REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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

RECEIVED
FEDERAL ELECTION COMMISSION
DEC 4 2 38 PM '98

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 11/3/98 in the State of U.S.A.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/16/98 through 11/23/98		
6. (a) Cash on Hand January 1, 19 98		$ 83,611.76
(b) Cash on Hand at Beginning of Reporting Period	$ 63,366.80	
(c) Total Receipts (from Line 16)	$ 8,733.75	$ 316,252.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 72,100.55	$ 399,864.03
7. Total Disbursements (from Line 30)	$ 10,750.00	$ 338,513.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 61,350.55	$ 61,350.55
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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 12/2/98

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)

4-00173

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

(revised 1/1/91)

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

REPORT COVERING PERIOD FROM 10/15/98 TO: 11/23/98

	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)	1,250.00	108,325.00	11(a)(i)
ii. Unitemized	7,445.00	207,520.00	11(a)(ii)
iii. Total (add i and ii) ➤	8,695.00	315,845.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	8,695.00	315,845.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	38.75	407.27	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	8,733.75	316,262.27	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	8,733.75	316,252.27	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	265.42	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	265.42	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	10,750.00	337,748.06	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. Individuals/Persons Other Than Political Committees	0.00	500.00	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	500.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	10,750.00	338,513.48	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	10,750.00	338,513.48	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	8,695.00	315,845.00	32
33. Total Contribution Refunds (from line 28d)	0.00	500.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	8,695.00	315,345.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	265.42	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	265.42	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11 a i

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Duckworth Jr., CIC P.O. Box 1350 Tuscaloosa, AL 36403 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Duckworth-Morris Agency, Inc. Occupation: Vice President Aggregate Year-to-Date > $ 250.00	10/29/98	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
E. Donald Lewis 271 Cambridge St. Cambridge, MA 02141 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hastings-Tapley Insurance Agency, Inc. Occupation: Insurance Agent Aggregate Year-to-Date > $ 250.00	10/29/98	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John E. Blair Jr., AAI 1600 Route 33 Hamilton Square, NJ 08690 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nottingham Agency, Inc. Occupation: President Aggregate Year-to-Date > $ 250.00	10/29/98	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David L. Wyrsch Ohio Avenue and Blvd. Beach Haven Terrace, NJ 08008 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Van Dyk Group Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	10/30/98	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 1,250.00

TOTAL This Period (last page this line number only) 1,250.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)
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
Sequoia National Bank 655 New Jersey Ave., NW Washington, DC 20001-2029		10/31/98	38.75
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 407.27		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	38.75
TOTAL This Period (last page this line number only)	38.75

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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
Blanche Lambert Lincoln for Senate P.O. Box 3197 Little Rock, AR 72203-3197	Lambert Lincoln, U.S. SENATE AR Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/16/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Lazio for Congress 3 East Main Street Bay Shore, NY 11706	Purpose of Disbursement Rick Lazio, U.S. HOUSE 2nd NY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	Date (month, day, year) 10/23/98	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Pat Toomey for Congress 1212 North Vernon Street Arlington, VA 22201	Purpose of Disbursement Pat Toomey, U.S. HOUSE 15th PA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	Date (month, day, year) 10/23/98	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Re-elect Brian Bilbray for Congress 4461 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151-1652	Purpose of Disbursement Brian Bilbray, U.S. HOUSE 49th CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	Date (month, day, year) 10/23/98	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Baker for Congress PO Box 1694 Baton Rouge, LA 70821	Purpose of Disbursement Richard Baker, U.S. HOUSE 6th LA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	Date (month, day, year) 10/27/98	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Moran for Congress 1225 19th Street, NW 5th Floor Washington, DC 20036	Purpose of Disbursement James P. Moran, U.S. HOUSE 8th VA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	Date (month, day, year) 10/29/98	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Lazio for Congress 3 East Main Street Bay Shore, NY 11706	Purpose of Disbursement Rick Lazio, U.S. HOUSE 2nd NY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	Date (month, day, year) 10/29/98	Amount of Each Disbursement This Period 1,000.00
H. Full Name, Mailing Address and ZIP Code Franks for Congress PO Box 661 New Providence, NJ 07974	Purpose of Disbursement Bob Franks, U.S. HOUSE 7th NJ Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	Date (month, day, year) 10/29/98	Amount of Each Disbursement This Period 2,000.00
I. Full Name, Mailing Address and ZIP Code Re-Elect Congressman McGovern Committee PO Box 405 Worcester, MA 01606	Purpose of Disbursement Jim McGovern, U.S. HOUSE 3rd MA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	Date (month, day, year) 10/29/98	Amount of Each Disbursement This Period 250.00

SUBTOTAL of Disbursements This Page (optional) 8,250.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 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 Schumer '98 333 West 52nd Street New York, NY 10019	Purpose of Disbursement Chuck Schumer, U.S. SENATE NY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998 DEBT	Date (month, day, year) 11/10/98	Amount of Each Disbursement This Period 2,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2,500.00
TOTAL This Period (last page this line number only)	10,750.00

4-00173

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.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 12/2/98
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

KRS
PREPARER

12/4/98
DATE PREPARED

(4/98)