:			
a. Individual/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 21 c, 22, 23, 24, 25, 26, 27, 28 d, and 29) >	<i>13,000.00</i>	<i>27,500.00</i>	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	<i>13,000.00</i>	<i>27,500.00</i>	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11 d)	<i>14,515.00</i>	<i>29,745.00</i>	32
33. Total Contribution Refunds (from line 28 d)	-	-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	<i>14,515.00</i>	<i>29,745.00</i>	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

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) Minnesota Life Insurance Company PAC			
A. Full Name, Mailing Address and ZIP Code Paul Anderson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Second Vice President	Payroll Deduction	\$240.00 (\$40 Monthly)
	Aggregate Year-to-Date > \$		480.00
B. Full Name, Mailing Address and ZIP Code Betty Grosz Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Second Vice President	Payroll Deduction	\$240.00 (\$40 Monthly)
	Aggregate Year-to-Date > \$		480.00
C. Full Name, Mailing Address and ZIP Code John Bruder Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Senior Vice President	Payroll Deduction	\$360.00 (\$60 Monthly)
	Aggregate Year-to-Date > \$		720.00
D. Full Name, Mailing Address and ZIP Code Keith Campbell Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Senior Vice President	Payroll Deduction	\$300.00 (\$50 Monthly)
	Aggregate Year-to-Date > \$		600.00
E. Full Name, Mailing Address and ZIP Code Leella Chapman Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Second Vice President	Payroll Deduction	\$240.00 (\$40 Monthly)
	Aggregate Year-to-Date > \$		480.00
F. Full Name, Mailing Address and ZIP Code George Connolly Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Second Vice President	Payroll Deduction	\$300.00 (\$50 Monthly)
	Aggregate Year-to-Date > \$		600.00
G. Full Name, Mailing Address and ZIP Code Jensen Cordon Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Second Vice President	Payroll Deduction	\$240.00 (\$40 Monthly)
	Aggregate Year-to-Date > \$		480.00
SUBTOTAL of Receipts This Page (optional).....			\$1,920.00
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	OF
	2	10
FOR LINE NUMBER		11a

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 confidential purposes, other than using the name and address of any political committee to which contributions from such committee.

NAME OF COMMITTEE (In Full) Minnesota Life Insurance Company PAC			
A. Full Name, Mailing Address and ZIP Code Guy deLambert Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Second Vice President	Payroll Deduction	\$240.00 (\$40 Monthly)
	Aggregate Year-to-Date > \$		480.00
B. Full Name, Mailing Address and ZIP Code Jean Delaney Nelson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Vice President	Payroll Deduction	\$240.00 (\$40 Monthly)
	Aggregate Year-to-Date > \$		480.00
C. Full Name, Mailing Address and ZIP Code Frederick Fourtym Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Vice President	Payroll Deduction	\$300.00 (\$50 Monthly)
	Aggregate Year-to-Date > \$		600.00
D. Full Name, Mailing Address and ZIP Code Frank Fitzpatrick Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Second Vice President	Payroll Deduction	\$240.00 (\$40 Monthly)
	Aggregate Year-to-Date > \$		480.00
E. Full Name, Mailing Address and ZIP Code George Freinder Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Second Vice President	Payroll Deduction	\$240.00 (\$40 Monthly)
	Aggregate Year-to-Date > \$		480.00
F. Full Name, Mailing Address and ZIP Code Jaymes Hubbell Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Second Vice President	Payroll Deduction	\$240.00 (\$40 Monthly)
	Aggregate Year-to-Date > \$		480.00
G. Full Name, Mailing Address and ZIP Code Michael Kallett Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Vice President	Payroll Deduction	\$300.00 (\$50 Monthly)
	Aggregate Year-to-Date > \$		600.00
SUBTOTAL of Receipts This Page (optional).....			\$1,800.00
TOTAL This Period (last page this line number).....			

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 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 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
Richard Lee Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$300.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Payroll Deduction	(\$50 Monthly)
	Aggregate Year-to-Date > \$	600.00	
Lynne Mills Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$240.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Second Vice President	Payroll Deduction	(\$40 Monthly)
	Aggregate Year-to-Date > \$	480.00	
Dianne Orblson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$240.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Second Vice President	Payroll Deduction	(\$40 Monthly)
	Aggregate Year-to-Date > \$	480.00	
Robert Otafon Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$300.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Payroll Deduction	(\$50 Monthly)
	Aggregate Year-to-Date > \$	600.00	
William Steffes Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$240.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Second Vice President	Payroll Deduction	(\$40 Monthly)
	Aggregate Year-to-Date > \$	480.00	
Gregory Strong Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$420.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President	Payroll Deduction	(\$70 Monthly)
	Aggregate Year-to-Date > \$	840.00	
Terrance Sullivan Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$360.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President	Payroll Deduction	(\$60 Monthly)
	Aggregate Year-to-Date > \$	720.00	
SUBTOTAL of Receipts This Page (optional).....			\$2,100.00
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	OF
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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randy Wallake Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$360.00 (\$60 Monthly)
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President	Payroll Deduction 720.00	
Aggregate Year-to-Date > \$			720.00
Vincent Giordano Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$240.00 (\$40 Monthly)
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sales Manager	Payroll Deduction 480.00	
Aggregate Year-to-Date > \$			480.00
Bonnie Jacobson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$240.00 (\$40 Monthly)
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sales Manager	Payroll Deduction 480.00	
Aggregate Year-to-Date > \$			480.00
Scott Jentz Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$300.00 (\$50 Monthly)
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional Vice President	Payroll Deduction 600.00	
Aggregate Year-to-Date > \$			600.00
William Klanderman Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$270.00 (\$45 Monthly)
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Second Vice President	Payroll Deduction 540.00	
Aggregate Year-to-Date > \$			540.00
Dale Mac Neighbour Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$120.00 (\$40 Monthly)
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sales Manager	Payroll Deduction 360.00	
Aggregate Year-to-Date > \$			360.00
Catherine McCarty Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$240.00 (\$40 Monthly)
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sales Manager	Payroll Deduction 480.00	
Aggregate Year-to-Date > \$			480.00
SUBTOTAL of Receipts This Page (optional).....			\$1,770.00
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	OF
	5	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 Fran Mertens Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Sales Manager	Payroll Deduction	\$240.00
	Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$
B. Full Name, Mailing Address and ZIP Code Mike Nuebel Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Sales Manager	Payroll Deduction	\$240.00
	Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$
C. Full Name, Mailing Address and ZIP Code Charles Peterson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Sales Manager	Payroll Deduction	\$240.00
	Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$
D. Full Name, Mailing Address and ZIP Code Eric Schneeman Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Sales Manager	Payroll Deduction	\$240.00
	Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$
E. Full Name, Mailing Address and ZIP Code Bruce Shay Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Sales Manager	Payroll Deduction	\$240.00
	Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$
F. Full Name, Mailing Address and ZIP Code James Thomas Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Sales Manager	Payroll Deduction	\$240.00
	Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$
G. Full Name, Mailing Address and ZIP Code David Underdale Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Sales Manager	Payroll Deduction	\$240.00
	Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$
SUBTOTAL of Receipts This Page (optional).....			\$1,680.00
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	OF
	8	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
Ron Zickerl Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$240.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sales Manager	Payroll Deduction	(\$40 monthly)
	Aggregate Year-to-Date > \$	480.00	
Sue Ebertz Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$240.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Second Vice President	Payroll Deduction	(\$40 Monthly)
	Aggregate Year-to-Date > \$	480.00	
Richard Manke Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$240.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Vice President Vice President	Payroll Deduction	(\$40 Monthly)
	Aggregate Year-to-Date > \$	480.00	
William Westhoff Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$360.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President	Payroll Deduction	(\$60 Monthly)
	Aggregate Year-to-Date > \$	720.00	
Nancy Winlar Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$240.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Second Vice President	Payroll Deduction	(\$40 Monthly)
	Aggregate Year-to-Date > \$	440.00	
Bill Bushlack Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$240.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sales Manager	Payroll Deduction	(\$40 Monthly)
	Aggregate Year-to-Date > \$	480.00	
Mark Cummings Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$240.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sales Manager	Payroll Deduction	(\$40 Monthly)
	Aggregate Year-to-Date > \$	480.00	
SUBTOTAL of Receipts This Page (optional).....			\$1,800.00
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 11a

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NAME OF COMMITTEE (in Full) Minnesota Life Insurance Company PAC			
A. Full Name, Mailing Address and ZIP Code David McCafferty, Jr. Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Sales Manager	Payroll Deduction	\$240.00 (\$40 Monthly)
	Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 480.00
B. Full Name, Mailing Address and ZIP Code Richard Dominik Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Director	Payroll Deduction	\$150.00 (\$25 Monthly)
	Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 300.00
C. Full Name, Mailing Address and ZIP Code Uwe Seidel Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Director	Payroll Deduction	\$125.00 (\$25 Monthly)
	Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 275.00
D. Full Name, Mailing Address and ZIP Code Gary Christensen Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Director	Payroll Deduction	\$120.00 (\$20 Monthly)
	Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		240.00
E. Full Name, Mailing Address and ZIP Code Craig Frisvold Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Second Vice President	Payroll Deduction	\$120.00 (\$20 Monthly)
	Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 240.00
F. Full Name, Mailing Address and ZIP Code Thomas Goodwin Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Director	Payroll Deduction	\$120.00 (\$20 Monthly)
	Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 240.00
G. Full Name, Mailing Address and ZIP Code Thomas Gustafson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Second Vice President	Payroll Deduction	\$120.00 (\$20 Monthly)
	Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 240.00
SUBTOTAL of Receipts This Page (optional).....			\$995.00
TOTAL This Period (last page this line number only).....			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules) for each category of the Detailed Summary Page	PAGE	OF
	8	10
FOR LINE NUMBER		11a

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 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
Grag Hammerly Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$120.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Payroll Deduction	(\$20 Monthly)
		Aggregate Year-to-Date > \$	240.00
Paul Hirschboeck Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$120.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Payroll Deduction	(\$20 Monthly)
		Aggregate Year-to-Date > \$	240.00
John Lund Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$120.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Payroll Deduction	(\$20 Monthly)
		Aggregate Year-to-Date > \$	240.00
Thomas Meyer Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$120.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Payroll Deduction	(\$20 Monthly)
		Aggregate Year-to-Date > \$	240.00
James Peterson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$120.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Payroll Deduction	(\$20 Monthly)
		Aggregate Year-to-Date > \$	240.00
Kathy Pinkett Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$120.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Second Vice President	Payroll Deduction	(\$20 Monthly)
		Aggregate Year-to-Date > \$	240.00
Mary Ann Kluck Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$150.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Payroll Deduction	(\$25 Monthly)
		Aggregate Year-to-Date > \$	300.00
SUBTOTAL of Receipts This Page (optional).....			\$870.00
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	OF
	0	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 Rudeen Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$120.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Payroll Deduction	(\$20 Monthly)
		Aggregate Year-to-Date > \$	240.00
Dave Steppat Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$120.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Payroll Deduction	(\$20 Monthly)
		Aggregate Year-to-Date > \$	240.00
Margaret Milosevich Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$120.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Payroll Deduction	(\$20 Monthly)
		Aggregate Year-to-Date > \$	240.00
Tim Dolan Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$120.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sales Manager	Payroll Deduction	(\$20 Monthly)
		Aggregate Year-to-Date > \$	240.00
Mark Green Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$120.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sales Manager	Payroll Deduction	(\$20 Monthly)
		Aggregate Year-to-Date > \$	240.00
Ronald Sandquist Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$150.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Payroll Deduction	(\$25 Monthly)
		Aggregate Year-to-Date > \$	300.00
David Igo Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance		\$120.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional Vice President	Payroll Deduction	(\$20 Monthly)
		Aggregate Year-to-Date > \$	240.00
SUBTOTAL of Receipts This Page (optional).....			\$870.00
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	OF
	10	10
FOR LINE NUMBER		119i

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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
Jeff Rasmussen Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Minnesota Life Insurance	Payroll Deduction	\$120.00 (\$20 Monthly)
	Occupation Sales Manager	Aggregate Year-to-Date > \$	240.00
B. Full Name, Mailing Address and ZIP Code Mark Thomas Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Minnesota Life Insurance	Payroll Deduction	\$120.00 (\$20 Monthly)
	Occupation Sales Manager	Aggregate Year-to-Date > \$	240.00
C. Full Name, Mailing Address and ZIP Code <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Director Aggregate Year-to-Date > \$	Date (month, day, year) 	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Director Aggregate Year-to-Date > \$	Date (month, day, year) 	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code <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 <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 <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).....			\$240.00
TOTAL This Period (last page this line number only).....			\$14,045.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

NAME OF COMMITTEE (In Full)
Minnesota 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
Life PAC 1001 Pennsylvania Ave Washington, DC 20004-2599	Purpose of Disbursement Contribution YTD Contributions \$5,000.00	09/22/99	\$5,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Rod Grams for US Senate PO Box 1029 Anoka, MN 55303	Purpose of Disbursement Rod Grams, Senate candidate, MN YTD Contributions \$5,500.00	12/15/99	\$3,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Gulknacht for Congress 1449 12th Avenue NE Rochester, MN 55908	Purpose of Disbursement Gulknacht, House candidate, 1st MN YTD Contributions \$3,000.00	12/15/99	\$2,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Gulknacht for Congress 1449 12th Avenue NE Rochester, MN 55908	Purpose of Disbursement Gulknacht, House candidate, 1st MN YTD Contributions \$3,000.00	06/10/99	\$1,000 Memo (orig. reported in June)
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Kline for Congress PO Box 21632 Eagan, MN 55121-0632	Purpose of Disbursement John Kline, House candidate, 6th MN YTD Contributions \$3,000.00	12/16/99	\$3,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
SUBTOTAL of Disbursements This Page (optional).....			\$13,000.00
TOTAL This Period (last page this line number only).....			\$13,000.00

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.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/>	First Class Mail	POSTMARKED 1/10/00
<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 <hr/> and/or Date of Receipt
<input type="checkbox"/>	Electronic Filing	
<p style="font-size: 2em; margin: 0;"><i>SN</i></p>		<p style="font-size: 1.5em; margin: 0;">1/14/00</p>
PREPARER		DATE PREPARED