

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 JAN 20 A 11:42

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. C00135525 121499
P 266 VINCENT EMILE SOLER JR
AMERICAN NATIONAL INSURANCE CO
MPANY GOOD GOVERNMENT COMMITTEE
ONE MOODY PLAZA
GALVESTON TX 77550

2. FEC IDENTIFICATION NUMBER
000135525

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
4/12/82

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 07-01-99 through 12/31/99		
6. (a) Cash on Hand January 1, 1999		\$ 16,589.18
(b) Cash on Hand at Beginning of Reporting Period	\$ 26,757.71	
(c) Total Receipts (from Line 19)	\$ 10,575.32	\$ 20,982.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 37,333.03	\$ 37,571.23
7. Total Disbursements (from Line 30)	\$ 12,000.00	\$ 12,238.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 25,333.03	\$ 25,333.03
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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
V. E. Soler, Jr.

Signature of Treasurer
V. E. Soler Jr.

Date
1/20/2000

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

--	--	--	--	--	--	--	--	--

FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
American National Insurance Company Good Government Committee		FROM 07/01/99	TO: 12/31/99
		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) Over \$200 calendar year	\$8,232.00	\$14,292.00
ii.	Unitemized Under \$200 calendar year	\$1,884.00	\$5,945.00
iii.	Total (add i and ii) >	\$10,116.00	\$20,237.00
b.	Political Party Committees	-0-	-0-
c.	Other Political Committees (such as PACs)	-0-	-0-
d.	Total Contributions (add a ii, b and c) >	\$10,116.00	\$20,237.00
12.	Transfers From Affiliated/Other Party Committees	-0-	-0-
13.	All Loans Received	-0-	-0-
14.	Loan Repayments Received	-0-	-0-
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-
17.	Other Federal Receipts (Dividends, Interest, etc.)	\$ 459.32	\$ 745.05
18.	Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	\$10,575.32	\$20,982.05
20.	Total Federal Receipts (subtract line 16 from line 19) >	\$10,575.32	\$20,982.05
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share	-0-	-0-
ii.	Non-Federal Share	-0-	\$ 238.20
b.	Other Federal Operating Expenditures	-0-	\$ 238.20
c.	Total Operating Expenditures (add a i, a ii, and b) >	-0-	\$ 238.20
22.	Transfers to Affiliated/Other Party Committees	-0-	-0-
23.	Contributions to Federal Candidates/Committees and Other Political Committees	\$12,000.00	\$12,000.00
24.	Independent Expenditures (use Schedule E)	-0-	-0-
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-
26.	Loan Repayments Made	-0-	-0-
27.	Loans Made	-0-	-0-
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees	-0-	-0-
b.	Political Party Committees	-0-	-0-
c.	Other Political Committees (such as PACs)	-0-	-0-
d.	Total Contribution Refunds (add a, b and c) >	-0-	-0-
29.	Other Disbursements	-0-	-0-
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	\$12,000.00	\$12,238.20
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	\$12,000.00	\$12,238.20
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans) (from line 11d)	\$10,116.00	\$20,237.00
33.	Total Contribution Refunds (from line 28d)	-0-	-0-
34.	Net Contributions (other than loans) (subtract line 33 from 32)	\$10,116.00	\$20,237.00
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	238.20
36.	Offsets to Operating Expenditures (from line 15)	-0-	-0-
37.	Net Operating Expenditures (subtract line 36 from 35) >	-0-	\$ 238.20

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6
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)
American National Insurance Company Good Government Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles Henry Addison 29 South Shoro Drive Galveston, TX 77551	American National Insurance Company (ANICO)		Payroll deduction of \$50 a mo. \$300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. V. P. Aggregate Year-to-Date > \$600		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Albert Louis Amato, Jr. 1718 Fairhill Circle Texas City, TX 77591	ANICO		Payroll ded. of \$50 a mo. \$300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. V. P. Aggregate Year-to-Date > \$600		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Julian Joseph Antkowiak 4102 Prairie La Marque, TX 77568	ANICO		Payroll ded. of \$50 a mo. \$300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V. P. Aggregate Year-to-Date > \$600		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George Richard Ferdinandsen 17 Park Lane Galveston, TX 77551	ANICO		Payroll ded. of \$50 a mo. \$300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. EVP & COO Aggregate Year-to-Date > \$600		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Allen Friend 5009 Denver Galveston, TX 77551	ANICO		Payroll ded. of \$50 a mo. \$300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec, V. P. Aggregate Year-to-Date > \$600		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph Fant Grant, Jr. 1602 Driftwood Lane Galveston, Texas 77551	ANICO		Payroll ded. of \$40 a mo. \$240
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V. P. Aggregate Year-to-Date > \$480		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Emmett Hogan 16423 Larkfield Drive Houston, TX 77059	ANICO		Payroll ded. of \$50 a mo. \$300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V. P. Aggregate Year-to-Date > \$600		

SUBTOTAL of Receipts This Page (optional)	\$2,040
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 6
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)

American National Insurance Company Good Government Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dwight Diver Judy 4131 Long Grove Seabrook, TX 77566	ANICO		Payroll ded. of \$50 a mo. \$300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V. P. Aggregate Year-to-Date > \$600		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Edward Kennedy 7926 Jonquil Texas City, TX 77591	ANICO		Payroll ded. of \$40 a mo. \$240
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Asst. V. P. Aggregate Year-to-Date > \$480		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Glenn Clenton Langley 625 No. Targey Road Texas City, TX 77591	ANICO		Payroll ded. of \$50 a mo. \$300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. V. P. Aggregate Year-to-Date > \$600		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Curtis Howard Lee 2016 Debble Beach Drive League City, TX 77573	ANICO		Payroll ded. of \$50 a mo. \$300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Asst. V. P. Aggregate Year-to-Date > \$600		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George William Marchand, III 7 Park Lane Galveston, TX 77551	ANICO		Payroll ded. of \$40 a mo. \$240
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V. P. Aggregate Year-to-Date > \$480		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Wade McCroskey 2652 Waverly Drive League City, TX 77573	ANICO		Payroll ded. of \$50 a mo. \$300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec. V. P. Aggregate Year-to-Date > \$600		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Anthony Schillaci 415 Cape Hill Webster, TX 77598	ANICO		Payroll ded. of \$50 a mo. \$300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Asst. V. P. & Actuary Aggregate Year-to-Date > \$600		

SUBTOTAL of Receipts This Page (optional)

\$1,980

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 6
FOR LINE NUMBER 13 (a) (1)

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

NAME OF COMMITTEE (in Full)

American National Insurance Company Good Government Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Curtis Smith 5 Cedara Place Galveston, TX 77554 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANICO Occupation Lead Systems Prog. Analyst Aggregate Year-to-Date > \$480		Payroll ded. of \$40 a mo. \$240
Glenn Alfred Sparks, Sr. 128 Lake Point Drive League City, TX 77573 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANICO Occupation Asst. V. P. Aggregate Year-to-Date > \$600		Payroll ded. of \$50 a mo. \$300
James Ray Thomason 718 Olde Oaks Drive Dickinson, TX 77539 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANICO Occupation Sr. V. P. Aggregate Year-to-Date > \$600		Payroll ded. of \$50 a mo. \$300
Gareth Walls Tolman 15439 Hawthorndale Drive Houston, TX 77059 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANICO Occupation Sr. V. P. Aggregate Year-to-Date > \$720		Payroll ded. of \$60 a mo. \$360
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 ANICO Occupation Aggregate Year-to-Date > \$		Amount of Each Receipt this Period
William Henry Watson, III 7721 Esauclaire Court Galveston, TX 77551 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANICO Occupation V. P., Health Actuary Aggregate Year-to-Date > \$600		Payroll ded. of \$50 a mo. \$300
Ronald Jay Welch 4 Dansby Galveston, TX 77551 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANICO Occupation Exec. V.P. & Chief Actuary Aggregate Year-to-Date > \$480		Payroll ded. of \$40 a mo. \$240

SUBTOTAL of Receipts This Page (optional)

\$1,740

TOTAL This Period (last page this line number only)

* 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)
American National Insurance Company Good Government Committee

A. Full Name, Mailing Address and ZIP Code Frank Vincent Broll, Jr. 7110 Ave. N 1/2 Galveston, TX 77551	Name of Employer ANICO	Date (month, day, year)	Amount of Each Receipt this Period Payroll ded. of \$50 a mo. \$300
	Occupation VP & ACTUARY Aggregate Year-to-Date > \$600		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code Paul Barber 213 Oak Creek Drive League City, TX 77573	Name of Employer ANICO	Date (month, day, year)	Amount of Each Receipt this Period Payroll ded. of \$30 a mo. \$180
	Occupation AVP Aggregate Year-to-Date > \$360		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code Richard Thomas Crawford 302 W. Castle Harbor Drive Friendswood, TX 77546	Name of Employer ANICO	Date (month, day, year)	Amount of Each Receipt this Period Payroll ded. of \$30 a mo. \$180
	Occupation VP & Asst. Controller Aggregate Year-to-Date > \$360		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code John Darrell Ferguson 4810 Denver Galveston, TX 77551	Name of Employer ANICO	Date (month, day, year)	Amount of Each Receipt this Period Payroll ded. of \$25 a mo. \$150
	Occupation Asst. V. P. Aggregate Year-to-Date > \$300		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

E. Full Name, Mailing Address and ZIP Code John Mark Flippin 2301 Cambridge Ct. So. League City, TX 77573	Name of Employer ANICO	Date (month, day, year)	Amount of Each Receipt this Period Payroll ded. of \$30 a mo. \$180
	Occupation Asst. V. P. Aggregate Year-to-Date > \$360		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

F. Full Name, Mailing Address and ZIP Code Rex David Henne 16802 Soaring Forest Drive Houston, TX 77059	Name of Employer ANICO	Date (month, day, year)	Amount of Each Receipt this Period Payroll ded. of \$25 a mo. \$150
	Occupation V. P. & Actuary Aggregate Year-to-Date > \$300		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

G. Full Name, Mailing Address and ZIP Code Kyle Edward Johnston 1921 - 16th Ave. North Texas City, TX 77590	Name of Employer ANICO	Date (month, day, year)	Amount of Each Receipt this Period Payroll ded. of \$30 a mo. \$180
	Occupation Asst. V. P. Aggregate Year-to-Date > \$360		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	\$1,320
TOTAL This Period (last page this line number only)	\$1,320

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)
American National Insurance Company Good Government Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Doris Loretta Leining 2209 - 16th Street Texas City, TX 77590	ANICO		Payroll ded. of \$30 a mo. \$180
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Asst. V. P.	Aggregate Year-to-Date > \$360	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vincent Foule Soler, Jr. 2895 Dominique Galveston, TX 77551	ANICO		Payroll ded. of \$25 a mo. \$150
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P., Sec'y & Treasurer	Aggregate Year-to-Date > \$300	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Debra Fay Fuentes 2123 Hollow Reef Circle League City, TX 77573	ANICO		Payroll ded. of \$20 a mo. \$120
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Asst. V. P.	Aggregate Year-to-Date > \$240	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrea D'Albergo Leveritt 3910 Avenue R 1/2 Galveston, TX 77550	ANICO		Payroll ded. of \$20 a mo. \$120
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Section Mgr.	Aggregate Year-to-Date > \$240	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roxey Gene McClary 3409 Avenue J Alta Loma, TX 77510	ANICO		Payroll ded. of \$20 a mo. \$120
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P.	Aggregate Year-to-Date > \$240	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Bruce Pavella 1713 Falcon Ridge Friendswood, TX 77546	ANICO		Payroll ded. of \$20 a mo. \$120
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V. P.	Aggregate Year-to-Date > \$240	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Leon Wheatley Route 2, Box 712 Dickinson, TX 77538	ANICO		Payroll ded. of \$20 a mo. \$120
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Load Systems Analyst	Aggregate Year-to-Date > \$240	

SUBTOTAL of Receipts This Page (optional) \$ 930

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 6
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)

American National Insurance Company Good Government Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Wade Williamson 5000 Denver Drive Galveston, TX 77551	ANICO		Payroll ded. of \$20 a mo.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V. P.		\$120
	Aggregate Year-to-Date > \$240		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Edward Pavlicek 2112 Riverside Drive League City, TX 77573	ANICO		Payroll ded. \$17 a mo.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. V.P. & Controller		\$102
	Aggregate Year-to-Date > \$204		
C. 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 > \$		
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) \$222

TOTAL This Period (last page this line number only) \$8,232

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)
 American National Insurance Company Good Government Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Betty Hartnett Bailey 2616 Sydney Lane Galveston, TX 77554	American National Insurance Company (ANICO)		Payroll ded. of \$5 a mo. \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Systems Analyst		
	Aggregate Year-to-Date > \$60		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation		
	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation		
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph James Cantu 1729 Galian La Marque, TX 77568	ANICO		Payroll ded. of \$10 a mo. \$60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: AWP & Illustration Actuary		
	Aggregate Year-to-Date > \$120		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donald Edward Ciccio 38 Willow Lane Galveston, TX 77551	ANICO		Payroll ded. of \$10 a mo. \$60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Systems Programmer		
	Aggregate Year-to-Date > \$120		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation		
	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
Joseph Wayne Ducco 1302 Redbud La Marque, TX 77568	ANICO		Payroll ded. of \$10 a mo. \$60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Policy Analyst		
	Aggregate Year-to-Date > \$120		

SUBTOTAL of Receipts This Page (optional)	\$210
TOTAL This Period (last page this line number only)	

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)
American National Insurance Company Good Government Committee

<p>A. Full Name, Mailing Address and ZIP Code Victor John Damiani 15007 Sun Harbor Dr. Clear Lake City, TX 77062</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer ANICO</p> <p>Occupation Chief Underwriter</p> <p>Aggregate Year-to-Date > \$ 120</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period Payroll ded. \$10 a mo. \$60</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code Linda Catherine Dennison 2602 W. Bay Area Blvd., #2009 Webster, TX 77598</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer ANICO</p> <p>Occupation Sr. Underwriter</p> <p>Aggregate Year-to-Date > \$ 60</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period Payroll ded. of \$6 a mo. \$30</p>
<p>D. Full Name, Mailing Address and ZIP Code Russell Clarence Eberley 3513 Blue Wing Ct. Dickinson, TX 77539</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer ANICO</p> <p>Occupation Mgt.</p> <p>Aggregate Year-to-Date > \$ 120</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period Payroll ded. of \$10 a mo. \$60</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$150</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 9

FOR LINE NUMBER 11 (a) (ii)

*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)

American National Insurance Company Good Government Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation		
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joe G. (Initial Only) Garcia, Jr. 23 Lebrun Court Galveston, TX 77551	ANICO		Payroll ded. of \$10 a mo.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		\$60
Aggregate Year-to-Date > \$120			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Ruben Garcia 7400 Jones Drive, #125 Galveston, TX 77551	ANICO		Payroll ded. of \$5 a mo.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Discontinued 1/31/99
Aggregate Year-to-Date > \$5			-0-
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George Gonzalez (Full Name) 12307 Robert Santa Fe, TX 77510	ANICO		Payroll ded. of \$10 a mo.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		\$60
Aggregate Year-to-Date > \$120			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas Edward Barryman 5632 Ave. M 1/2 Santa Fe, TX 77510	ANICO		Payroll ded. of \$10 a mo.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		\$60
Aggregate Year-to-Date > \$120			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation		
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
John Edward Hopkins, III 3311 - 80th Street Galveston, TX 77551	ANICO		Payroll ded. of \$15 a mo.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		\$90
Aggregate Year-to-Date > \$180			

SUBTOTAL of Receipts This Page (optional)

\$270

TOTAL This Period (last page this line number only)

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)

American National Insurance Company Good Government Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code Harry Bertrand Kelso, Jr., M.D. 1628 Driftwood Galveston, TX 77551	ANICO		Amount of Each Receipt this Period Payroll ded. of \$15 a mo. \$90
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V, P & Medical Director	Aggregate Year-to-Date > \$180	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code Duncan Bruce McGregor 1726 Capstan Road Houston, TX 77062	ANICO		Amount of Each Receipt this Period Payroll Ded. of \$10 a mo. Retired eff. 5/98 -0-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Feed Systems Analyst	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code Kathleen Gilbert McCann 3700 83rd Street, Unit #4 Galveston, TX 77551	ANICO		Amount of Each Receipt this Period Payroll ded. of \$10 a mo. \$60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Staff Analyst	Aggregate Year-to-Date > \$120	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

\$150

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 9
FOR LINE NUMBER 11 (a) (ii)

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)
American National Insurance Company Good Government Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dixie Nell McDaniel 3722 Masters Ct. League City, TX 77573	ANICO		Payroll ded. of \$7 a mo. \$42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V. P.		
	Aggregate Year-to-Date > \$94		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kendall Scott McKnight 783 Marlin Hitchcock, TX 77563	ANICO		Payroll ded. of \$5 a mo. \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mgt.		
	Aggregate Year-to-Date > \$60		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eligio Alec Murcio 1124 Estates Drive La Marque, TX 77568	ANICO		Payroll ded. \$10 a mo. \$60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mgt.		
	Aggregate Year-to-Date > \$120		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Scott Moriarty 6 Colony Park Circle Galveston, TX 77551	ANICO		Payroll ded. of \$5 a mo. \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mgt.		
	Aggregate Year-to-Date > \$60		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Joseph Osbornmayer 214 Cedar Hitchcock, TX 77563	ANICO		Payroll ded. of \$10 a mo. \$60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$120		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation		
	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) \$222

TOTAL This Period (last page this line number only)

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)
American National Insurance Company Good Government Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Darrell Ray Pitts 2321 - 4th Street North Texas City, TX 77990 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANICO Occupation: User Rep. Aggregate Year-to-Date > \$120		Payroll ded. of \$10 a mo. \$60
James Edward Pozzi 6927 Neis Galveston, TX 77551 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANICO Occupation: Exec. V. P. Aggregate Year-to-Date > \$60		Amount of Each Receipt this Period Payroll ded. of \$5 a mo. \$30
Judith Lynn Rogini P. O. Box 532 Hitchcock, TX 77563 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANICO Occupation: Compliance Coordinator Aggregate Year-to-Date > \$120		Amount of Each Receipt this Period Payroll ded. of \$10 a mo. \$60
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
Margaret Ann Rose 1209 Pirtle La Marque, TX 77568 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANICO Occupation: Mgr. Aggregate Year-to-Date > \$120		Amount of Each Receipt this Period Payroll ded. of \$10 a mo. \$60
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
Rile Ann Stallwood 622 - 20th Avenue North Texas City, TX 77990 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ANICO Occupation: Dept. Mgr. Aggregate Year-to-Date > \$60		Amount of Each Receipt this Period Payroll ded. of \$5 a mo. \$30

SUBTOTAL of Receipts This Page (optional) \$240

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 9
FOR LINE NUMBER 11 (a) (ii)

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)
American National Insurance Company Good Government Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Morris Joseph Soler 5605 Teal Galveston, TX 77551	ANICO		Payroll ded. of \$10 a mo. \$60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Asst. V. P.	Aggregate Year-to-Date > \$ 120	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lester Conrad Swenson 2820 Dominiqux Galveston, TX 77551	ANICO		Payroll ded. of \$10 a mo. \$60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dept. Mgr.	Aggregate Year-to-Date > \$ 120	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard Joseph Thiem, Jr. 61 Campeche Circle Galveston, TX 77551	ANICO		Payroll ded. of \$9 a mo. \$54
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dept. Mgr.	Aggregate Year-to-Date > \$ 108	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Victoria Ann Tolonen 2425 Quaker Drive Texas City, TX 77590	ANICO		Payroll ded. of \$10 a mo. \$60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Systems Analyst	Aggregate Year-to-Date > \$ 120	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Daniel Gilbert Trovino, Jr. 3530 Avenue S Galveston, TX 77550	ANICO		Payroll ded. of \$10 a mo. \$60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mgr.	Aggregate Year-to-Date > \$ 120	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	\$ 294
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 9

FOR LINE NUMBER 11 (a) (ii)

* 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)
 American National Insurance Company Good Government Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Napoleon Vinson, Jr. (Full Name) 3335 Van Ness Drive Alvin, TX 77551	ANICO		Payroll ded. of \$15 a mo. \$90
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mgr.	Aggregate Year-to-Date > \$180	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Malcolm Latimer Waugh, Jr. 1914 - 14th Avenue Texas City, TX 77590	ANICO		Payroll ded. of \$10 a mo. \$60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ASST. V. P.	Aggregate Year-to-Date > \$120	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Billy George Webb 2302 Micoso Court League City, TX 77573	ANICO		Payroll ded. of \$5 a mo. \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir. Creative Servs.	Aggregate Year-to-Date > \$60	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation:	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
Jeanette Whortley Route 2, Box 712 Dickinson, TX 77539	ANICO		Payroll ded. of \$10 a mo. \$60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mgr.	Aggregate Year-to-Date > \$120	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bryant Lynwood White 16918 Hibiscus Lane Friendswood, TX 77546	ANICO		Payroll ded. of \$5 a mo. \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Training Supervisor	Aggregate Year-to-Date > \$60	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Becky Ann Wroblewski 525 White Wing Court Dickinson, TX 77539	ANICO		Payroll ded. of \$5 a mo. \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Program Manager	Aggregate Year-to-Date > \$60	

SUBTOTAL of Receipts This Page (optional)	\$300
TOTAL This Period (last page this line number only)	

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)

American National Insurance Company Good Government Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation Aggregate Year-to-Date \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gordon Dennis Dixon 14806 Sparkling Bay Houston, TX 77062 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SMER Occupation Chief Investment Officer Aggregate Year-to-Date \$ 96		Payroll ded. of \$8 @ mo. \$ 48
C. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation AVP Aggregate Year-to-Date \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation 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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation 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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation 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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date \$		

SUBTOTAL of Receipts This Page (optional)	\$ 48
TOTAL This Period (last page this line number only)	\$ 1,884

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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

NAME OF COMMITTEE (In Full)

American National Insurance Company Good Government Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TEXANS FOR RICK PERRY PMB 217 P. O. Box 2013 Austin, TX 78768-2013	Campaign Contribution for Aggregate: \$1,000 t. Governor of Texas Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) N/A		\$1,000
LifePAC 1001 Pennsylvania Avenue, N.W. Washington, D.C. 20004-2599	Campaign contribution to other PAC Comms. Aggregate: \$4,000 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) N/A		\$4,000
HJPAC 555 13th Street, N.W., Suite 600 East Washington, D.C. 20004-1109	Campaign contributions to other PAC Comms. Aggregate: \$3,000 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) N/A		\$3,000
LIPAC 720 Brazos Street, Suite 202 Austin, TX 78701-3213	Campaign contributions to other PAC Comms. Aggregate: \$4,000 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) N/A		\$4,000
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) \$12,000.00

TOTAL This Period (last page this line number only) \$12,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1-20-00
<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>Sei</i> PREPARER	 1-24-00 DATE PREPARED