

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 MAR 23 P 1:20

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**Independent Insurance Agents of America Political Action  
Committee (InsurPac)**

ADDRESS (number and street)  Check if different than previously reported  
**412 First Street, SE, Suite 300**

CITY, STATE and ZIP CODE  
**Washington, DC 20003**

2. FEC IDENTIFICATION NUMBER  
**C00022343**

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

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report

### Monthly Report Due On:

- February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31

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

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>02/01/00</u> through <u>02/28/00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ 76,941.60
(b) Cash on Hand at Beginning of Reporting Period	\$ 76,427.74	
(c) Total Receipts (from Line 19)	\$ 71,643.87	\$ 76,130.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 148,071.61	\$ 153,071.61
7. Total Disbursements (from Line 30)	\$ 18,153.60	\$ 23,153.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 129,918.01	\$ 129,918.01
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street NW Washington, DC 20485 Toll Free 800-424-9530 Local 202-219-3430
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  
**Paul Equale**

Signature of Treasurer

*Paul Equale*

Date

3/17/00

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 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE <b>Independent Insurance Agents of America Political Action Committee (InsurPac)</b>	REPORT COVERING PERIOD		
	FROM <b>02/01/00</b>	TO <b>02/28/00</b>	
	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	34,750.00	37,250.00	11(a)(i)
ii. Unitemized	36,860.00	38,810.00	11(a)(ii)
iii. Total (add i and ii) >	71,610.00	76,060.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a ii, b and c) >	71,610.00	76,060.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	33.87	70.01	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	71,643.87	76,130.01	18
19. Total Receipts (add 11d, 12, 13, 14, 16, 17, and 18) >	71,643.87	76,130.01	19
20. Total Federal Receipts (subtract line 16 from line 19) >	71,643.87	76,130.01	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	18,153.60	23,153.60	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	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 Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	18,163.60	23,153.60	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	18,153.60	23,153.60	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	18,153.60	23,153.60	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	71,610.00	76,060.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	71,610.00	76,060.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 15  
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)**  
Independent Insurance Agents of America Political Action Committee (InsurPac)

A. Full Name, Mailing Address and ZIP Code John Pitts Sr. 2670 Union Avenue Ext. Suite 200 Memphis, TN 38112-4416	Name of Employer Lipscomb & Pitts Insurance, LLC  Occupation Insurance Agent	Date (month, day, year) 02/01/00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code Richard W. Bellemare PO Box 2060 Bristol, CT 06011-2060	Name of Employer Tracy Driscoll & Company, Inc.  Occupation President	Date (month, day, year) 02/01/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Irwin Nelson 100 South 14th Street Fort Calhoun, NE 68023-3531	Name of Employer New Frontier Insurance Agency  Occupation President	Date (month, day, year) 02/01/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Stephen Zogby Campion Commons PO Box 0818 New Hartford, NY 13413-0818	Name of Employer Scalzo, Zogby & Wittig, Inc.  Occupation Executive Vice President	Date (month, day, year) 02/01/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Michael Loftis P O Box 460 Blackwall, OK 74631-0460	Name of Employer Loftis Corp  Occupation President	Date (month, day, year) 02/01/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Charles F. Worcester P.O. Box 45 Milford, NH 03055-0045	Name of Employer Hometown Insurance Agency  Occupation President	Date (month, day, year) 02/01/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code George B. Jenness PO Box 7337 Rochester, NH 03839-7337	Name of Employer Jenness & Jenness Agency, Inc.  Occupation President	Date (month, day, year) 02/01/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	

2,000.00

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

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 **15**  
FOR LINE NUMBER **11 a 1**

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**NAME OF COMMITTEE (In Full)**  
Independent Insurance Agents of America Political Action Committee (InsurPac)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Michael Foy</b> PO Box 1030 Exeter, NH 03833-1030 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Foy Insurance Group, Inc.</b> Occupation: <b>Vice President</b>	<b>02/01/00</b>	<b>500.00</b>
Aggregate Year-to-Date > \$ <b>500.00</b>			
<b>Mark F. Calhoun</b> PO Box 10265 Birmingham, AL 35202-0265 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>McGriff, Seibels &amp; Williams</b> Occupation: <b>Senior Vice President</b>	<b>02/01/00</b>	<b>250.00</b>
Aggregate Year-to-Date > \$ <b>250.00</b>			
<b>Quinton Hanson</b> 103 Riviera Drive Florence, AL 35630-1557 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Associated Insuors</b> Occupation: <b>President</b>	<b>02/01/00</b>	<b>250.00</b>
Aggregate Year-to-Date > \$ <b>250.00</b>			
<b>Richard E. French</b> P.O. Drawer 990 Sedona, AZ 86336 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Ayres &amp; French, Inc.</b> Occupation: <b>Insurance Agent</b>	<b>02/01/00</b>	<b>250.00</b>
Aggregate Year-to-Date > \$ <b>250.00</b>			
<b>William C. Bloomquist</b> P O Drawer 1235 1201 F Avenue Douglas, AZ 85608 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Bloomquist Insurance Agency, Inc.</b> Occupation: <b>Insurance Agent</b>	<b>02/01/00</b>	<b>250.00</b>
Aggregate Year-to-Date > \$ <b>250.00</b>			
<b>Gregory Baker CLU, CPCU</b> P.O. Drawer 3807 St. Augustine, FL 32085-3807 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Thompson, Bailey, Baker Agency, Inc.</b> Occupation: <b>President</b>	<b>02/01/00</b>	<b>250.00</b>
Aggregate Year-to-Date > \$ <b>250.00</b>			
<b>Gaylord Wooge</b> P.O. Box 248 205 South Clark St. Forest City, IA 50436-0248 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Farm &amp; City Insurance Services</b> Occupation: <b>President</b>	<b>02/01/00</b>	<b>500.00</b>
Aggregate Year-to-Date > \$ <b>500.00</b>			

**2,250.00**

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 3 OF 15  
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**NAME OF COMMITTEE (in Full)**  
Independent Insurance Agents of America Political Action Committee (InsurPac)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel T. Haley Jr., CIC 21 1/2 Eastern Promenade Portland, ME 04101-4801	Daniel T. Haley Jr. Insurance Agency	02/01/00	250.00
Occupation Insurance Agent	Aggregate Year-to-Date \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Charles A. Compton P. O. Box 735 Carthage, MO 64836-0736	Southwest Agency, Inc.	02/01/00	250.00
Occupation President	Aggregate Year-to-Date \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code S. Edward Coppla P.O. Box 83405 Lincoln, NE 68501-3405	Copple Insurance Agency, Inc.	02/01/00	250.00
Occupation President	Aggregate Year-to-Date \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Jon A. Wahrenbrook 429 Court Street Elko, NV 89801-3527	McMullan Agency, Inc.	02/01/00	250.00
Occupation Vice President	Aggregate Year-to-Date \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code William R. Herzog PO Box 400 4250 Lake Avenue Ashtabula, OH 44005-0400	Stouffer-Herzog Insurance Agency, Inc.	02/01/00	250.00
Occupation Executive Vice President	Aggregate Year-to-Date \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Robert Oklok P.O. Box 88 168 North 4th Staubenville, OH 43962-5088	Oklok-Cris & Associates	02/01/00	250.00
Occupation President	Aggregate Year-to-Date \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Joseph W. Ray III, CLU 1580 Fishinger Road Columbus, OH 43221-2107	Ray Insurance Agency, Inc.	02/01/00	500.00
Occupation President	Aggregate Year-to-Date \$ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

2,000.00

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

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PAGE 4 OF 15  
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**NAME OF COMMITTEE (in Full)**  
Independent Insurance Agents of America Political Action Committee (InsurPac)

A. Full Name, Mailing Address and ZIP Code Wayne Sather PO Box 251 Sheboygan, WI 63082-0251	Name of Employer LMT - Maritime Insurance  Occupation Senior Vice-President	Date (month, day, year) 02/01/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 250.00	
B. Full Name, Mailing Address and ZIP Code James T. Armitage CPCU, AAI PO Box 3520 1414 S. Fair Oaks Ave. #3 South Pasadena, CA 91031-6520	Name of Employer Arroyo Insurance Services, Inc.  Occupation Vice President	Date (month, day, year) 02/08/00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 500.00	
C. Full Name, Mailing Address and ZIP Code Jerry W. O'Kane 1000 Broadway Street Suite 600 Oakland, CA 94607-4020	Name of Employer Insurance Brokers & Agents of the West  Occupation Chairman	Date (month, day, year) 02/08/00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 500.00	
D. Full Name, Mailing Address and ZIP Code Lynn W. Mathis CPCU PO Box 450289 Atlanta, GA 31145-0289	Name of Employer Williams Turner & Mathis, Inc.  Occupation Insurance Agent	Date (month, day, year) 02/08/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Richard R. Albert P.O. Box 1406 Lewiston, ME 04243-1406	Name of Employer Parent Insurance Agency  Occupation Vice President	Date (month, day, year) 02/08/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 250.00	
F. Full Name, Mailing Address and ZIP Code J. L. Adams III P.O. Box 938 Gloster, MS 39638-0938	Name of Employer Adams Insurance Agency  Occupation Insurance Agent	Date (month, day, year) 02/08/00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 500.00	
G. Full Name, Mailing Address and ZIP Code Patrick D. Connell CIC PO Box 1840 Branson, MO 65616-1840	Name of Employer Connell Insurers, Inc.  Occupation President	Date (month, day, year) 02/08/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 250.00	

2,500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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Independent Insurance Agents of America Political Action Committee (InsurPac)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>John A. Campbell</b> P.O. Box 521 Washington, PA 15301	<b>Campbell Insurance Associates</b>  Occupation <b>Insurance Agent</b>	<b>02/08/00</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\$$ <b>1,000.00</b>		
<b>Robert Dale</b> PO Box X Bellingham, WA 98227-1583	<b>The Unity Group</b>  Occupation <b>President</b>	<b>02/08/00</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\$$ <b>250.00</b>		
<b>Stewart M. Berger</b> P.O. Box 1598 Martinsburg, WV 25402-1598	<b>Smith-Edenbousch Insurance</b>  Occupation <b>Insurance Agent</b>	<b>02/08/00</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\$$ <b>500.00</b>		
<b>Richard T. Gregson</b> PO Box 13598 Tucson, AZ 85732-3598	<b>Golseth &amp; Gregson Ins. Services, Inc.</b>  Occupation <b>Executive Vice President</b>	<b>02/08/00</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\$$ <b>250.00</b>		
<b>J. David Daniel</b> PO Box 2627 Baton Rouge, LA 70821-2627	<b>McInnis, Tyner &amp; Daniel, Inc.</b>  Occupation <b>Insurance Agent</b>	<b>02/08/00</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\$$ <b>250.00</b>		
<b>Paul Rohrbaugh CIC</b> 1100 Circle 75 Parkway Suite 140 Atlanta, GA 30339-3084	<b>The Rohrbaugh Company</b>  Occupation <b>President</b>	<b>02/08/00</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\$$ <b>250.00</b>		
<b>Henry C. Mullin Jr.</b> P.O. Box 5688 Shreveport, LA 71135-5688	<b>Mullin &amp; Mullin Insurance</b>  Occupation <b>Vice President</b>	<b>02/08/00</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\$$ <b>250.00</b>		

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

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

**2,750.00**

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (InsurPac)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard A. Poppa CAE, AAI 109 Twin Oaks Drive Syracuse, NY 13206-1205	IA of New York, Inc. Occupation: Executive Vice Pres. and Sec.	02/08/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
Thomas A. Grau PO Box 6710 Great Falls, MT 59406-6710	Century Agency Occupation: Insurance Agent	02/08/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 500.00		
Thomas F. Kerestes 2603 W. Charleston Blvd. Las Vegas, NV 89102-2180	Cragin & Pike, Inc. Occupation: President	02/08/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
Paul W. Babbitt 2875 Union Road Suite 354 Buffalo, NY 14227-1461	Niagara National, Inc. Occupation: President	02/08/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
Fred A. Rogne 295 S. Maine Street Fallon, NV 89406-3390	E.H. Hursh, Inc. Occupation: Manager	02/08/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
W. Cloyce Anders P.O. Box 12825 Raleigh, NC 27605-2825	VFIS of North Carolina Occupation: Insurance Agent	02/08/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 1,000.00		
Richard S. Hollis Jr. 1255 A Lynnfield Suite 220 Memphis, TN 38119	Hollis & Burns Insurance Agency Occupation: President	02/08/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
			<b>2,750.00</b>

SUBTOTAL of Receipts This Page (optional)

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 **15**  
FOR LINE NUMBER **11 a**

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NAME OF COMMITTEE (in Full)  
Independent Insurance Agents of America Political Action Committee (InsurPac)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>William F. Hofmann III, CPCU, CLU</b> 258 Blanchard Road Belmont, MA 02478-4059	<b>Provider Insurance Group, Inc.</b>	<b>02/08/00</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Chairman</b>	Aggregate Year-to-Date > \$ <b>1,000.00</b>	
<b>Thomas E. Wiseman CIC</b> 451 Second Avenue Gallipolis, OH 45631-1129	<b>Wiseman Agency, Inc.</b>	<b>02/08/00</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Vice President</b>	Aggregate Year-to-Date > \$ <b>500.00</b>	
<b>Jeanne M. Heister CPCU, CIC, CLU</b> 241 Brick Boulevard Brick, NJ 08723-7167	<b>The Ronan Agency, Inc.</b>	<b>02/08/00</b>	<b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>President</b>	Aggregate Year-to-Date > \$ <b>1,000.00</b>	
<b>George I. Remington</b> 203 East Third Moscow, ID 83843-2819	<b>Moscow Insurance Agency, Inc.</b>	<b>02/08/00</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Secretary/Treasurer</b>	Aggregate Year-to-Date > \$ <b>250.00</b>	
<b>Douglas M. Thompson</b> PO Box 870 Buffalo, WY 82834-0870	<b>North Wyoming Insurance, Inc.</b>	<b>02/08/00</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>President</b>	Aggregate Year-to-Date > \$ <b>250.00</b>	
<b>Paul L. Jones</b> 135 Rennell Dr. PO Box 0098 Southport, CT 06490-1450	<b>L.J.F. Insurance Services, Inc.</b>	<b>02/08/00</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive Vice President</b>	Aggregate Year-to-Date > \$ <b>500.00</b>	
<b>Richard L. Hall CPCU</b> 2823 6th Avenue North Billings, MT 59101-1193	<b>Streeter Brothers Insurance, Inc.</b>	<b>02/08/00</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Insurance Agent</b>	Aggregate Year-to-Date > \$ <b>500.00</b>	

**4,000.00**

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 8 OF 15  
FOR LINE NUMBER 11 a

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**NAME OF COMMITTEE (In Full)**  
Independent Insurance Agents of America Political Action Committee (InsurPac)

A. Full Name, Mailing Address and ZIP Code Richard W. Davis CLU, CPCU 1237 Highland Ave. Needham, MA 02492-2615	Name of Employer Provider Insurance Group, Inc.  Occupation President	Date (month, day, year) 02/08/00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 500.00			
B. Full Name, Mailing Address and ZIP Code Gail D. Bundy 4407 Lomas, NE Albuquerque, NM 87110-7700	Name of Employer Gerding, McMahon, Padon & Koller  Occupation Insurance Agent	Date (month, day, year) 02/08/00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 500.00			
C. Full Name, Mailing Address and ZIP Code Leland C. Ruef P.O. Box 210008 300 Gracem Road Columbia, SC 29221-0008	Name of Employer IAA Of South Carolina  Occupation Insurance Agent	Date (month, day, year) 02/08/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 250.00			
D. Full Name, Mailing Address and ZIP Code Alejandro Soto CPCU, ARM 9500 South Dadeland Blvd. Suite 200 Miami, FL 33156-2624	Name of Employer InSource, Inc.  Occupation President	Date (month, day, year) 02/08/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 250.00			
E. Full Name, Mailing Address and ZIP Code Heather Minkler 125 Airport Road Concord, NH 03301	Name of Employer IA of New Hampshire  Occupation Insurance Agent	Date (month, day, year) 02/08/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 250.00			
F. Full Name, Mailing Address and ZIP Code Kenneth P. Smith CPCU, CLU 2370 York Road, D4 Jamison, PA 18928	Name of Employer Insurance Specialties Services, Inc.  Occupation President	Date (month, day, year) 02/08/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 250.00			
G. Full Name, Mailing Address and ZIP Code Gary C. Rygiel CIC, CPCU, ARM 525 Route #33 Englehtown, NJ 07726-8103	Name of Employer Liberty Insurance Associates  Occupation Executive Vice-President	Date (month, day, year) 02/08/00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 500.00			

2,800.00

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 9 OF 15  
FOR LINE NUMBER 11 a

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**NAME OF COMMITTEE (in Full)**  
Independent Insurance Agents of America Political Action Committee (InsurPac)

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Bruce R. Martin CIC P.O. Box 39 Shinnston, WV 26431-0039</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Hunter Agency, Inc.</p> <p><b>Occupation</b> President</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b> 02/08/00</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Edward K. Bynum CIC P.O. Box 638 Sumter, SC 29151</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Bynum Insurance</p> <p><b>Occupation</b> Insurance Agent</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b> 02/16/00</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Louis B. Novick 11300 Rockville Pike Rockville, MD 20852-3002</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> The Novick Group, Inc.</p> <p><b>Occupation</b> President</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b> 02/16/00</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Michael P. Locaacko 1923 Westfield Avenue Scotch Plains, NJ 07078-0190</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Milo Associates, Inc.</p> <p><b>Occupation</b> President</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b> 02/16/00</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Ralph W. Swank Sr. PO Box 137 Waukegan, IL 60079-0137</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Swank Insurance Agency, Inc.</p> <p><b>Occupation</b> President</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b> 02/16/00</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Malcolm Dunaway 1296 Westgate Pkwy. PO Drawer 6988 Dothan, AL 36303-2153</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Insurance Center of the Southeast</p> <p><b>Occupation</b> Insurance Agent</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b> 02/16/00</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Joseph M. Blinsfield 5628 East Thomas Road Phoenix, AZ 86018</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> General Southwest Insurance Agency</p> <p><b>Occupation</b> Insurance Agent</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b> 02/16/00</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>

**SUBTOTAL of Receipts This Page (optional)** ..... 1,750.00

**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

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NAME OF COMMITTEE (in Full)  
Independent Insurance Agents of America Political Action Committee (InsurPac)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David F. Wilson P O Box 1115 Chula Vista, CA 91912-1115	Wilson Insurance Agency, Inc.	02/16/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	Aggregate Year-to-Date > \$ 500.00	
J. Ralph Murray 680 Main Street Stamford, CT 06901-2113	Insurance & Financial Services, Inc.	02/16/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 250.00	
Jeffrey M. Yates 127 South Peyton Street Alexandria, VA 22314-2803	IA of America, Inc.	02/16/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Vice President	Aggregate Year-to-Date > \$ 500.00	
Howell Wallace Jr. 4 Village Square Smyrna, DE 19977-1809	Pratt Insurance, Inc.	02/16/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 250.00	
Leonard Blount P.O. Box 877 114 South Main Street Statesboro, GA 30459-0877	Blount, Burke, Wimberly & Hendricks	02/16/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 250.00	
William G. Stiglitz III PO Box 3326 Louisville, KY 40201-3326	Hyland, Block & Hollingsworth, Inc.	02/16/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
Bruce A. Chalmers PO Box 189 Bridgton, ME 04009-0189	Chalmers Insurance Agency	02/16/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 250.00	

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

2,250.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 11 OF 15  
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NAME OF COMMITTEE (in Full)  
Independent Insurance Agents of America Political Action Committee (InsurPac)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William W. Chalmers P.O. Box 189 Bridgton, ME 04009-0189	Chalmers Insurance Agency	02/16/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Treasurer Aggregate Year-to-Date > \$ 250.00		
Dennis H. Hilton P.O. Box 729 18 Main St. Damariscotta, ME 04543-0729	Cheney Insurance Agency	02/16/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > \$ 250.00		
Jeffrey Newsom 1 Market Square PO Box 297 South Paris, ME 04281-1511	W.J. Wheeler & Company, Inc.	02/16/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 250.00		
Kim R. O'Neil 477 Main Street Stoneham, MA 02180-2602	Robert F O'Neil Ins. Agency, Inc.	02/16/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 250.00		
John A. Rowe P O Box 266 7025 Miller Road Swartz Creek, MI 48473-0266	Blackmore-Rowe Insurance	02/16/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 250.00		
J. Perry Wolfe 111 Main Street Scobey, MT 59283	Wolfe-Daniels Agency, Inc.	02/16/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 250.00		
Lauren R. House CPCU, AAI 310 North Stewart Street Carson City, NV 89701-4207	Nevada Independent Insurance Agents	02/16/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Vice President Aggregate Year-to-Date > \$ 250.00		

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

1,750.00

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

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**NAME OF COMMITTEE (In Full)**  
Independent Insurance Agents of America Political Action Committee (InsurPac)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John McFadden P.O. Box 26987 6180 W. Viking Las Vegas, NV 89126-0987	McFadden Insurance Agency, Inc.	02/16/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 250.00		
Mark McKinley 2603 W. Charleston Blvd. Las Vegas, NV 89102-2180	Cragin & Pike, Inc.	02/16/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 250.00		
James York 1105 Terminal Way, #202 Reno, NV 89502-2162	Layne & Associates	02/16/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 250.00		
John T. McMahon CLU, CPCU, CIC 4407 Lomas N.E. Albuquerque, NM 87110-7700	Gerding, McMahon, Padon & Koller, Inc.	02/16/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 500.00		
Ronald R. Bagwell P.O. Box 2326 Raleigh, NC 27602-2326	Bagwell & Bagwell, Inc.	02/16/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 250.00		
Roger D. Evans Jr. PO Box 1437 2904 North Heritage Street Kinston, NC 28503-1437	J.Q. Hart Insurance Agency, Inc.	02/16/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 250.00		
Joseph R. Klutz Jr., CPCU PO Box 370 146 East Main Street Albemarle, NC 28002-0370	Albemarle Insurance Agency, Inc.	02/16/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 250.00		

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

TOTAL This Period (see page this line number only) .....

2,000.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (In Full)**  
Independent Insurance Agents of America Political Action Committee (InsurPac)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gerald E. Roach Jr. PO Box 359 451 Second Avenue Gallipolis, OH 45631-0359 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Wiseman Agency, Inc. Occupation: Vice President Aggregate Year-to-Date > \$ 250.00	02/16/00	250.00
Michael S. Stelner 143 N Market St Wooster, OH 44691-4809 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Steiner Ins Agcy Inc Occupation: Insurance Agent Aggregate Year-to-Date > \$ 250.00	02/16/00	250.00
Robert S. McKown CPCU P.O. Box 18444 Oklahoma City, OK 73154-0444 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Cole, Paine & Carlin Insurance, Inc. Occupation: Insurance Agent Aggregate Year-to-Date > \$ 500.00	02/16/00	500.00
Richard D. Teubner 2738 E 51st St #400 Tulsa, OK 74105-8228 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Rich & Cartmill Inc Occupation: Insurance Agent Aggregate Year-to-Date > \$ 500.00	02/16/00	500.00
Bruce Cabell CIC PO Box 7606 Charlottesville, VA 22906-7606 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Cabell Insurance Associates, Inc. Occupation: President Aggregate Year-to-Date > \$ 250.00	02/25/00	250.00
C.D. Galey P.O. Drawer 791 Hattiesburg, MS 39403 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Galey Agency, Inc. Occupation: Insurance Agent Aggregate Year-to-Date > \$ 250.00	02/25/00	250.00
Douglas T. Colwall ARM, CIC 910 Main Street, Ste. 220 Boise, ID 83702 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Harris Dean Insurance Occupation: Insurance Agent Aggregate Year-to-Date > \$ 250.00	02/26/00	250.00

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

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

2,250.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (In Full)**  
Independent Insurance Agents of America Political Action Committee (InsurPac)

<p><b>A. Full Name, Mailing Address and ZIP Code</b> George W. Thompson III PO Box 11408 Montgomery, AL 36111-0408</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Thompson Insurance, Inc.</b></p> <p>Occupation <b>Insurance Agent</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>250.00</b></p>	<p>Date (month, day, year) <b>02/25/00</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Harold M. Humphrey P.O. Box 561587 Miami, FL 33256-1587</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>InSource</b></p> <p>Occupation <b>Insurance Agent</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>250.00</b></p>	<p>Date (month, day, year) <b>02/25/00</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Thomas R. Jones Jr. 1780 N. Krome Ave. Box 1505 Homestead, FL 33030-3236</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>T.R. Jones &amp; Company</b></p> <p>Occupation <b>President</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>250.00</b></p>	<p>Date (month, day, year) <b>02/26/00</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> John Ritenour PO Box 162207 Altamonte Springs, FL 32716-2207</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Insurance Office of America, Inc.</b></p> <p>Occupation <b>Insurance Agent</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>500.00</b></p>	<p>Date (month, day, year) <b>02/25/00</b></p>	<p>Amount of Each Receipt this Period <b>500.00</b></p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> David Stanton PO Box 5648 Fort Lauderdale, FL 33310-5648</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Gateway Insurance Agency, Inc.</b></p> <p>Occupation <b>President</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>500.00</b></p>	<p>Date (month, day, year) <b>02/25/00</b></p>	<p>Amount of Each Receipt this Period <b>500.00</b></p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> David Lewis 3480 Preston Ridge Rd., #100 Alpharetta, GA 30005-2054</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Love, Douglas &amp; Pope, Inc.</b></p> <p>Occupation <b>Insurance Agent</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>250.00</b></p>	<p>Date (month, day, year) <b>02/25/00</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Kelly McKenzie AAI Box 1089 Marietta, GA 30061-1089</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Little &amp; Smith, Inc.</b></p> <p>Occupation <b>Insurance Agent</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>250.00</b></p>	<p>Date (month, day, year) <b>02/26/00</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>

**SUBTOTAL of Receipts This Page (optional)** ..... **2,250.00**

**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 15 OF 15  
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (InsurPac)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott E. Russell P.O. Box 2190 Alpharetta, GA 30023-2190	Huffines, Russell & Associates Occupation: Insurance Agent	02/25/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Edward W. Bowman 381 S. Frontage Road, #105 Burr Ridge, IL 60521-5830	Stewart-Keator-Kasaberg & Lederer, Inc Occupation: President	02/25/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Henry C. Mullin PO Box 5888 Shreveport, LA 71135-5888	Mullin & Mullin Insurance, Inc. Occupation: President	02/25/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Nick Rossi 604 W Moana Lane #D Reno, NV 89509-4999	Lucini/Parish Ins., Inc. Occupation: Insurance Agent	02/25/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code William J. DesGrossaillers 424 Hanover St. Manchester, NH 03104-5101	Paradis Insurance Agency, Inc. Occupation: President	02/25/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Deborah J. Shenberger 1110 Harrison Street Frenchtown, NJ 08826-1192	Shenberger Insurance Services Agency Occupation: Owner	02/25/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code David Hunton P.O. Box 904 Portales, NM 88130-0904	Hunton Insurance, Inc. Occupation: President	02/25/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional) .....	1,750.00
TOTAL This Period (last page this line number only) .....	34,750.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**  
Independent Insurance Agents of America Political Action Committee (InsurPac)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of George Allen PO Box 573 Richmond, VA 23218	George Allen, U.S. SENATE VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/08/00	1,000.00
Re-elect Brian Bilbray for Congress 4451 Brookfield Corp. Drive #200 Chantilly, VA 20151	Brian Bilbray, U.S. HOUSE 48th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/08/00	1,000.00
Friends of George Allen PO Box 573 Richmond, VA 23218	George Allen, U.S. SENATE VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/08/00	1,000.00
Bill Nelson Campaign Committee P.O. Box 10962 Tallahassee, FL 32302	Bill Nelson, U.S. SENATE FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/08/00	2,500.00
Martin Frost Campaign Committee 4 East Street, SE Washington, DC 20003	Martin Frost, House TX24 Frost/Thompson Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/08/00	2,500.00
Mike Thompson for Congress P.O. Box 1998 Saint Helena, CA 94574	Mike Thompson, House CA1 Frost/Thompson Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/08/00	2,500.00
Mary Bono Committee P.O. Box 3370 Palm Springs, CA 92263	Mary Bono, U.S. HOUSE 44th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/09/00	1,000.00
Hatch 2000 P.O. Box 1480 Washington, DC 20013	Orrin Hatch, U.S. SENATE UT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/09/00	2,500.00
Citizens for Gillmor P.O. Box 910 Port Clinton, OH 43452	Paul Gillmor, U.S. HOUSE 5th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/09/00	1,000.00

SUBTOTAL of Disbursements This Page (optional) .....

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

16,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**  
 Independent Insurance Agents of America Political Action Committee (InsurPac)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tiberl for Congress 2021 East Dublin-Granville Road Suite 201 Columbus, OH 43229	Pat Tiberl, U.S. HOUSE 12th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/09/00	1,000.00
Friends of Jim Saxton P.O. Box 795 Mount Holly, NJ 08060-9943	Jim Saxton, U.S. HOUSE 3rd NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/15/00	1,000.00
The Monocle 107 D Street, NE Washington, DC 20002	In-Kind Contribution Phill Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002	02/16/00	153.60 (In-Kind)
Friends of Phil Gramm 900 Second Street, NE Suite 114 Washington, DC 20002	In-Kind Contribution Phill Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002	02/16/00	153.60 (Memo In-Kind)
Rogan for Congress PO Box 36 Montrose, CA 91021	James E. Rogan, U.S. HOUSE 27th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/17/00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3,153.60
<b>TOTAL</b> This Period (last page this line number only) .....	18,153.80

