



751 Broad Street
Newark, New Jersey 07102-8777

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 29 10 20 AM '99

The Prudential Insurance Company of America
Political Action Committee
A Registered Multicandidate Committee

July 28, 1999

Mr. Kenneth Davis
Reports Analysis Division
Federal Elections Commission
999 E Street, N.W.
Washington, DC 20463

Identification Number: C00127779

Reference: July 15, 1999 Mid-Year Report

Dear Mr. Davis:

Please find enclosed The Prudential Insurance Company of America Political Action Committee's July 15, 1999 Mid-Year Report form 3X for the period January 1, 1999 through June 30, 1999.

Should you have any questions please, contact me at (973) 802-8435. Thank you.

Sincerely,

Bryan M. Pickel
Associate Manager

enclosures

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 29 10 28 AM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) The Prudential Insurance Company of America Political Action Committee	2. FEC IDENTIFICATION NUMBER C00127778
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 761 Broad Street	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Newark, NJ 07102	

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 |
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01/01/99</u> through <u>06/30/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 13,618.07
(b) Cash on Hand at Beginning of Reporting Period	\$ 13,618.07	
(c) Total Receipts (from Line 1B)	\$ 73,597.16	\$ 73,597.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 87,215.23	\$ 87,215.23
7. Total Disbursements (from Line 3C)	\$ 81,388.38	\$ 81,388.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 5,816.87	\$ 5,816.87
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 17,407.64	

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 Peter Bayre	Date
Signature of Treasurer 	7/23/99

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)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 28X**

(revised 1/1/91)

NAME OF COMMITTEE The Prudential Insurance Company of America Political Action Committee		REPORT COVERING PERIOD		
		FROM	TO:	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
	I. Itemized (use Schedule A)	54,324.73	54,324.73	11(a)(i)
	II. Unitemized	19,272.43	19,272.43	11(a)(ii)
	III. Total (add I and II) >	73,597.16	73,597.16	11(a)(iii)
b.	Political Party Committees	0.00	0.00	11(b)
c.	Other Political Committees (such as PACs)	0.00	0.00	11(c)
d.	Total Contributions (add a II, b and c) >	73,597.16	73,597.16	11(d)
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13.	All Loans Received	0.00	0.00	13
14.	Loan Repayments Received	0.00	0.00	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18.	Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	73,597.16	73,597.16	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	73,597.16	73,597.16	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
	i. Federal Share	0.00	0.00	21(a)(i)
	ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b.	Other Federal Operating Expenditures	1,398.34	1,398.34	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	1,398.34	1,398.34	21(c)
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	56,000.00	56,000.00	23
24.	Independent Expenditures (use Schedule E)	0.00	0.00	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(f)) (use Schedule F)	0.00	0.00	25
26.	Loan Repayments Made	25,000.02	25,000.02	26
27.	Loans Made	0.00	0.00	27
28.	Refunds of Contributions To:			
	a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
	b. Political Party Committees	0.00	0.00	28(b)
	c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
	d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29.	Other Disbursements	-1,000.00	-1,000.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	61,398.36	61,398.36	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	61,398.36	61,398.36	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	73,597.16	73,597.16	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	73,597.16	73,597.16	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	1,398.34	1,398.34	35
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	1,398.34	1,398.34	37

SCHEDULE A

ITEMIZED RECEIPTS

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

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)

The Prudential Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Carbone 469 Edinboro Road Staten Island, NY 10306	The Prudential Insurance Company of America	02/16/99	3,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Insurance Executive	Aggregate Year-to-Date > \$ 3,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Golden 33 Columbia Staten Island, NY 10305	The Prudential Insurance Company of America	02/18/99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Insurance Executive	Aggregate Year-to-Date > \$ 5,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William A. Frontera 0-28 Gaddie River Road Fair Lawn, NJ 07410	The Prudential Insurance Company of America	04/27/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Insurance Executive	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Beth Ann Connelly 438 Long Hill Drive Short Hills, NJ 07078	The Prudential Insurance Company of America	08/14/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Insurance Executive	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arthur F Ryan 10 Oak Forest Lane Menlo Park, NJ 07945	The Prudential Insurance Company of America	05/29/99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Insurance Executive	Aggregate Year-to-Date > \$ 5,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Strangfield 51 Post Lane Bernardsville, NJ 07824	The Prudential Insurance Company of America	05/29/99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Insurance Executive	Aggregate Year-to-Date > \$ 5,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES M O'CONNOR 35 SOUTH ALWARD AVE BASKING RIDGE, NJ 07920	The Prudential Insurance Company of America	Payroll Deduction	366.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Insurance Executive	Aggregate Year-to-Date > \$ 366.48	(\$37.50 Biweekly)

SUBTOTAL of Receipts This Page (optional)

18,886.48

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 11
FOR LINE NUMBER 11 a 1

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

NAME OF COMMITTEE (in Full)

The Prudential Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PRISCILLA A MYERS 33 EAGLE NEST RD MORRIS TOWNSHIP, NJ 07960 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America		
	Occupation: Insurance Executive	Payroll	1,282.68
	Aggregate Year-to-Date > \$ 1,282.68	Deduction	(\$111.54)
Biweekly			
ANNAMAY KINNE 30 BATTLEBROOK LANE PRINCETON, NJ 08540 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America		
	Occupation: Insurance Executive	Payroll	286.53
	Aggregate Year-to-Date > \$ 286.53	Deduction	(\$22.60)
Biweekly			
E M CAULFIELD 4 PARK LANE MADISON, NJ 07940 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America		
	Occupation: Insurance Executive	Payroll	1,730.80
	Aggregate Year-to-Date > \$ 1,730.80	Deduction	(\$173.05)
Biweekly			
EDWARD P BAIRD 140 MOUNTAIN AVE., TALL SUMMIT, NJ 07801 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America		
	Occupation: Insurance Executive	Payroll	640.88
	Aggregate Year-to-Date > \$ 640.88	Deduction	(\$50.98)
Biweekly			
DENNIS M BUSHE 45 BLACKBURN ROAD SUMMIT, NJ 07801 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America		
	Occupation: Insurance Executive	Payroll	574.02
	Aggregate Year-to-Date > \$ 574.02	Deduction	(\$45.28)
Biweekly			
HELEN M GALT 4 ASPEN DR NORTH CALDWELL, NJ 07008 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America		
	Occupation: Insurance Executive	Payroll	535.55
	Aggregate Year-to-Date > \$ 535.55	Deduction	(\$42.31)
Biweekly			
BARBARA R GOLD 28 FOXBURN STREET NEW CITY, NY 10956 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America		
	Occupation: Insurance Executive	Payroll	208.62
	Aggregate Year-to-Date > \$ 208.62	Deduction	(\$17.07)
Biweekly			

SUBTOTAL of Receipts This Page (optional)

5,259.09

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 11
FOR LINE NUMBER 1141

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)
The Prudential Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KATHY A MAGAW ONE SKYLINE TERRACE KENNELON, NJ 07405 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America Occupation	Payroll Deduction	288.95 (\$48.27)
	Aggregate Year-to-Date > \$ 288.95		Biweekly
WILLIAM M BETHKE 151 LAKE DRIVE MOUNTAIN LAKES, NJ 07046 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America Occupation Insurance Executive	Payroll Deduction	1,312.48 (\$100.96)
	Aggregate Year-to-Date > \$ 1,312.48		Biweekly
ESTELLE C ADLER 412 E 55TH ST APT 10C NEW YORK, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America Occupation	Payroll Deduction	420.00 (\$70.00)
	Aggregate Year-to-Date > \$ 420.00		Biweekly
PETER M LACOVARA 36 DOGWOOD HILL ROAD UPPER SADDLE RIVER, NJ 07458 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America Occupation Insurance Executive	Payroll Deduction	340.52 (\$45.85)
	Aggregate Year-to-Date > \$ 340.52		Biweekly
ANDREW D CROOKS 323 TURTLE TRAIL LAKE MARY, FL 32746 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America Occupation Insurance Executive	Payroll Deduction	209.76 (\$18.32)
	Aggregate Year-to-Date > \$ 209.76		Biweekly
RONALD P JOELSON 5 TARTAN DR BASKING RIDGE, NJ 07920 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America Occupation Insurance Executive	Payroll Deduction	1,257.84 (\$116.38)
	Aggregate Year-to-Date > \$ 1,257.84		Biweekly
BRIAN G HARMS 28 DARREN DRIVE MARTINSVILLE, NJ 08636 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America Occupation Insurance Executive	Payroll Deduction	221.93 (\$17.40)
	Aggregate Year-to-Date > \$ 221.93		Biweekly

SUBTOTAL of Receipts This Page (optional)	4,081.25
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 11
FOR LINE NUMBER 11 a i

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)

The Prudential Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEBORAH J GINGHER 16 MATTHEW DRIVE WARREN, NJ 07059 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America		
	Occupation: Insurance Executive	Payroll	267.41
	Aggregate Year-to-Date > \$ 257.41	Deduction	(\$20.68)
Biweekly			
MICHAEL O'GORMAN 808 BRENTWOOD DR TARRYTOWN, NY 10851 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America		
	Occupation: Insurance Executive	Payroll	690.21
	Aggregate Year-to-Date > \$ 690.21	Deduction	(\$54.42)
Biweekly			
WILLIAM D FRIEL 639 PARK AVE MANHASSET, NY 11030 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America		
	Occupation: Insurance Executive	Payroll	1,373.08
	Aggregate Year-to-Date > \$ 1,373.08	Deduction	(\$116.38)
Biweekly			
IRA J KLEINMAN 14 RAINBOW RIDGE DRIVE LIVINGSTON, NJ 07039 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America		
	Occupation: Insurance Executive	Payroll	1,276.04
	Aggregate Year-to-Date > \$ 1,276.04	Deduction	(\$98.08)
Biweekly			
RICHARD F LAMBERT 80 KNOLLCROFT ROAD BASKING RIDGE, NJ 07920 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America		
	Occupation: Insurance Executive	Payroll	207.82
	Aggregate Year-to-Date > \$ 207.82	Deduction	(\$16.84)
Biweekly			
PAUL J LANG 16 TRINITY PL WARREN, NJ 07059 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America		
	Occupation: Insurance Executive	Payroll	224.45
	Aggregate Year-to-Date > \$ 224.45	Deduction	(\$17.80)
Biweekly			
BRIAN P MURPHY 857 NEW ENGLAND DR WESTFIELD, NJ 07090 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America		
	Occupation: Insurance Executive	Payroll	229.28
	Aggregate Year-to-Date > \$ 229.28	Deduction	(\$18.08)
Biweekly			

SUBTOTAL of Receipts This Page (optional) **4,257.24**

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 5 OF 11
FOR LINE NUMBER 11 a 1

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

NAME OF COMMITTEE (in Full)

The Prudential Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code MARTIN A BERKOWITZ 50 HICKORY RD SHORT HILLS, NJ 07078	Name of Employer The Prudential Insurance Company of America	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Insurance Executive	Payroll Deduction	944.97 (\$72.60)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 944.97		Biweekly
B. Full Name, Mailing Address and ZIP Code DAVID N BRADFORD 48 ROBERT AVE SHORT HILLS, NJ 07078	Name of Employer The Prudential Insurance Company of America	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Insurance Executive	Payroll Deduction	260.00 (\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00		Biweekly
C. Full Name, Mailing Address and ZIP Code LEONARD M SANTORO 364 HIGHLAND AVE UPPER MONTCLAIR, NJ 07043	Name of Employer The Prudential Insurance Company of America	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Insurance Executive	Payroll Deduction	620.23 (\$48.08)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 620.23		Biweekly
D. Full Name, Mailing Address and ZIP Code SHELAH A FLYNN 310 LUPINE WAY SHORT HILLS, NJ 07078	Name of Employer The Prudential Insurance Company of America	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Insurance Executive	Payroll Deduction	208.27 (\$16.78)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 208.27		Biweekly
E. Full Name, Mailing Address and ZIP Code EDWARD CHAPLIN 17 RIDGE ROAD SUMMIT, NJ 07901	Name of Employer The Prudential Insurance Company of America	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Insurance Executive	Payroll Deduction	450.99 (\$36.58)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450.99		Biweekly
F. Full Name, Mailing Address and ZIP Code RODGER A LAWSON 330 E 38TH ST NEW YORK, NY 10016	Name of Employer The Prudential Insurance Company of America	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Insurance Executive	Payroll Deduction	1,887.53 (\$129.81)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,887.53		Biweekly
G. Full Name, Mailing Address and ZIP Code LAWRENCE B KIEFER 318 ASHLAND RD SUMMIT, NJ 07901	Name of Employer The Prudential Insurance Company of America	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Insurance Executive	Payroll Deduction	618.45 (\$40.19)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 618.45		Biweekly

SUBTOTAL of Receipts This Page (optional)

4,690.44

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 **11**
FOR LINE NUMBER **11 a 1**

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

NAME OF COMMITTEE (In Full)
The Prudential Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code WILLIAM R TRANTER 8 PADDOCK DR NEW HOPE, PA 18938	Name of Employer The Prudential Insurance Company of America	Date (month, day, year) Payroll	Amount of Each Receipt this Period 505.05
	Occupation Insurance Executive	Deduction (\$38.85)	Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 6 505.05		
B. Full Name, Mailing Address and ZIP Code MATTHEW J CHANIN 31 BURREY LN LIVINGSTON, NJ 07038	Name of Employer The Prudential Insurance Company of America	Date (month, day, year) Payroll	Amount of Each Receipt this Period 322.12
	Occupation Insurance Executive	Deduction (\$28.44)	Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 1 322.12		
C. Full Name, Mailing Address and ZIP Code STEPHEN F AUTH 21 RUNNYMEDE ROAD CHATHAM, NJ 07825	Name of Employer The Prudential Insurance Company of America	Date (month, day, year) Payroll	Amount of Each Receipt this Period 735.55
	Occupation Insurance Executive	Deduction (\$57.89)	Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 4 735.55		
D. Full Name, Mailing Address and ZIP Code PHILLIP J GRIGG 35 RUNNING BROOK RD BRIDGEWATER, NJ 08807	Name of Employer The Prudential Insurance Company of America	Date (month, day, year) Payroll	Amount of Each Receipt this Period 205.18
	Occupation Insurance Executive	Deduction (\$16.06)	Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 6 205.18		
E. Full Name, Mailing Address and ZIP Code I PRICE 45 NORTH BAUMS COURT LIVINGSTON, NJ 07039	Name of Employer The Prudential Insurance Company of America	Date (month, day, year) Payroll	Amount of Each Receipt this Period 325.00
	Occupation Insurance Executive	Deduction (\$26.00)	Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 4 325.00		
F. Full Name, Mailing Address and ZIP Code KENNETH J TYMINSKI 17 VOORHIS ROAD LINCOLN PARK, NJ 07035	Name of Employer The Prudential Insurance Company of America	Date (month, day, year) Payroll	Amount of Each Receipt this Period 218.23
	Occupation Insurance Executive	Deduction (\$17.02)	Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 8 218.23		
G. Full Name, Mailing Address and ZIP Code DEBORAH A BELLO 25 SANDALWOOD DRIVE WARREN, NJ 07058	Name of Employer The Prudential Insurance Company of America	Date (month, day, year) Payroll	Amount of Each Receipt this Period 207.16
	Occupation Insurance Executive	Deduction (\$19.23)	Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 8 207.16		

SUBTOTAL of Receipts This Page (optional) **2,516.29**

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 11
FOR LINE NUMBER 11 a 1

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

NAME OF COMMITTEE (In Full)

The Prudential Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KATHLEEN KRALL 12 CLAY COURT LOCUST, NJ 07780	The Prudential Insurance Company of America		
	Occupation	Payroll	364.60
	Aggregate Year-to-Date > \$	Deduction	(\$96.16)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Biweekly
JOSEPH FRANKEL 19 HAMPTON ROAD EATONTOWN, NJ 07724	The Prudential Insurance Company of America		
	Occupation	Payroll	361.92
	Aggregate Year-to-Date > \$	Deduction	(\$43.27)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Biweekly
NEL N JASEY 9 KEASBEY ROAD SOUTH ORANGE, NJ 07079	The Prudential Insurance Company of America		
	Occupation	Payroll	538.10
	Aggregate Year-to-Date > \$	Deduction	(\$42.50)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Biweekly
SUSAN L BLOUNT 238 LONGWOOD AVE CHATHAM, NJ 07928	The Prudential Insurance Company of America		
	Occupation	Payroll	434.97
	Aggregate Year-to-Date > \$	Deduction	(\$40.38)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Biweekly
THOMAS G O HARA 8418 BROOK ROAD MCLEAN, VA 22102	The Prudential Insurance Company of America		
	Occupation	Payroll	323.87
	Aggregate Year-to-Date > \$	Deduction	(\$25.18)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Biweekly
JOYCE R LEIBOWITZ 95 HURON DR CHATHAM TWP, NJ 07928	The Prudential Insurance Company of America		
	Occupation	Payroll	1,051.55
	Aggregate Year-to-Date > \$	Deduction	(\$105.77)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Biweekly
JAMES A TOLLIVER 12 BEAVER RIDGE ROAD MORRIS PLAINS, NJ 07950	The Prudential Insurance Company of America		
	Occupation	Payroll	214.76
	Aggregate Year-to-Date > \$	Deduction	(\$17.16)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Biweekly

SUBTOTAL of Receipts This Page (optional)

3,308.77

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 8 OF 11
FOR LINE NUMBER 11 a 1

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

NAME OF COMMITTEE (In Full)

The Prudential Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SHARON C TAYLOR 7 ORCHARD COURT MONTCLAIR, NJ 07042 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America Occupation: Insurance Executive	Payroll Deduction	241.77 (\$18.23 Biweekly)
	Aggregate Year-to-Date > \$ 241.77		
TERRY J HARTZEL 1507 HARMON COVE TOWERS SECAUCUS, NJ 07094 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America Occupation: Insurance Executive	Payroll Deduction	211.55 (\$17.04 Biweekly)
	Aggregate Year-to-Date > \$ 211.55		
JAMES J AVERY 10 REVERE CT PRINCETON JCT, NJ 08550 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America Occupation: Insurance Executive	Payroll Deduction	389.68 (\$31.25 Biweekly)
	Aggregate Year-to-Date > \$ 389.68		
BEVERLY R BARNEY 9863 N DEER RUN RD DOYLESTOWN, PA 18901 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America Occupation: Insurance Executive	Payroll Deduction	214.08 (\$17.02 Biweekly)
	Aggregate Year-to-Date > \$ 214.08		
ANNE E BOSSI 31 STONELEIGH PARK WESTFIELD, NJ 07090 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America Occupation: Insurance Executive	Payroll Deduction	872.50 (\$116.35 Biweekly)
	Aggregate Year-to-Date > \$ 872.50		
JAMES A TIGNANELLI 10 PEACHTREE LANE HOLMDEL, NJ 07733 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America Occupation: Insurance Executive	Payroll Deduction	215.48 (\$17.02 Biweekly)
	Aggregate Year-to-Date > \$ 215.48		
MARK R FETTING 11530 FALLS ROAD LUTHERVILLE, MD 21083 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America Occupation: Insurance Executive	Payroll Deduction	862.55 (\$66.35 Biweekly)
	Aggregate Year-to-Date > \$ 862.55		

SUBTOTAL of Receipts This Page (optional) **3,007.59**

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 9 OF 11
FOR LINE NUMBER 11 a 1

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

NAME OF COMMITTEE (In Full)

The Prudential Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL R SHAPIRO 22 BROOKSIDE TERRACE NORTH CALDWELL, NJ 07008	The Prudential Insurance Company of America		
	Occupation Insurance Executive	Payroll	206.77
	Aggregate Year-to-Date > \$	Deduction	(\$16.36)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Biweekly
JOHN M LIFTIN 26 EAST 22ND ST NEW YORK, NY 10010	The Prudential Insurance Company of America		
	Occupation Insurance Executive	Payroll	650.00
	Aggregate Year-to-Date > \$	Deduction	(\$50.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Biweekly
THOMAS W CRAWFORD 2406 SYLVAN DRIVE POINT PLEASANT, NJ 08742	The Prudential Insurance Company of America		
	Occupation Insurance Executive	Payroll	1,480.62
	Aggregate Year-to-Date > \$	Deduction	(\$134.92)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Biweekly
JAMES A YOAKUM 382 MORRIS AVE UNIT C-1 SUMMIT, NJ 07801	The Prudential Insurance Company of America		
	Occupation Insurance Executive	Payroll	205.28
	Aggregate Year-to-Date > \$	Deduction	(\$16.35)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Biweekly
GREGORY M MILLS 11 CAYUGA WAY BASKING RIDGE, NJ 07820	The Prudential Insurance Company of America		
	Occupation Insurance Executive	Payroll	260.00
	Aggregate Year-to-Date > \$	Deduction	(\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Biweekly
SUZANNE T MARQUARD 404 STERLING PLACE BROOKLYN, NY 11238	The Prudential Insurance Company of America		
	Occupation Insurance Executive	Payroll	219.25
	Aggregate Year-to-Date > \$	Deduction	(\$17.31)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Biweekly
TIMOTHY E FEIGE 30 BATTLEBROOK LANE PRINCETON, NJ 08540	The Prudential Insurance Company of America		
	Occupation Insurance Executive	Payroll	660.69
	Aggregate Year-to-Date > \$	Deduction	(\$44.23)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Biweekly

SUBTOTAL of Receipts This Page (optional)

3,562.71

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 10 OF 11
FOR LINE NUMBER 11 a 1

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

NAME OF COMMITTEE (In Full)

The Prudential Insurance Company of America Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code DENNIS R KINZIG 20 HILLCREST WAY BASKING RIDGE, NJ 07920</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Prudential Insurance Company of America</p> <p>Occupation Insurance Executive</p> <p>Aggregate Year-to-Date > \$ 461.00</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>461.00 (\$36.35) Biweekly</p>
<p>B. Full Name, Mailing Address and ZIP Code GEORGE T COLEMAN 91 VICTORIA DRIVE BASKING RIDGE, NJ 07920</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Prudential Insurance Company of America</p> <p>Occupation Insurance Executive</p> <p>Aggregate Year-to-Date > \$ 204.45</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>204.45 (\$16.05) Biweekly</p>
<p>C. Full Name, Mailing Address and ZIP Code BERNARD V PETERSON 505 DORIAN ROAD WESTFIELD, NJ 07090</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Prudential Insurance Company of America</p> <p>Occupation Insurance Executive</p> <p>Aggregate Year-to-Date > \$ 210.12</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>210.12 (\$16.44) Biweekly</p>
<p>D. Full Name, Mailing Address and ZIP Code JAMES W CASSITY 3610 ALCORN BEND DRIVE SUGAR LAND, TX 77479</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Prudential Insurance Company of America</p> <p>Occupation Insurance Executive</p> <p>Aggregate Year-to-Date > \$ 317.80</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>317.80 (\$25.00) Biweekly</p>
<p>E. Full Name, Mailing Address and ZIP Code RICHARD D STEWART 4821 GATESIDE LANE MARIETTA, GA 30067</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Prudential Insurance Company of America</p> <p>Occupation Insurance Executive</p> <p>Aggregate Year-to-Date > \$ 227.87</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>227.87 (\$17.78) Biweekly</p>
<p>F. Full Name, Mailing Address and ZIP Code BOB J STUTZMAN 705 MERRITT CT NAPERVILLE, IL 60540</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Prudential Insurance Company of America</p> <p>Occupation Insurance Executive</p> <p>Aggregate Year-to-Date > \$ 405.29</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>405.29 (\$31.73) Biweekly</p>
<p>G. Full Name, Mailing Address and ZIP Code SCOTT G SLEYSTER 78 OLD MOUNTAIN RD LEBANON, NJ 08833</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Prudential Insurance Company of America</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 200.97</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>200.97 (\$56.73) Biweekly</p>

SUBTOTAL of Receipts This Page (optional)

2,027.30

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 11 OF 11
FOR LINE NUMBER 11 21

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)
The Prudential Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RSTEPHEN WRIGHT 15 PHEASANT RUN KINNELON, NJ 07405 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America	Payroll	236.83 (\$18.61 Biweekly)
	Occupation: Insurance Executive	Deduction	
		Aggregate Year-to-Date > \$ 236.83	
KALMAN J KETZLACH 3 FAIRWAY DRIVE GREEN BROOK, NJ 08812 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America	Payroll	553.43 (\$43.48 Biweekly)
	Occupation: Insurance Executive	Deduction	
		Aggregate Year-to-Date > \$ 553.43	
RICHARD E MEADE 15 WOODHILL DRIVE MAPLEWOOD, NJ 07040 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America	Payroll	640.84 (\$43.27 Biweekly)
	Occupation: Insurance Executive	Deduction	
		Aggregate Year-to-Date > \$ 640.84	
ROBERT B LKINS 15 WOODCREST AVE SHORT HILLS, NJ 07078 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America	Payroll	219.63 (\$17.12 Biweekly)
	Occupation: Insurance Executive	Deduction	
		Aggregate Year-to-Date > \$ 219.63	
KEITH Y MIYAHIRA 104 MARINA REACH CHESAPEAKE, VA 23320 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Prudential Insurance Company of America	Payroll	206.83 (\$15.91 Biweekly)
	Occupation: Insurance Executive	Deduction	
		Aggregate Year-to-Date > \$ 206.83	
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
		Aggregate Year-to-Date > \$	
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
		Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 1,767.56

TOTAL This Period (last page this line number only) 54,324.73

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 21B

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)

The Prudential Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	1/99 Loan Interest Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/12/99	148.23
City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	1/99 Loan Interest Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/12/99	37.08
City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	2/99 Loan Interest Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/23/99	148.23
City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	2/99 Loan Interest Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/23/99	37.08
City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	2/99 Service Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/26/99	10.78
City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	3/99 Loan Interest Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/23/99	148.23
City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	3/99 Loan Interest Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/23/99	37.08
City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	3/99 Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/31/99	8.80
City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	4/99 Loan Interest Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/23/99	148.23

SUBTOTAL of Disbursements This Page (optional)

723.58

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 21B

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)

The Prudential Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	4/99 Loan Interest Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/23/99	37.06
City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	4/99 Service Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/30/99	8.61
City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	5/99 Loan Interest Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/24/99	148.23
City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	5/99 Loan Interest Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/24/99	37.06
City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	5/99 Service Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/27/99	8.99
First Union National Bank 765 Broad Street Office Newark, NJ 07102	5/99 Service Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/10/99	16.00
First Union National Bank 765 Broad Street Office Newark, NJ 07102	5/99 Service Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/10/99	24.00
City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	6/99 Loan Interest Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/23/99	148.23
City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	6/99 Loan Interest Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/23/99	37.06

SUBTOTAL of Disbursements This Page (optional)

463.21

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3
FOR LINE NUMBER 21B

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)

The Prudential Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 6/99 Service Fees	Date (month, day, year)	Amount of Each Disbursement This Period
City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/30/99	5.45
B. 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
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)

5.45

TOTAL This Period (last page this line number only)

1,192.35

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 6
FOR LINE NUMBER 23

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)

The Prudential Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Bunning 425 Second Street NE Washington, DC 20002	Jim Bunning, U.S. HOUSE 4th KY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1999 Debt Retirement	03/29/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Frist 2000 4205 Hillsborough Road Suite 308 Nashville, TN 37216	Bill Frist, U.S. SENATE TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/28/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58502	Kent Conrad, U.S. SENATE ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/29/99	2,500.00
D. Full Name, Mailing Address and ZIP Code ROD GRAMS FOR U.S. SENATE 320 East Main Street Anoka, MN 55303	Rod Grams, U.S. SENATE MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/29/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Lieberman 2000 942 Main Street Suite 300 Hartford, CT 06103	Joseph I. Lieberman, U.S. SENATE CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/29/99	1,000.00
F. Full Name, Mailing Address and ZIP Code Kennedy for Senate 2000 425 C Street, N.E. Rear Building Washington, DC 20002	Edward M. Kennedy, U.S. SENATE MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/29/99	2,000.00
G. Full Name, Mailing Address and ZIP Code Citizens for Sarbanes P.O. Box 26222 Baltimore, Md 21210	Sarbanes, U.S. SENATE MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/29/99	1,000.00
H. Full Name, Mailing Address and ZIP Code Toricelli for U.S. Senate 1300 Connecticut Avenue, N.W. #600 Suite 600 Washington, DC 20036	Robert G. Torricelli, U.S. SENATE NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002	03/29/99	3,000.00
I. Full Name, Mailing Address and ZIP Code Clayton for Congress P.O. Box 84 Warrantown, NC 27859	Eva Clayton, U.S. HOUSE 1st NC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/29/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

13,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 8
FOR LINE NUMBER 23

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)

The Prudential Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Franks for Congress P.O. Box 881 New Providence, NJ 07974	Bob Franks, U.S. HOUSE 7th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/28/99	1,000.00
J.D. Hayworth for Congress P.O. Box 14273 Scottsdale, AZ 85267	J.D. Hayworth, U.S. HOUSE 6th AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/28/99	1,000.00
Hilliard for Congress Box 706 Birmingham, AL 35214	Earl F. Hilliard, U.S. HOUSE 7th AL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/28/99	1,000.00
Re-elect Nancy Johnson P.O. Box 1985 New Britain, CT 06050	Nancy L. Johnson, U.S. HOUSE 6th CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/29/99	1,000.00
Kind For Congress Committee 3081 Edgewater Lane La Crosse, WI 54601	Ron Kind, U.S. HOUSE 3rd WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/28/99	500.00
Lazio for Congress P.O. Box 5063 Bay Shore, NY 11708	Rich Lazio, U.S. HOUSE 2nd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/28/99	500.00
Committee to Re-Elect Marge Roukema P.O. Box 825 Ridgewood, NJ 07451	Marge Roukema, U.S. HOUSE 6th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/28/99	1,000.00
TRUST PAC Box 221543 Chantilly, VA 20151	 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	03/29/99	1,000.00
Snowe for Senate P.O. Box 2000 Portland, ME 04104	Olympia J. Snowe, U.S. SENATE ME Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/14/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

8,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 6
FOR LINE NUMBER 23

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)

The Prudential Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HOOSIERS SUPPORTING BUYER FOR CONGRESS 2105 AIRPORT RD MONTICELLO, IN 47960	Steve Buyer, U.S. HOUSE 5th IN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/19/99	1,500.00
B. Full Name, Mailing Address and ZIP Code Republican Majority Fund P.O. Box 19897 Alexandria, VA 22320-0897	Purpose of Disbursement '99 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	06/21/99	6,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Jim Saxton P.O. Box 795 Mount Holly, NJ 08060	Purpose of Disbursement Jim Saxton, U.S. HOUSE 3rd NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/25/99	500.00
D. Full Name, Mailing Address and ZIP Code Jon Kyl for U.S. Senate Box 10246 Phoenix, AZ 85084	Purpose of Disbursement Jon Kyl, U.S. SENATE AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/26/98	1,000.00
E. Full Name, Mailing Address and ZIP Code Andrews for Congress Committee Box 295 Oaklyn, NJ 08107	Purpose of Disbursement Robert E. Andrews, U.S. HOUSE 1st NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/29/99	1,000.00
F. Full Name, Mailing Address and ZIP Code Brian Bilbray for Congress P.O. Box 455 Rancho Santa Fe, CA 92067	Purpose of Disbursement Brian Bilbray, U.S. HOUSE 49th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/29/99	500.00
G. Full Name, Mailing Address and ZIP Code Peter Deutsch for Congress P.O. Box 817888 Hollywood, FL 33081	Purpose of Disbursement Peter Deutsch, U.S. HOUSE 20th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/29/99	500.00
H. Full Name, Mailing Address and ZIP Code People for English Committee 915 State Street, #117 Erie, PA 16501	Purpose of Disbursement Philip English, U.S. HOUSE 21st PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/29/99	1,000.00
I. Full Name, Mailing Address and ZIP Code Fossella for Congress 1501 Lee Highway, Suite 201 Attn: Julie Wadler Staten Island, NY 10306	Purpose of Disbursement Vito Fossella, U.S. HOUSE 13th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/29/99	500.00

SUBTOTAL of Disbursements This Page (optional)

11,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 6
FOR LINE NUMBER 23

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)

The Prudential Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Eddie Bernice Johnson For Congress 1834 B West Irving Boulevard Irving, TX 75061	Eddie Bernice Johnson, U.S. HOUSE 30th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/29/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Luther For Congress Volunteer Committee 138B Geneva Avenue, North Oakdale, MN 55128	William P. "Bill" Luther, U.S. HOUSE 6th MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/28/99	500.00
C. Full Name, Mailing Address and ZIP Code Carrie Meek For Congress 8530 Nw 28 Avenue Miami, FL 33147	Carrie P. Meek, U.S. HOUSE 17th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/29/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Orley For Congress P.O. Box 2000 Findlay, OH 45838	Michael G. Orley, U.S. HOUSE 4th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/29/99	500.00
E. Full Name, Mailing Address and ZIP Code Donald Payne for Congress P.O. Box 2408 Newark, NJ 07114	Donald M. Payne, U.S. HOUSE 10th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/29/99	1,000.00
F. Full Name, Mailing Address and ZIP Code Jim Rogan for Congress P.O. Box 38 Montrose, CA 91021	Jim Rogan, U.S. HOUSE 27th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/29/99	1,000.00
G. Full Name, Mailing Address and ZIP Code Friends of Cliff Stearns P.O. Box 308 Silver Springs, FL 34489-9988	Clifford B. Stearns, U.S. HOUSE 8th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/29/99	1,000.00
H. Full Name, Mailing Address and ZIP Code Heather Wilson for Congress 5400 San Mateo Street Suite G Albuquerque, NM 87109	Heather Wilson, U.S. HOUSE 1st NM Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/28/99	1,000.00
I. Full Name, Mailing Address and ZIP Code Dick Zimmer 2000 Box 588 Lawrenceville, NJ 08648	Dick Zimmer, U.S. HOUSE 12th NJ Candidate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/29/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

8,000.00

TOTAL This Period (last page this line number only)

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)
 The Prudential Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Grams 2000 320 East Main Street Anoka, MN 55303	Red Grams, U.S. SENATE MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/29/99	1,000.00
B. Full Name, Mailing Address and ZIP Code The American Success PAC c/o Williams & Jensen 1155 21st Street, NW Suite 300 Washington, DC 20036	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	06/29/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Freedom Project 111 C Street, SE Washington, DC 20002	Purpose of Disbursement Freedom Project Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	06/29/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Next American Century PAC 1166 21st Street, NW Suite 300 Washington, DC 20036-3306	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	06/28/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Vision for America PAC P.O. Box 380097 Jacksonville, FL 32205	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	06/29/99	1,000.00
F. Full Name, Mailing Address and ZIP Code Menendez for Congress P.O. Box 848 Union City, NJ 07087	Purpose of Disbursement Robert Menendez, U.S. HOUSE 13th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/28/99	1,000.00
G. Full Name, Mailing Address and ZIP Code Klidae for Congress Committee Box 2884 Washington, DC 20013	Purpose of Disbursement Dale E. Klidae, U.S. HOUSE 9th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/29/99	500.00
H. Full Name, Mailing Address and ZIP Code Jerry Weller for Congress P.O. Box 15283 Washington, DC 20003	Purpose of Disbursement Jerry R. Weller, U.S. HOUSE 11th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/29/99	1,000.00
I. Full Name, Mailing Address and ZIP Code Dingell for Congress 13912 Michigan Avenue Dearborn, MI 48126	Purpose of Disbursement John D. Dingell, U.S. HOUSE 16th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/29/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)	5,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 8
FOR LINE NUMBER 23

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)

The Prudential Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Darlene Hooley for Congress 38 Ivy Street, SE Washington, DC 20003	Darlene Hooley, U.S. HOUSE 5th OR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/29/99	500.00
B. Full Name, Mailing Address and ZIP Code Smith for US Senate 2002 Lori Hardwick Fundraising 834 South West St. Claire Ave., #208 Portland, OR 97205	Gordon H. Smith, U.S. SENATE OR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002	08/29/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Pallone for Congress P.O. Box 3178 Long Branch, NJ 07740	Frank Pallone, U.S. HOUSE 8th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/29/99	500.00
D. Full Name, Mailing Address and ZIP Code Committee for the Preservation Capitalism P.O. Box 22814 Alexandria, VA 22304	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	06/29/99	2,500.00
E. Full Name, Mailing Address and ZIP Code Bush for President P.O. Box 1902 Austin, TX 78797	George W. Bush, PRESIDENT OF U.S. All Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/28/98	2,000.00
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)

6,500.00

TOTAL This Period (last page this line number only)

56,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 26

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)

The Prudential Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	1/89 Loan Repayment - State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/12/99	833.33
City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	1/89 Loan Repayment - Federal Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/12/99	3,333.34
City National Bank of New Jersey 800 Broad Street Newark, NJ 07102	2/89 Loan Repayment - Federal Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/23/99	3,333.34
City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	2/89 Loan Repayment - State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/23/99	833.33
City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	3/89 Loan Repayment - Federal Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/23/99	3,333.34
City National Bank of New Jersey 800 Broad Street Newark, NJ 07102	3/89 Loan Repayment - State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/23/99	833.33
City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	4/89 Loan Repayment - Federal Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/23/98	3,333.34
City National Bank of New Jersey 800 Broad Street Newark, NJ 07102	4/89 Loan Repayment - State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/23/98	833.33
City National Bank of New Jersey 800 Broad Street Newark, NJ 07102	5/89 Loan Repayment - Federal Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/24/99	3,333.34

SUBTOTAL of Disbursements This Page (optional)

20,000.02

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 26

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)

The Prudential Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	Purpose of Disbursement 5/99 Loan Repayment - State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/24/99	Amount of Each Disbursement This Period 833.33
B. Full Name, Mailing Address and ZIP Code City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	Purpose of Disbursement 6/99 Loan Repayment - Federal Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 06/23/99	Amount of Each Disbursement This Period 3,333.34
C. Full Name, Mailing Address and ZIP Code City National Bank of New Jersey 900 Broad Street Newark, NJ 07102	Purpose of Disbursement 6/99 Loan Repayment - State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 06/23/99	Amount of Each Disbursement This Period 833.33
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)

5,000.00

TOTAL This Period (last page this line number only)

25,000.02

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 28

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)

The Prudential Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Lost Uncashed Check - Voided	Date (month, day, year)	Amount of Each Disbursement This Period
Louisiana State Democratic Party 283 3rd Street Suite 102 Baton Rouge, LA 70801	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	05/09/98	-1,000.00
B. 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
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)

-1,000.00

TOTAL This Period (last page this line number only)

-1,000.00

LOANS

Name of Committee (in Full) The Prudential Insurance Company of America Political Action Committee			
A. Full Name, Mailing Address and ZIP Code of Loan Source City National Bank of New Jersey 900 Broad Street Newark, NJ 07102 Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$50,000 - Princip. \$ 2,223.52 - Intr	Cumulative Payment To Date Total-\$34,815.68 Princip. \$35,333.18 Interest \$1,482.32	Balance Outstanding at Close of This Period Total \$17,407.84 Prin. \$16,666.66 Int. \$741.20
Terms: Date Incurred <u>10/23/98</u> Date Due <u>10/23/99</u> Interest Rate <u>8.00%</u> (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code No Guarantors Named for this loan Loan Guaranteed w/ future repts.	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____%(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional) Prin. \$25,000.02
 TOTALS This Period (last page in this line only) Int. \$1,111.74
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 7-29-99
<input type="checkbox"/> First Class Mail	POSTMARKED
<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	
SN PREPARER	7-29-99 DATE PREPARED