



UNITED SERVICES PLANNING ASSOCIATION, INC.
INDEPENDENT RESEARCH AGENCY FOR LIFE INSURANCE, INC.

AUG 14 12 04 PM '98

August 10, 1998

Federal Election Commission
999 East Street, N. W.
Washington DC 20463

Dear Sir/Madam:

Enclosed is the FEC Form 3X, as required. If there are questions, or further requirements, please call me at extension 2237.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael F. Morrison".

Michael F. Morrison
Director of Financial Accounting

MFM/sy

Enclosures: As stated



REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Aug 14 12 04 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) United Services Planning Association PAC		2. FEC IDENTIFICATION NUMBER 75-2693991
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 4100 S. Hulen Street	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	
CITY, STATE and ZIP CODE Ft Worth, TX 76109		

4. TYPE OF REPORT

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

Monthly Report Due On:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

- Twelfth day report preceding _____ (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

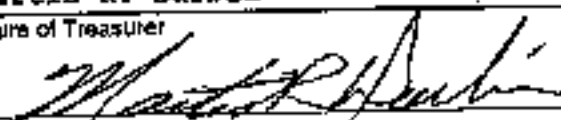
SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>04/01/98</u> through <u>06/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 0.00	
(c) Total Receipts (from Line 19)	\$ 14,460.00	\$ 37,400.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 14,460.00	\$ 37,400.00
7. Total Disbursements (from Line 30)	\$ 2,500.00	\$ 2,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 11,960.00	\$ 34,900.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Martin R. Durbin

Signature of Treasurer



Date

8-10-98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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FEC FORM 3X

(revised 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE United Services Planning Association PAC		REPORT COVERING PERIOD	
		FROM	TO
		04/01/98	06/30/98
		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)	4,905.00	18,255.00	11(a)(1)
ii. Unitemized	9,555.00	19,145.00	11(a)(2)
iii. Total (add i and ii) >	14,460.00	37,400.00	11(a)(3)
b. Political Party Committees	0.00	0.00	11(c)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a ii, b and c) >	14,460.00	37,400.00	11(c)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	14,460.00	37,400.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	14,460.00	37,400.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(1)
ii. Non-Federal Share	0.00	0.00	21(a)(2)
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	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,500.00	2,500.00	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	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,500.00	2,500.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,500.00	2,500.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	14,460.00	37,400.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	14,460.00	37,400.00	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 3
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)
United Services Planning Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Skipper Bennett 6410 SW Blvd, Suite 200 Fort Worth, TX 76109-3920 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Agent Aggregate Year-to-Date > \$ 400.00	Payroll Deduction	300.00 (\$100.00) Monthly)
Tom Elmendorf 6410 SW Blvd, Suite 200 Fort Worth, TX 76109-3920 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Agent Aggregate Year-to-Date > \$ 260.00	Payroll Deduction	195.00 (\$65.00) Monthly)
Pat Patterson 11211 Gold Country Blvd, 108 Gold River, CA 95670 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Agent Aggregate Year-to-Date > \$ 260.00	Payroll Deduction	195.00 (\$65.00) Monthly)
Rich Giles 519 N Mur-Len Olathe, KS 66062 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Agent Aggregate Year-to-Date > \$ 800.00	Payroll Deduction	600.00 (\$200.00) Monthly)
Doug Gray 3525 Habersham at Northlake Tucker, GA 30084 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Agent Aggregate Year-to-Date > \$ 400.00	Payroll Deduction	300.00 (\$100.00) Monthly)
Scott Hull 9175 Guilford Rd, Suite 200 Columbia, MD 21046 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Agent Aggregate Year-to-Date > \$ 500.00	Payroll Deduction	375.00 (\$125.00) Monthly)
Bill Dean 5285 Shawnee Rd, Suite 305 Alexandria, VA 22312-2328 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Agent Aggregate Year-to-Date > \$ 240.00	Payroll Deduction	180.00 (\$60.00) Monthly)

SUBTOTAL of Receipts This Page (optional) 2,145.00

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 2 OF 3
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)
United Services Planning Association PAC

A. Full Name, Mailing Address and ZIP Code Mike Wheeler 4605 Pembroke Lake Cir, 200 Virginia Beach, VA 23455	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Agent	Payroll Deduction	195.00 (\$65.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 260.00	
B. Full Name, Mailing Address and ZIP Code Tom Ferguson 4100 South Hulen Fort Worth, TX	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Agent	Payroll Deduction	150.00 (\$50.00 Monthly)
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 Frank LeHardy 3525 Babarsham at Northlake Tucker, GA 30084	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Agent	Payroll Deduction	195.00 (\$65.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 260.00	
D. Full Name, Mailing Address and ZIP Code Phil Loignon 4100 South Hulen Fort Worth, TX 76109	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Agent	Payroll Deduction	150.00 (\$50.00 Monthly)
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 Bill Stropp 6025 Erin Park Dr, Suite A Colorado Springs, CO 80918	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Agent	Payroll Deduction	180.00 (\$60.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 240.00	
F. Full Name, Mailing Address and ZIP Code Paul Kruse 8283 N Hayden Rd, Suite 295 Scottsdale, AZ 85258	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Agent	Payroll Deduction	195.00 (\$65.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 260.00	
G. Full Name, Mailing Address and ZIP Code Stan Russell 4605 Pembroke Lake Cir, 200 Virginia Beach, VA 23455	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Agent	Payroll Deduction	195.00 (\$65.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 260.00	

SUBTOTAL of Receipts This Page (optional) 1,260.00

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 3 OF 3
FOR LINE NUMBER 11 of 1

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NAME OF COMMITTEE (in Full)
United Services Plumbing Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peggy Galda 4100 South Eulen Fort Worth, TX 76109 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Payroll		150.00 (\$50.00 Monthly)
	Occupation Agent		
	Aggregate Year-to-Date > \$ 250.00		
Jim Petersen 4605 Pembroke Lake Cir, 200 Virginia Beach, VA 23455 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Payroll		300.00 (\$100.00 Monthly)
	Occupation Agent		
	Aggregate Year-to-Date > \$ 400.00		
Bob Swete 4100 S Eulen Fort Worth, TX 76109 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Payroll		300.00 (\$100.00 Monthly)
	Occupation Agent		
	Aggregate Year-to-Date > \$ 400.00		
Bob Gorman 519 Norht Mur-Len Olathe, KS 66062 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Payroll		300.00 (\$100.00 Monthly)
	Occupation Agent		
	Aggregate Year-to-Date > \$ 400.00		
Jim Lanier 4100 South Eulen Fort Worth, TX 76109 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Payroll		300.00 (\$100.00 Monthly)
	Occupation Agent		
	Aggregate Year-to-Date > \$ 500.00		
Marty Durbin 4100 South Eulen Fort Worth, TX 76109 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Payroll		150.00 (\$50.00 Monthly)
	Occupation Agent		
	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Payroll		 Monthly)
	Occupation Agent		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) 1,500.00

TOTAL This Period (last page this line number only) 4,905.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE	OF
1	1
FOR LINE NUMBER	
23	

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NAME OF COMMITTEE (in Full)

United Services Planning Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kay Bailey Hutchison for Senate 8300 Douglas Ave. Suite 8100 Dallas, TX 75225	Kay Bailey Hutchison, U.S. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/15/98	1,000.00
Friends of Senator D'Amato 910 Congress Ave. Second Floor Austin, TX 78701	Alfonse M. D'Amato, U.S. SENATE NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/16/98	1,000.00
Launch Faircloth For Senate P.O. Box 26585 Raleigh, NC 27611	Launch Faircloth, U.S. SENATE NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/23/98	500.00
D. 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
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)

2,500.00

TOTAL This Period (last page this line number only)

2,500.00

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 8-10-98
<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>JES</i> PREPARER	8-14-98 DATE PREPARED