

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 JAN 10 P 2:26

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) The Council of Insurance Agents & Brokers Political Action Committee (CouncilPAC)		2. FEC IDENTIFICATION NUMBER  C00030678
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 701 Pennsylvania Ave., NW, Suite 750		
CITY, STATE and ZIP CODE Washington, DC 20004-2608		
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
- 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	12/01/99 through 12/31/99		
6. (a) Cash on Hand January 1, 19 99			\$ 30,738.05
(b) Cash on Hand at Beginning of Reporting Period		\$ 54,850.98	
(c) Total Receipts (from Line 19)		\$ 943.78	\$ 132,501.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 55,794.74	\$ 163,239.92
7. Total Disbursements (from Line 30)		\$ 18,000.00	\$ 125,445.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 37,794.74	\$ 37,794.74
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 600 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$ 0.00	

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

Type or Print Name of Treasurer  
Ken A. Crerar

Signature of Treasurer



Date

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 8/93)

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

(revised 1/1/81)

NAME OF COMMITTEE <b>The Council of Insurance Agents &amp; Brokers Political Action Committee (CouncilPAC)</b>	REPORT COVERING PERIOD		
	FROM <b>12/31/80</b>	TO: <b>12/31/80</b>	
	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>	
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	750.00	100,000.00	11(a)(i)
ii. Unitemized	130.00	22,771.00	11(a)(ii)
iii. Total (add i and ii) >	880.00	122,771.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) >	880.00	122,771.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rabates, 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.)	63.78	760.87	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) >	943.78	123,531.87	19
20. Total Federal Receipts (subtract line 18 from line 19) >	943.78	123,531.87	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	566.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	566.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	18,000.00	124,879.19	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	18,000.00	125,445.19	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	18,000.00	125,445.19	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	880.00	121,721.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	880.00	121,721.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	566.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	566.00	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11 a 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 Council of Insurance Agents & Brokers Political Action Committee (CouncilPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Norman Barham NY	Marsh Inc. Occupation Vice Chairman & President, Global D	12/15/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Schram 50 East 89th Street New York, NY 10128	Marsh, USA, Inc. Occupation Managing Director	12/15/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Natalie Colanin 56 Sturbridge Drive Providence, RI 02903-2884	Starkweather & Shapley, Inc. Occupation Senior Vice President	12/22/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

**SUBTOTAL** of Receipts This Page (optional) ..... 750.00

**TOTAL** This Period (last page this line number only) ..... 750.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **1** OF **1**  
FOR LINE NUMBER  
**17**

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**NAME OF COMMITTEE (in Full)**

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

A. Full Name, Mailing Address and ZIP Code Crestar Bank P.O. Box 86024 Richmond, VA 23285-5024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Crestar Bank Occupation Aggregate Year-to-Date > \$ 520.02	Date (month, day, year) 12/31/89	Amount of Each Receipt this Period 35.70
B. Full Name, Mailing Address and ZIP Code National Capitol Bank 316 Pennsylvania Ave., SE Washington, DC 20003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer National Capitol Bank Occupation Aggregate Year-to-Date > \$ 280.85	Date (month, day, year) 12/31/89	Amount of Each Receipt this Period 28.08
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional) ..... **83.78**

**TOTAL** This Period (last page this line number only) ..... **83.78**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 22

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**NAME OF COMMITTEE (in Full)**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58501	Kent Conrad, U.S. SENATE ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/02/99	1,000.00
Grams 2000 P.O. Box 1028 Anoka, MN 55308	Rod Grams, U.S. SENATE MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/02/99	1,000.00
Ashcroft for Senate Committee 507 Capitol Court, NE Washington, DC 20002	John Ashcroft, U.S. SENATE MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/02/99	1,000.00
Friends of Jack Kingston P.O. Box 2133 Savannah, GA 31402	Jack Kingston, U.S. HOUSE 1st GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/02/99	1,000.00
Stoker for Congress P.O. Box 2776 Arlington, VA 22202	Mike Stoker, U.S. HOUSE 22nd CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/02/99	500.00
Moran For Congress 205 Uhler Ter Alexandria, VA 22301	James P. Moran, U.S. HOUSE 8th VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/02/99	500.00
Republican Senate Council 425 Second St., NE Washington, DC 20002	RSC standard membership Dec 1999 - Dec 2000 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	12/02/99	5,000.00
Paul Ryan for Congress P.O. Box 2776 Arlington, VA 22202	Paul Ryan, U.S. HOUSE 1st WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/02/99	500.00
Tim Johnson for South Dakota 420 C Street NE Lower Level Washington, DC 20002	Tim Johnson, U.S. SENATE SD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/02/99	1,000.00

**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 2 OF 3  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rehberg for Congress P.O. Box 1587 Helena, MT 59624	Dennis Rehberg, U.S. HOUSE AL MT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/09/99	500.00
B. Full Name, Mailing Address and ZIP Code Friends of Jon Porter 631 N. Stephanie Street #148 Henderson, NV 89014	Purpose of Disbursement Jon Porter, U.S. HOUSE 1st NV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/09/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Rogan for Congress Committee PO Box 2778 Arlington, VA 22202	Purpose of Disbursement James E. Rogan, U.S. HOUSE 27th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/09/99	500.00
D. Full Name, Mailing Address and ZIP Code Enzi for Senate 231D Fort Scott Drive Arlington, VA 22202	Purpose of Disbursement Michael E. Enzi, U.S. SENATE WY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/09/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Franks for U.S. Senate, Inc. 1212 N. Vernon Street Arlington, VA 22201	Purpose of Disbursement Bob Franks, U.S. SENATE NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/10/99	1,000.00
F. Full Name, Mailing Address and ZIP Code Pat Morrissey for Congress 204 Lenox Avenue Westfield, NJ 07080	Purpose of Disbursement Pat Morrissey, U.S. HOUSE 7th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/21/99	1,000.00
G. Full Name, Mailing Address and ZIP Code Wayne Allard for Senate Committee 507 Capitol Court, NE #100 Washington, DC 20002	Purpose of Disbursement Wayne Allard, U.S. SENATE CO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/21/99	1,000.00
H. Full Name, Mailing Address and ZIP Code Tom Reiser for Congress 6800 West Loop South Suite 180 Bellairs, TX 77401	Purpose of Disbursement Tom Reiser, U.S. HOUSE 25th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/21/99	500.00
I. Full Name, Mailing Address and ZIP Code Pat Morrissey for Congress 204 Lenox Avenue Westfield, NJ 07080	Purpose of Disbursement Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/29/99	-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**

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**NAME OF COMMITTEE (In Full)**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pat Morrissey for Congress 204 Lenox Avenue Westfield, NJ 07090	Pat Morrissey, U.S. HOUSE 7th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/29/99	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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1,000.00
<b>TOTAL</b> This Period (last page this line number only) .....	18,000.00

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>1-14-00</i>
<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	
<i>JMIS</i> PREPARER	<i>1-14-00</i> DATE PREPARED