

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 DEC 21 P 3 13

1. NAME OF COMMITTEE (In full)
The Council of Insurance Agents & Brokers Political Action Committee (CouncilPAC)

ADDRESS (number and street) Check if different than previously reported
701 Pennsylvania Ave., NW, Suite 750

CITY, STATE and ZIP CODE
Washington, DC 20004-2608

2. FEC IDENTIFICATION NUMBER
C00009678

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

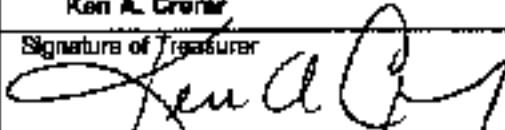
- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 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
6. Covering Period	11/01/99 through 11/30/99		
6. (a)	Cash on Hand January 1, 19__ 99		\$ 80,738.06
6. (b)	Cash on Hand at Beginning of Reporting Period	\$ 62,928.08	
6. (c)	Total Receipts (from Line 10)	\$ 824.19	\$ 131,558.09
6. (d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 63,752.27	\$ 162,296.14
7.	Total Disbursements (from Line 30)	\$ 8,902.31	\$ 107,446.18
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 54,850.96	\$ 54,850.96
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 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
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. Greer

Signature of Treasurer  Date 12/21/99

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

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

(revised 1/1/81)

NAME OF COMMITTEE The Council of Insurance Agents & Brokers Political Action Committee (CouncilPAC)	REPORT COVERING PERIOD		
	FROM 11/01/88	TO: 11/30/88	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	750.00	188,260.00	11(a)(i)
ii. Unitemized	0.00	22,541.00	11(a)(ii)
Total (add i and ii) >	750.00	210,801.00	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) >	750.00	210,801.00	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, 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.)	74.18	717.09	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) >	824.18	211,558.09	19
20. Total Federal Receipts (subtract line 18 from line 19) >	824.18	211,558.09	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	0.00	588.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	588.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	8,902.31	106,679.18	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) >	8,902.31	107,445.18	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	8,902.31	107,445.18	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	750.00	130,841.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	750.00	130,841.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	588.00	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	588.00	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

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 Jeannie Hylant 5826 Barkwood Sylvania, OH 43560 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hylant-MacLean, Inc. Occupation Account Executive Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 11/04/89	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Christopher Gleason Milkcreek Valley Farm RD 5, Box 181 Johnstown, PA 15901 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Gleason Agency, Inc. Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/09/89	Amount of Each Receipt this Period 500.00
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)	750.00
TOTAL This Period (last page this line number only)	750.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Crestar Bank P.O. Box 65024 Richmond, VA 23285-5024	Crestar Bank Occupation	11/30/98	84.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 484.32		
B. Full Name, Mailing Address and ZIP Code National Capitol Bank 316 Pennsylvania Ave., SE Washington, DC 20003	National Capitol Bank Occupation	11/30/98	39.71
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 232.77		
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
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 Occupation	Date (month, day, year)	Amount of Each Receipt this Period
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 Occupation	Date (month, day, year)	Amount of Each Receipt this Period
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 Occupation	Date (month, day, year)	Amount of Each Receipt this Period
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)	74.19
TOTAL This Period (last page this line number only)	74.19

SCHEDULE B

(ITEMIZED DISBURSEMENTS)

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

PAGE 1 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
Red Hot & Blue 3014 Wilson Boulevard Arlington, VA 22201	In-Kind cont. to Rep. Ehrlich (R-2nd-MD) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/99	627.88 (In-Kind)
B. Full Name, Mailing Address and ZIP Code Ehrlich for Congress Committee 8600 LaSalle Road Suite 103 Baltimore, MD 21280	Purpose of Disbursement In-Kind cont. to Rep. Ehrlich (R-2nd-MD) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/99	527.88 (Memo In-Kind)
C. Full Name, Mailing Address and ZIP Code Through the Grapevine 602 G St., SE Washington, DC 20003	Purpose of Disbursement In-Kind cont. to Rep. Ehrlich (R-2nd-MD) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/99	60.81 (In-Kind)
D. Full Name, Mailing Address and ZIP Code Ehrlich for Congress Committee 8600 LaSalle Road Suite 103 Baltimore, MD 21280	Purpose of Disbursement In-Kind cont. to Rep. Ehrlich (R-2nd-MD) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/99	60.81 (Memo In-Kind)
E. Full Name, Mailing Address and ZIP Code Through the Grapevine 602 G St., SE Washington, DC 20003	Purpose of Disbursement In-Kind cont. to John Ensign (and R-NV Sen.) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/05/99	60.81 (In-Kind)
F. Full Name, Mailing Address and ZIP Code Ensign for U.S. Senate P.O. Box 98407 Las Vegas, NV 89193	Purpose of Disbursement In-Kind cont. to John Ensign (and R-NV Sen.) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/99	60.81 (Memo In-Kind)
G. Full Name, Mailing Address and ZIP Code Foley for Congress 3517 S Street, NW Washington, DC 20007	Purpose of Disbursement Mark Foley, U.S. HOUSE 16th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/12/99	1,000.00
H. Full Name, Mailing Address and ZIP Code Kerrey for U.S. Senate 301 4th Street, NE Suite 201 Washington, DC 20002	Purpose of Disbursement Bob Kerrey, U.S. SENATE NE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/12/99	1,000.00
I. Full Name, Mailing Address and ZIP Code Santorum 2000 126 N. Columbus St. Alexandria, VA 22314	Purpose of Disbursement Rick Santorum, U.S. SENATE PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/12/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

3,649.50

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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PAGE 2 OF 3
FOR LINE NUMBER 23

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Reynolds for Congress P.O. Box 479 Victor, NY 14564	Thomas Reynolds, U.S. HOUSE 27th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/12/99	500.00
Sue Kelly for Congress P.O. Box 599 Katonah, NY 10536	Sue W. Kelly, U.S. HOUSE 19th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/12/99	1,000.00
The Freedom Project 111 C Ct., SE Lower Unit Washington, DC 20003	cont. to Rep. Boehner's PAC (R-6-OH) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	11/12/99	1,000.00
Friends of Chris Dodd 2004 236 Massachusetts Avenue, NE Suite 207 Washington, DC 20003	Christopher J. Dodd, U.S. SENATE CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/12/99	1,000.00
Pioneer PAC 1212 N. Vernon Street Arlington, VA 22201	Rep. Dave Hobson's PAC (R-7-OH) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	11/12/99	500.00
Ehrlich for Congress Committee 8600 LaSalle Road Suite 103 Baltimore, MD 21250	Robert Ehrlich, U.S. HOUSE 2nd MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/12/99	500.00
Foley for Congress 3517 S Street, NW Washington, DC 20007	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/12/99	-1,000.00
Ehrlich for Congress Committee 8600 LaSalle Road Suite 103 Baltimore, MD 21250	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/12/99	-500.00
Billiey for Congress P.O. Box 17065 Richmond, VA 23228	Thomas J. Billiey, U.S. HOUSE 7th VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/15/99	750.00

SUBTOTAL of Disbursements This Page (optional)

3,760.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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PAGE 2 OF 3
FOR LINE NUMBER 23

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lazio for Congress P.O. Box 5063 Bay Shore, NY 11706	Rick A. Lazio, U.S. HOUSE 2nd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/16/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Through the Grapvine 502 G St., SE Washington, DC 20003	Purpose of Disbursement In-kind contribution to Tom Reiser (R-TX) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/99	60.81 (In-Kind)
C. Full Name, Mailing Address and ZIP Code Tom Reiser for Congress 6800 West Loop South Suite 180 Bellaire, TX 77401	Purpose of Disbursement In-kind contribution to Tom Reiser (R-TX) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/99	60.81 (Memo In-Kind)
D. Full Name, Mailing Address and ZIP Code Complements Catering Company 5507 Inverchapel Road Springfield, VA 22151	Purpose of Disbursement In-kind cont. to Tom Reiser (R-TX) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/99	442.00 (In-Kind)
E. Full Name, Mailing Address and ZIP Code Tom Reiser for Congress 6800 West Loop South Suite 180 Bellaire, TX 77401	Purpose of Disbursement In-kind cont. to Tom Reiser (R-TX) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/99	442.00 (Memo In-Kind)
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)

1,502.81

TOTAL This Period (last page this line number only)

8,902.31

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 12/21/99
<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	

SK
PREPARER

12/21/99
DATE PREPARED