

# REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 17

For Other Than An Authorized Committee  
(Summary Page)

06/20/2001 12:15

<b>1. NAME OF COMMITTEE (in full)</b> The Prudential Insurance Company of America Political Action Committee		<b>2. FEC IDENTIFICATION NUMBER</b> C00127779
<b>ADDRESS (number and street)</b> 751 Broad Street	<input type="checkbox"/> Check if different than previously reported	
<b>CITY, STATE, and ZIP CODE</b> Newark NJ 07102	<b>3.</b> <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)	

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid-Year Report (Non-election Year Only)  
 Termination report
- Monthly Report Due On:
- |                                      |   |                                      |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> February 20 | <input checked="" 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 \_\_\_\_\_  
 (election type) \_\_\_\_\_  
 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	05/01/2001 through 05/31/2001		
6. (a) Cash on Hand, January 1, 2001	.....		28506.06
(b) Cash on Hand at Beginning of Reporting Period	.....	64534.07	
(c) Total Receipts (from line 19)	.....	13033.95	83317.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	.....	77568.02	89823.50
7. Total Disbursements (from line 30)	.....	50080.62	62336.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	.....	27487.40	27487.40
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 989 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 Electronically Filed by Peter Sayre			
Signature of Treasurer		Date 06/19/2001	

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

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**FEC FORM 3X**  
(revised 9/98)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE <b>The Prudential Insurance Company of America Political Action Committee</b>	REPORT COVERING PERIOD		
	FROM 05/01/2001	TO: 05/31/2001	
<b>I. Receipts</b>			
	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	8112.55	31186.79	11.a.i.
ii. Unitemized .....	4921.40	32130.63	11.a.ii.
iii. Total .....	13033.95	63317.42	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 .....	13033.95	63317.42	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 .....	13033.95	63317.42	19.
20. Total Federal Receipts .....	13033.95	63317.42	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 .....	80.62	294.54	21.b.
c. Total Operating Expenditures .....	80.62	294.54	21.c.
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	49000.00	47250.00	23.
24. Independent Expenditures (use Schedule E) .....	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made .....	0.00	10041.56	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 Contributions Refunds .....	0.00	0.00	28.d.
29. Other Disbursements .....	4000.00	4750.00	29.
30. Total Disbursements .....	50080.62	62336.10	30.
31. Total Federal Disbursements .....	50080.62	62336.10	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	13033.95	63317.42	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	13033.95	63317.42	34.
35. Total Federal Operating Expenditures .....	80.62	294.54	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36.
37. Net Operating Expenditures .....	80.62	294.54	37.

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>3 / 17</b>
			FOR LINE NUMBER <b>11a</b>

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**

<b>Full Name, Mailing Address, and ZIP Code</b> W. David Woolford  18 Winchester Road  Summit NJ 07901  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am  Occupation Insurance Executive  Aggregate Year-to-Date > \$ 700.00	Date (month, day, year) 05/18/2001  Payroll Deduction (\$39.81 Bi-weekly)  Aggregate Year-to-Date > \$ 388.10	Amount of Each Receipt this Period 700.00
<b>Full Name, Mailing Address, and ZIP Code</b> James M O'Connor  35 South Alward Ave  Basking Ridge NJ 07920  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am  Occupation Insurance Executive  Aggregate Year-to-Date > \$ 1211.50	Date (month, day, year)  Payroll Deduction (\$121.15 Bi-weekly)  Aggregate Year-to-Date > \$ 237.50	Amount of Each Receipt this Period 79.62
<b>Full Name, Mailing Address, and ZIP Code</b> Priscilla A Myers  29 Woodcrest Drive  Morristown NJ 07960  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am  Occupation Insurance Executive  Aggregate Year-to-Date > \$ 636.40	Date (month, day, year)  Payroll Deduction (\$127.08 Monthly)  Aggregate Year-to-Date > \$ 463.61	Amount of Each Receipt this Period 242.30
<b>Full Name, Mailing Address, and ZIP Code</b> Anna M Kinne  30 Battlebrook Lane  Princeton NJ 08540  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am  Occupation Insurance Executive  Aggregate Year-to-Date > \$ 80.38	Date (month, day, year)  Payroll Deduction (\$46.83 Bi-weekly)  Aggregate Year-to-Date > \$ 451.90	Amount of Each Receipt this Period 47.50
<b>Full Name, Mailing Address, and ZIP Code</b> Edward P Baird  Hatori Flats #301  Tokyo Japan 150-00 JP 15000  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am  Occupation Insurance Executive  Aggregate Year-to-Date > \$ 80.38	Date (month, day, year)  Payroll Deduction (\$45.19 Bi-weekly)  Aggregate Year-to-Date > \$ 451.90	Amount of Each Receipt this Period 127.08
<b>Full Name, Mailing Address, and ZIP Code</b> Dennis M Bushe  45 Blackburn Road  Summit NJ 07901  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am  Occupation Insurance Executive  Aggregate Year-to-Date > \$ 80.38	Date (month, day, year)  Payroll Deduction (\$45.19 Bi-weekly)  Aggregate Year-to-Date > \$ 451.90	Amount of Each Receipt this Period 53.66
<b>Full Name, Mailing Address, and ZIP Code</b> Helen M Gall  4 Aspen Dr  North Caldwell NJ 07006  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am  Occupation Insurance Executive  Aggregate Year-to-Date > \$ 80.38	Date (month, day, year)  Payroll Deduction (\$45.19 Bi-weekly)  Aggregate Year-to-Date > \$ 451.90	Amount of Each Receipt this Period 80.38

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>4 / 17</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		<b>FOR LINE NUMBER</b> <b>11a</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>The Prudential Insurance Company of America Political Action Committee</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> George C Hanley Jr  118 Youngs Rd  Basking Ridge NJ 07920  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Prudential Insurance Company of Am  <b>Occupation</b> Insurance Executive  <b>Aggregate Year-to-Date</b> > \$ 5 528.80	<b>Date (month, day, year)</b>   <b>Payroll Deduction</b> (\$52.88 Bi-weekly)	<b>Amount of Each Receipt this Period</b> 105.76	
<b>Full Name, Mailing Address, and ZIP Code</b> Robert DeFilippo  14 Deer Lane  Succasunna NJ 07876-1153  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Prudential Insurance Company of Am  <b>Occupation</b> Insurance Executive  <b>Aggregate Year-to-Date</b> > \$ 8 413.50	<b>Date (month, day, year)</b>   <b>Payroll Deduction</b> (\$41.35 Bi-weekly)	<b>Amount of Each Receipt this Period</b> 82.70	
<b>Full Name, Mailing Address, and ZIP Code</b> Thomas E Minerva  248 Navesink Court  Holmdel NJ 07733  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Prudential Insurance Company of Am  <b>Occupation</b> Insurance Executive  <b>Aggregate Year-to-Date</b> > \$ 8 1038.42	<b>Date (month, day, year)</b>   <b>Payroll Deduction</b> (\$115.38 Bi-weekly)	<b>Amount of Each Receipt this Period</b> 230.76	
<b>Full Name, Mailing Address, and ZIP Code</b> Peter M Lacovara  38 Dogwood Hill Road  Upper Saddle River NJ 07458  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Prudential Insurance Company of Am  <b>Occupation</b> Insurance Executive  <b>Aggregate Year-to-Date</b> > \$ 8 455.80	<b>Date (month, day, year)</b>   <b>Payroll Deduction</b> (\$45.58 Bi-weekly)	<b>Amount of Each Receipt this Period</b> 91.16	
<b>Full Name, Mailing Address, and ZIP Code</b> Ronald P Jolson  101 Canoe Brook Lane  Far Hills NJ 07931  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Prudential Insurance Company of Am  <b>Occupation</b> Insurance Executive  <b>Aggregate Year-to-Date</b> > \$ 8 1268.20	<b>Date (month, day, year)</b>   <b>Payroll Deduction</b> (\$128.92 Bi-weekly)	<b>Amount of Each Receipt this Period</b> 253.84	
<b>Full Name, Mailing Address, and ZIP Code</b> Maureen E Adolf  607 West End 2-A  New York NY 10024  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Prudential Insurance Company of Am  <b>Occupation</b> Insurance Executive  <b>Aggregate Year-to-Date</b> > \$ 8 442.30	<b>Date (month, day, year)</b>   <b>Payroll Deduction</b> (\$44.23 Bi-weekly)	<b>Amount of Each Receipt this Period</b> 88.46	
<b>Full Name, Mailing Address, and ZIP Code</b> Kevin B Frawley  610 West End Ave., Apt. Apt. 5C New York NY 10024  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Prudential Insurance Company of Am  <b>Occupation</b> Insurance Executive  <b>Aggregate Year-to-Date</b> > \$ 8 300.00	<b>Date (month, day, year)</b>   <b>Payroll Deduction</b> (\$30.00 Bi-weekly)	<b>Amount of Each Receipt this Period</b> 60.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>5 / 17</b>
			FOR LINE NUMBER <b>11a</b>

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

<b>Full Name, Mailing Address, and ZIP Code</b> Barbara C Timpano  14 Rand Road  Pine Brook NJ 07058  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)	Amount of Each Receipt this Period 48.25
	Occupation Insurance Executive	Payroll Deduction (\$24.13 Bi-weekly)	
	Aggregate Year-to-Date > \$ 241.30		
<b>Full Name, Mailing Address, and ZIP Code</b> Barbara G Koster  7 Raven Court  East Brunswick NJ 08816  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)	Amount of Each Receipt this Period 49.04
	Occupation Insurance Executive	Payroll Deduction (\$24.52 Bi-weekly)	
	Aggregate Year-to-Date > \$ 245.20		
<b>Full Name, Mailing Address, and ZIP Code</b> Deborah J Gingham  16 Mattben Drive  Warren NJ 07059  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)	Amount of Each Receipt this Period 46.16
	Occupation Insurance Executive	Payroll Deduction (\$23.08 Bi-weekly)	
	Aggregate Year-to-Date > \$ 230.80		
<b>Full Name, Mailing Address, and ZIP Code</b> Jane L Landon  897 Renssels Lane  Upper Brookville NY 11771  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)	Amount of Each Receipt this Period 44.24
	Occupation Insurance Executive	Payroll Deduction (\$22.12 Bi-weekly)	
	Aggregate Year-to-Date > \$ 221.20		
<b>Full Name, Mailing Address, and ZIP Code</b> William D Friel  12 W. 96th Street, Apt.  New York NY 10025  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)	Amount of Each Receipt this Period 242.30
	Occupation Insurance Executive	Payroll Deduction (\$121.15 Bi-weekly)	
	Aggregate Year-to-Date > \$ 121.50		
<b>Full Name, Mailing Address, and ZIP Code</b> Ira J Kleinman  67 Winged Foot Drive  LImnston NJ 07039  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)	Amount of Each Receipt this Period 261.54
	Occupation Insurance Executive	Payroll Deduction (\$130.77 Bi-weekly)	
	Aggregate Year-to-Date > \$ 1307.70		
<b>Full Name, Mailing Address, and ZIP Code</b> Moon B Chung  18 Bodine Drive  Cranbury NJ 08512  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)	Amount of Each Receipt this Period 40.38
	Occupation Insurance Executive	Payroll Deduction (\$20.19 Bi-weekly)	
	Aggregate Year-to-Date > \$ 201.90		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>6 / 17</b>
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**NAME OF COMMITTEE (In Full)**  
**The Prudential Insurance Company of America Political Action Committee**

<b>Full Name, Mailing Address, and ZIP Code</b> Judy A Rice  35 Prospect Park West  Brooklyn NY 11215  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$52.88 Bi-weekly)	Amount of Each Receipt this Period 105.75
	Occupation Insurance Executive	Aggregate Year-to-Date > \$ 528.80	
<b>Full Name, Mailing Address, and ZIP Code</b> Ronald K Andrews  362 Beech Spring Road  South Orange NJ 07079  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$20.38 Bi-weekly)	Amount of Each Receipt this Period 40.75
	Occupation Insurance Executive	Aggregate Year-to-Date > \$ 203.80	
<b>Full Name, Mailing Address, and ZIP Code</b> Cedward Chaplin  17 Ridge Road  Summit NJ 07901  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$62.50 Bi-weekly)	Amount of Each Receipt this Period 125.00
	Occupation Insurance Executive	Aggregate Year-to-Date > \$ 625.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Andrew J Mako  37 Wagner Lane  Hillsborough NJ 08844  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$41.54 Bi-weekly)	Amount of Each Receipt this Period 83.08
	Occupation Insurance Executive	Aggregate Year-to-Date > \$ 415.40	
<b>Full Name, Mailing Address, and ZIP Code</b> Rodger A Lawson  330 E 38th St  New York NY 10016  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$173.08 Bi-weekly)	Amount of Each Receipt this Period 346.16
	Occupation Insurance Executive	Aggregate Year-to-Date > \$ 1730.80	
<b>Full Name, Mailing Address, and ZIP Code</b> William R Tranter  6 Paddock Dr  New Hope PA 18938  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$44.23 Bi-weekly)	Amount of Each Receipt this Period 88.46
	Occupation Insurance Executive	Aggregate Year-to-Date > \$ 442.30	
<b>Full Name, Mailing Address, and ZIP Code</b> Michele S Darling  175 Arreton Road  Princeton NJ 08540  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$173.08 Bi-weekly)	Amount of Each Receipt this Period 346.16
	Occupation Insurance Executive	Aggregate Year-to-Date > \$ 1661.57	

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>7 / 17</b>
			FOR LINE NUMBER <b>11a</b>

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

<b>Full Name, Mailing Address, and ZIP Code</b> Matthew J Charlin  31 Surrey Ln  Livingston NJ 07030  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$55.77 Bi-weekly)	Amount of Each Receipt this Period 111.54
	Occupation Insurance Executive	Aggregate Year-to-Date > \$ 557.70	
<b>Full Name, Mailing Address, and ZIP Code</b> Lynn M Waldvogel  1615 Queensland Court  Alpharetta GA 30005  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$40.00 Bi-weekly)	Amount of Each Receipt this Period 80.00
	Occupation Insurance Executive	Aggregate Year-to-Date > \$ 400.00	
<b>Full Name, Mailing Address, and ZIP Code</b> I E Price  61 Winged Foot Drive  Livingston NJ 07039  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$25.00 Bi-weekly)	Amount of Each Receipt this Period 50.00
	Occupation Insurance Executive	Aggregate Year-to-Date > \$ 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Deborah A Belo  25 Sandelwood Drive  Warren NJ 07059  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$21.63 Bi-weekly)	Amount of Each Receipt this Period 43.26
	Occupation Insurance Executive	Aggregate Year-to-Date > \$ 216.30	
<b>Full Name, Mailing Address, and ZIP Code</b> Joseph Frankel  19 Hampton Road  Eatontown NJ 07724  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$50.00 Bi-weekly)	Amount of Each Receipt this Period 100.00
	Occupation Insurance Executive	Aggregate Year-to-Date > \$ 450.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Neil N Jascey  9 Keasbey Road  South Orange NJ 07079  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$44.23 Bi-weekly)	Amount of Each Receipt this Period 88.46
	Occupation Insurance Executive	Aggregate Year-to-Date > \$ 442.30	
<b>Full Name, Mailing Address, and ZIP Code</b> Anthony Pizsel  271 East Bradford Avenue  Cedar Grove NJ 07009  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$115.38 Bi-weekly)	Amount of Each Receipt this Period 230.76
	Occupation Insurance Executive	Aggregate Year-to-Date > \$ 1153.80	

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>8 / 17</b>
			<b>FOR LINE NUMBER</b> <b>11a</b>

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

<b>Full Name, Mailing Address, and ZIP Code</b> Marylou Riche  3 James Terrace  Towaco NJ 07082  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$20.48 Bi-weekly)	Amount of Each Receipt this Period 40.86
	Occupation Insurance Executive	Aggregate Year-to-Date > \$ 204.80	
<b>Full Name, Mailing Address, and ZIP Code</b> Susan L Blouk  236 Longwood Ave  Chatham NJ 07926  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$42.31 Bi-weekly)	Amount of Each Receipt this Period 84.62
	Occupation Insurance Executive	Aggregate Year-to-Date > \$ 423.10	
<b>Full Name, Mailing Address, and ZIP Code</b> Joyce R Leibowitz  95 Huron Dr  Chatham Twp NJ 07926  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$115.38 Bi-weekly)	Amount of Each Receipt this Period 230.76
	Occupation Insurance Executive	Aggregate Year-to-Date > \$ 1153.80	
<b>Full Name, Mailing Address, and ZIP Code</b> Sharon C Taylor  7 Orchard Court  Montclair NJ 07042  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$25.44 Bi-weekly)	Amount of Each Receipt this Period 52.88
	Occupation Insurance Executive	Aggregate Year-to-Date > \$ 264.40	
<b>Full Name, Mailing Address, and ZIP Code</b> John R Van Der Wal  26861 Windsor Drive  San Juan Capistran CA 92875  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$27.12 Bi-weekly)	Amount of Each Receipt this Period 54.24
	Occupation Insurance Executive	Aggregate Year-to-Date > \$ 271.20	
<b>Full Name, Mailing Address, and ZIP Code</b> James J Avery Jr  19 Revere Ct  Princeton Jct NJ 08550  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$33.85 Bi-weekly)	Amount of Each Receipt this Period 67.30
	Occupation Insurance Executive	Aggregate Year-to-Date > \$ 336.50	
<b>Full Name, Mailing Address, and ZIP Code</b> Brian W Clymer  62 Brookville Hollow Rd  Stockton NJ 08559  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$100.00 Bi-weekly)	Amount of Each Receipt this Period 180.00
	Occupation Insurance Executive	Aggregate Year-to-Date > \$ 990.00	

**SUBTOTALS** of Receipts This Page (Optional) .....

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



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>9 / 17</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11a</b>
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.				
<b>NAME OF COMMITTEE (In Full)</b> <b>The Prudential Insurance Company of America Political Action Committee</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> William E Schmid  180 Lincoln Avenue  Ridgewood NJ 07450  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Prudential Insurance Company of Am  <b>Occupation</b> Insurance Executive  <b>Aggregate Year-to-Date</b> > \$ 240.40	<b>Date (month, day, year)</b>   <b>Payroll Deduction (\$24.04 Bi-weekly)</b>	<b>Amount of Each Receipt this Period</b> 48.08	
<b>Full Name, Mailing Address, and ZIP Code</b> Anne E Bossi  31 Stoneleigh Park  Westfield NJ 07090  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Prudential Insurance Company of Am  <b>Occupation</b> Insurance Executive  <b>Aggregate Year-to-Date</b> > \$ 1238.22	<b>Date (month, day, year)</b>   <b>Payroll Deduction (\$125.00 Bi-weekly)</b>	<b>Amount of Each Receipt this Period</b> 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Robert F Gunia  48 Takolusa Drive  Holmdel NJ 07733  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Prudential Insurance Company of Am  <b>Occupation</b> Insurance Executive  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b>   <b>Payroll Deduction (\$50.00 Bi-weekly)</b>	<b>Amount of Each Receipt this Period</b> 100.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Gary L Brellbart  18 Pexford Lane  Scarsdale NY 10583  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Prudential Insurance Company of Am  <b>Occupation</b> Insurance Executive  <b>Aggregate Year-to-Date</b> > \$ 268.20	<b>Date (month, day, year)</b>   <b>Payroll Deduction (\$25.82 Bi-weekly)</b>	<b>Amount of Each Receipt this Period</b> 53.84	
<b>Full Name, Mailing Address, and ZIP Code</b> Ralph L Crews  271 Lake Rd  Basking Ridge NJ 07920  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Prudential Insurance Company of Am  <b>Occupation</b> Insurance Executive  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b>   <b>Payroll Deduction (\$25.00 Bi-weekly)</b>	<b>Amount of Each Receipt this Period</b> 50.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Thomas W Crawford  128 Conover Road  Morganville NJ 07751  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Prudential Insurance Company of Am  <b>Occupation</b> Insurance Executive  <b>Aggregate Year-to-Date</b> > \$ 1442.30	<b>Date (month, day, year)</b>   <b>Payroll Deduction (\$144.23 Bi-weekly)</b>	<b>Amount of Each Receipt this Period</b> 288.46	
<b>Full Name, Mailing Address, and ZIP Code</b> Timothy E Feiga  30 Battlbrook Lane  Princeton NJ 08540  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Prudential Insurance Company of Am  <b>Occupation</b> Insurance Executive  <b>Aggregate Year-to-Date</b> > \$ 483.50	<b>Date (month, day, year)</b>   <b>Payroll Deduction (\$46.35 Bi-weekly)</b>	<b>Amount of Each Receipt this Period</b> 82.70	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>10 / 17</b>
				FOR LINE NUMBER	<b>11a</b>
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.					
<b>NAME OF COMMITTEE (In Full)</b> <b>The Prudential Insurance Company of America Political Action Committee</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> David A Twardock  80 Whittridge Rd  Summit NJ 07901  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Prudential Insurance Company of Am  <b>Occupation</b> Insurance Executive  <b>Aggregate Year-to-Date</b> > \$ 451.90	<b>Date (month, day, year)</b>  Payroll Deduction (\$45.19 Bi-weekly)	<b>Amount of Each Receipt this Period</b> 90.38  Payroll Deduction (\$153.85 Bi-weekly)		
<b>Full Name, Mailing Address, and ZIP Code</b> Jean D Hamilton  101 East 75th #5W  New York NY 10021  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Prudential Insurance Company of Am  <b>Occupation</b> Insurance Executive  <b>Aggregate Year-to-Date</b> > \$ 1538.50	<b>Date (month, day, year)</b>  Payroll Deduction (\$37.88 Bi-weekly)	<b>Amount of Each Receipt this Period</b> 307.70  Payroll Deduction (\$105.77 Bi-weekly)		
<b>Full Name, Mailing Address, and ZIP Code</b> Dennis R Kinzig  20 Hillcrest Way  Basking Ridge NJ 07920  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Prudential Insurance Company of Am  <b>Occupation</b> Insurance Executive  <b>Aggregate Year-to-Date</b> > \$ 378.80	<b>Date (month, day, year)</b>  Payroll Deduction (\$23.75 Bi-weekly)	<b>Amount of Each Receipt this Period</b> 75.76  Payroll Deduction (\$75.00 Bi-weekly)		
<b>Full Name, Mailing Address, and ZIP Code</b> Eric R Durant  7 East Point Lane  Old Greenwich CT 06870  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Prudential Insurance Company of Am  <b>Occupation</b> Insurance Executive  <b>Aggregate Year-to-Date</b> > \$ 1057.70	<b>Date (month, day, year)</b>  Payroll Deduction (\$23.75 Bi-weekly)	<b>Amount of Each Receipt this Period</b> 211.54  Payroll Deduction (\$23.75 Bi-weekly)		
<b>Full Name, Mailing Address, and ZIP Code</b> James Drozanowski  275 West 96th St  New York NY 10025  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Prudential Insurance Company of Am  <b>Occupation</b> Insurance Executive  <b>Aggregate Year-to-Date</b> > \$ 237.50	<b>Date (month, day, year)</b>  Payroll Deduction (\$84.62 Bi-weekly)	<b>Amount of Each Receipt this Period</b> 47.50  Payroll Deduction (\$84.62 Bi-weekly)		
<b>Full Name, Mailing Address, and ZIP Code</b> Vivian L Barka  PO Box 540  New Hope PA 18938  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Prudential Insurance Company of Am  <b>Occupation</b> Insurance Executive  <b>Aggregate Year-to-Date</b> > \$ 1823.10	<b>Date (month, day, year)</b>  Payroll Deduction (\$40.00 Bi-weekly)	<b>Amount of Each Receipt this Period</b> 384.62  Payroll Deduction (\$40.00 Bi-weekly)		
<b>Full Name, Mailing Address, and ZIP Code</b> Donald E Duffy  92 Rock Road East  Green Brook NJ 08812  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Prudential Insurance Company of Am  <b>Occupation</b> Insurance Executive  <b>Aggregate Year-to-Date</b> > \$ 400.00	<b>Date (month, day, year)</b>  Payroll Deduction (\$40.00 Bi-weekly)	<b>Amount of Each Receipt this Period</b> 80.00  Payroll Deduction (\$40.00 Bi-weekly)		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>11 / 17</b>
			FOR LINE NUMBER <b>11a</b>

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

<b>Full Name, Mailing Address, and ZIP Code</b> Gene W Chollett  465 Harding Drive  South Orange NJ 07070  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$25.00 Bi-weekly)	Amount of Each Receipt this Period 50.00
	Occupation Insurance Executive		
	Aggregate Year-to-Date > \$ 225.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Scott G Sleyster  13 Laurel Mountain Way  Calton NJ 07830  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$120.38 Bi-weekly)	Amount of Each Receipt this Period 240.78
	Occupation Insurance Executive		
	Aggregate Year-to-Date > \$ 1203.80		
<b>Full Name, Mailing Address, and ZIP Code</b> Kalman J Ketzlach  4 Windymere Lane  Mendham NJ 07945  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$45.19 Bi-weekly)	Amount of Each Receipt this Period 80.38
	Occupation Insurance Executive		
	Aggregate Year-to-Date > \$ 451.90		
<b>Full Name, Mailing Address, and ZIP Code</b> Richard E Meade  15 Woodhill Drive  Maplewood NJ 07040  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Prudential Insurance Company of Am	Date (month, day, year)  Payroll Deduction (\$45.19 Bi-weekly)	Amount of Each Receipt this Period 85.53
	Occupation Insurance Executive		
	Aggregate Year-to-Date > \$ 427.05		

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<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>8112.55</b>

<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		<b>12 / 17</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>23</b>
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.				
<b>NAME OF COMMITTEE (In Full)</b> <b>The Prudential Insurance Company of America Political Action Committee</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> ACLI Life PAC  1001 Pennsylvania Avenue, N.W.  Washington DC 20004-2599	<b>Purpose of Disbursement</b> Annual Contribution  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2001	<b>Date (month, day, year)</b> 05/04/2001	<b>Amount of Each Disbursement This Period</b> 5000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> BAKER FOR CONGRESS COMMITTEE  P.O. Box 1694  BATON ROUGE LA 70821	<b>Purpose of Disbursement</b> Richard H. Baker, U.S. HOUSE R1 LA (House - LA - 6)  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/04/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Friends of Max Baucus  203 C Street, NE  Washington DC 20002	<b>Purpose of Disbursement</b> Max S. Baucus, U.S. SENATE MT  (Senate - MT - )  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/04/2001	<b>Amount of Each Disbursement This Period</b> 2500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Friends of Max Baucus  203 C Street, NE  Washington DC 20002	<b>Purpose of Disbursement</b> Max S. Baucus, U.S. SENATE MT  (Senate - MT - )  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/04/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Evan Bayh for U.S. Senate  Don Schimanski 426 C Street NE Washington DC 20002	<b>Purpose of Disbursement</b> Evan Bayh, U.S. SENATE IN  (Senate - IN - )  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2004	<b>Date (month, day, year)</b> 05/04/2001	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> The Castle Campaign Fund  P.O. Box 133  Wilmington DE 19899	<b>Purpose of Disbursement</b> Michael N. Castle, U.S. HOUSE AL DE (House - DE - )  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/04/2001	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Committee for the Preservation Capitalism P.O. Box 22614  Alexandria VA 22304	<b>Purpose of Disbursement</b>     Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2001	<b>Date (month, day, year)</b> 05/04/2001	<b>Amount of Each Disbursement This Period</b> 5000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Crowley For Congress  P.O. Box 75214  Washington DC 20013	<b>Purpose of Disbursement</b> Joseph Crowley, U.S. HOUSE 7th NY (House - NY - 7)  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/04/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Ferguson For Congress  930 Stuyvesant Avenue  Union NJ 07083	<b>Purpose of Disbursement</b> Michael Ferguson, U.S. HOUSE 7th NJ (House - NJ - 7)  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/04/2001	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>13 / 17</b>
					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.					
<b>NAME OF COMMITTEE (In Full)</b> <b>The Prudential Insurance Company of America Political Action Committee</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> Frelinghuysen for Congress  P.O. Box 626  Morristown NJ 07960		<b>Purpose of Disbursement</b> Rodney Frelinghuysen, U.S. HOUSE 11th NJ (House - NJ - 11) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002		<b>Date (month, day, year)</b> 05/04/2001	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> Grassley Committee  P.O. Box 6193  Alexandria VA 22306		<b>Purpose of Disbursement</b> Charles E. Grassley, U.S. SENATE IA (Senate - IA - ) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2004		<b>Date (month, day, year)</b> 05/04/2001	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> Hagel for Nebraska  P.O. Box 24149  Omaha NE 68124		<b>Purpose of Disbursement</b> Chuck Hagel, U.S. SENATE NE (Senate - NE - ) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002		<b>Date (month, day, year)</b> 05/04/2001	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> J.D. Hayworth for Congress  10789 N. 90th Street Suite 102 Scottsdale AZ 85260		<b>Purpose of Disbursement</b> J.D. Hayworth, U.S. HOUSE 8th AZ (House - AZ - 8) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002		<b>Date (month, day, year)</b> 05/04/2001	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> Re-elect Nancy Johnson  P.O. Box 1986  New Britain CT 06057		<b>Purpose of Disbursement</b> Nancy L. Johnson, U.S. HOUSE 8th CT (House - CT - 8) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002		<b>Date (month, day, year)</b> 05/04/2001	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> Tim Johnson For South Dakota  420 C Street, NE Basement Level Washington, DC DC 20002		<b>Purpose of Disbursement</b> Tim Johnson, U.S. SENATE SD (Senate - SD - ) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002		<b>Date (month, day, year)</b> 05/04/2001	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> WALTER JONES COMMITTEE  PO BOX 99667  RALEIGH NC 27624		<b>Purpose of Disbursement</b> Walker B. Jones, U.S. HOUSE 3rd NC (House - NC - 3) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002		<b>Date (month, day, year)</b> 05/04/2001	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> Friends of John LaFalce  P.O. Box 343  Niagara Falls NY 14302		<b>Purpose of Disbursement</b> John J. LaFalce, U.S. HOUSE 29th NY (House - NY - 29) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002		<b>Date (month, day, year)</b> 05/04/2001	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> LEADERSHIP PAC 2002  1189 N. Fairfax Street Suite 425 Alexandria VA 22314		<b>Purpose of Disbursement</b>  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2004		<b>Date (month, day, year)</b> 05/04/2001	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		<b>14 / 17</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>23</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>The Prudential Insurance Company of America Political Action Committee</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Pryce for Congress  145 East Rich Street  Columbus OH 43215	<b>Purpose of Disbursement</b> Deborah Pryce, U.S. HOUSE 15th OH (House - OH - 15) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/04/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Republican Majority Fund  P.O. Box 19897  Alexandria VA 22320-0897	<b>Purpose of Disbursement</b> Sen. Nickles Budget  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2001	<b>Date (month, day, year)</b> 05/04/2001	<b>Amount of Each Disbursement This Period</b> 2500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Jerry Weller for Congress  P.O. Box 15283  Washington DC 20003	<b>Purpose of Disbursement</b> Jerry R. Weller, U.S. HOUSE 11-1th IL (House - IL - 11) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/04/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Friends of John LaFalce  P.O. Box 343  Niagara Falls NY 14302	<b>Purpose of Disbursement</b> Contr. Returned Uncashed (House - NY - 29) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/10/2001	<b>Amount of Each Disbursement This Period</b> -1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Tim Johnson For South Dakota  420 C Street, NE Basement Level Washington, DC DC 20002	<b>Purpose of Disbursement</b> Tim Johnson, U.S. SENATE SD (Senate - SD - ) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/14/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> The John Warner Fund  Po Box 3536  Merrifield VA 22116	<b>Purpose of Disbursement</b> John W. Warner, U.S. SENATE VA (Senate - VA - ) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/14/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> HOOSIERS SUPPORTING BUYER FOR CONGRESS P.O. Box 712  MONTICELLO IN 47960	<b>Purpose of Disbursement</b> Steve Buyer, U.S. HOUSE 5th IN (House - IN - 5) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/22/2001	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Congressional Majority Fund  PO Box 395  Bakersfield CA 93302	<b>Purpose of Disbursement</b>   Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2001	<b>Date (month, day, year)</b> 05/22/2001	<b>Amount of Each Disbursement This Period</b> 2000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Re-Elect Harold Ford Jr  227 Massachusetts Avenue NE Suite 101 Washington DC 20002	<b>Purpose of Disbursement</b> Harold E. Ford, U.S. HOUSE 9th TN (House - TN - 9) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 05/22/2001	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>15 / 17</b>
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**NAME OF COMMITTEE (In Full)**  
**The Prudential Insurance Company of America Political Action Committee**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LEADERSHIP PAC 2002  1199 N. Fairfax Street Suite 425 Alexandria VA 22314	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2001	05/22/2001	1000.00
LEADERSHIP PAC 2002  1199 N. Fairfax Street Suite 425 Alexandria VA 22314	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2001	05/22/2001	500.00
Menendez for Congress  P.O. Box 848  Union City NJ 07087	Purpose of Disbursement Robert Menendez, U.S. HOUSE 13- th NJ (House - NJ - 13) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	05/22/2001	2000.00
Donald Payne for Congress  c/o The Samdor Group 6604 Second Ave, Suite 331 Silver Spring MD 20910	Purpose of Disbursement Donald M. Payne, U.S. HOUSE 10- th NJ (House - NJ - 10) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	05/22/2001	1000.00
ROYBPAC  P.O. Box 5412  Arlington VA 22205	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2001	05/22/2001	1000.00
Ed Royce for Congress  P.O. Box 6765  Fulerton CA 92834	Purpose of Disbursement Edward R. Royce, U.S. HOUSE 39- th CA (House - CA - 39) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	05/22/2001	1000.00
John Shadegg For Congress  c/o Epiphany Productions, 2016 Mount Vernon Ave. 3rd Flr Alexandria VA 22301	Purpose of Disbursement John B. Shadegg, U.S. HOUSE 4th AZ (House - AZ - 4) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	05/22/2001	1000.00
Lee Terry For Congress  P.O. Box 16021  Alexandria VA 22302	Purpose of Disbursement Lee Terry, U.S. HOUSE 2nd NE  (House - NE - 2) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	05/22/2001	500.00
Friends of Mark Foley  P.O. Box 30505  Palm Beach Garden FL 33420	Purpose of Disbursement Mark Foley, U.S. HOUSE 16th FL  (House - FL - 16) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	05/31/2001	1000.00

**SUBTOTALS** of Disbursements This Page (Optional) .....

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

<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		<b>16 / 17</b>
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER <b>23</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>The Prudential Insurance Company of America Political Action Committee</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Crane for Congress  P.O. Box 67  Rolling Meadows IL 60008	<b>Purpose of Disbursement</b> Philip M. Crane, U.S. HOUSE 8th IL (House - IL - 8)	<b>Date (month, day, year)</b> 05/31/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Disbursement for:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002				
<b>Full Name, Mailing Address, and ZIP Code</b> Re-Elect Harold Ford Jr  227 Massachusetts Avenue NE Suite 101 Washington DC 20002	<b>Purpose of Disbursement</b> Harold E. Ford, U.S. HOUSE 9th TN (House - TN - 9)	<b>Date (month, day, year)</b> 05/31/2001	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Disbursement for:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002				
<b>Full Name, Mailing Address, and ZIP Code</b> Pioneer PAC  412 First Street, SE # 100 Washington DC 20003	<b>Purpose of Disbursement</b>	<b>Date (month, day, year)</b> 05/31/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Disbursement for:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2001				
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				<b>46000.00</b>



**SCHEDULE B****ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
House Majority 2002 420 E. Jefferson Street Tallahassee FL 32301	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 2001	05/23/2001	1000.00
Senate Majority 2002 420 E. Jefferson Street Tallahassee FL 32301	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 2001	05/23/2001	1000.00
Charlie Crist for Attorney General P.O.Box 1153 Tallahassee FL 32302	Purpose of Disbursement Charles Crist, ATTORNEY GENERAL FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 2002	05/23/2001	500.00
Vermont Senate Victory P.O. Box 896 Montpelier VT 05601	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 2001	05/23/2001	500.00
The Pennsylvania Leaders' Cup Committee One Plymouth Meeting Suite 425 Plymouth Meeting P2	Purpose of Disbursement Discretionary PA Budget Item Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 2001	05/29/2001	1000.00

**SUBTOTALS** of Disbursements This Page (Optional) .....**TOTALS** This Period (last page this line number only) .....**4000.00**