



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

January 5, 1999

Kenneth A. Davis Jr.  
Federal Election Commission  
999 East Street, N. W.  
Washington DC 20463

RECORDED  
FEDERAL ELECTION COMMISSION  
JAN 11 12 25 PM '99

Dear Mr. Davis:

Enclosed are the amended July and October Quarterly Reports along with amended Pre-General and Post-General Election Reports. In response to your letter dated December 16, 1998, we have changed the FEC identification number and cash on hand at beginning of reporting period. If you have any questions feel free to contact me at (817) 731-8621 ext. 2237.

Sincerely,

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)

USE FEC MAILING LABEL OR TYPE OR PRINT

FEDERAL ELECTION COMMISSION  
U.S.A. 2000

<b>1. NAME OF COMMITTEE (in full)</b> United Services Planning Association PAC	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 4100 S. Eulen Street	<b>2. FEC IDENTIFICATION NUMBER</b> C00325647
<b>CITY, STATE and ZIP CODE</b> Ft Worth, TX 76109	<input type="checkbox"/> 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:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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	\$ 22,940.00	
(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)	\$ 37,400.00	\$ 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))	\$ 34,900.00	\$ 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 <b>Martin R. Durbin</b>	Date
Signature of Treasurer 	1/5/99

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	
United Services Planning Association PAC		FROM 04/01/98 TO:	06/30/98
		COLUMN A	COLUMN B
		Total This Period	Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		4,905.00	18,255.00
ii. Unitemized		9,555.00	19,145.00
iii. Total (add i and ii) >		14,460.00	37,400.00
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contributions (add a ii, b and c) >		14,460.00	37,400.00
12. Transfers From Affiliated/Other Party Committees		0.00	0.00
13. All Loans Received		0.00	0.00
14. Loan Repayments Received		0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)		0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity		0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		14,460.00	37,400.00
20. Total Federal Receipts (subtract line 18 from line 19) >		14,460.00	37,400.00
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		0.00	0.00
ii. Non-Federal Share		0.00	0.00
b. Other Federal Operating Expenditures		0.00	0.00
c. Total Operating Expenditures (add a i, a ii, and b) >		0.00	0.00
22. Transfers to Affiliated/Other Party Committees		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		2,500.00	2,500.00
24. Independent Expenditures (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		0.00	0.00
26. Loan Repayments Made		0.00	0.00
27. Loans Made		0.00	0.00
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		0.00	0.00
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contribution Refunds (add a, b and c) >		0.00	0.00
29. Other Disbursements		0.00	0.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		2,500.00	2,500.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		2,500.00	2,500.00
<b>(I) Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		14,460.00	37,400.00
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		14,460.00	37,400.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		0.00	0.00
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >		0.00	0.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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	Self Employed	Payroll	300.00
	Occupation Agent	Deduction	(\$100.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		Monthly)
B. Full Name, Mailing Address and ZIP Code Tom Elmendorf, 6410 SW Blvd, Suite 200 Fort Worth, TX 76109-3920	Self Employed	Payroll	195.00
	Occupation Agent	Deduction	(\$65.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00		Monthly)
C. Full Name, Mailing Address and ZIP Code Pat Patterson, 11211 Gold Country Blvd, 108 Gold River, CA 95670	Self Employed	Payroll	195.00
	Occupation Agent	Deduction	(\$65.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00		Monthly)
D. Full Name, Mailing Address and ZIP Code Rich Giles, 519 N Mur-Len Olathe, KS 66062	Self Employed	Payroll	600.00
	Occupation Agent	Deduction	(\$200.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 800.00		Monthly)
E. Full Name, Mailing Address and ZIP Code Doug Gray, 3525 Habersham at Northlake Tucker, GA 30084	Self Employed	Payroll	300.00
	Occupation Agent	Deduction	(\$100.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		Monthly)
F. Full Name, Mailing Address and ZIP Code Scott Hull, 9175 Guilford Rd, Suite 200 Columbia, MD 21046	Self Employed	Payroll	375.00
	Occupation Agent	Deduction	(\$125.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		Monthly)
G. Full Name, Mailing Address and ZIP Code Bill Dean, 5285 Shawnee Rd, Suite 305 Alexandria, VA 22312-2328	Self Employed	Payroll	180.00
	Occupation Agent	Deduction	(\$60.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		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 & 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)**  
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
<b>Mike Wheeler,</b> 4605 Pembroke Lake Cir, 200 Virginia Beach, VA 23455	<b>Self Employed</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Agent</b>	<b>Payroll</b> <b>Deduction</b>	<b>195.00</b> <b>(\$65.00)</b> <b>Monthly)</b>
	Aggregate Year-to-Date > \$	<b>260.00</b>	
<b>Tom Ferguson,</b> 4100 South Hulen Fort Worth, TX	<b>United Services Planning Assn.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Agent</b>	<b>Payroll</b> <b>Deduction</b>	<b>150.00</b> <b>(\$50.00)</b> <b>Monthly)</b>
	Aggregate Year-to-Date > \$	<b>250.00</b>	
<b>Frank LeHardy,</b> 3525 Habersham at Northlake Tucker, GA 30084	<b>Self Employed</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Agent</b>	<b>Payroll</b> <b>Deduction</b>	<b>195.00</b> <b>(\$65.00)</b> <b>Monthly)</b>
	Aggregate Year-to-Date > \$	<b>260.00</b>	
<b>Phil Loignon,</b> 4100 South Hulen Fort Worth, TX 76109	<b>United Services Planning Assn.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Agent</b>	<b>Payroll</b> <b>Deduction</b>	<b>150.00</b> <b>(\$50.00)</b> <b>Monthly)</b>
	Aggregate Year-to-Date > \$	<b>250.00</b>	
<b>Bill Stropp,</b> 6025 Erin Park Dr, Suite A Colorado Springs, CO 80918	<b>Self Employed</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Agent</b>	<b>Payroll</b> <b>Deduction</b>	<b>180.00</b> <b>(\$60.00)</b> <b>Monthly)</b>
	Aggregate Year-to-Date > \$	<b>240.00</b>	
<b>Paul Kruse,</b> 8283 N Hayden Rd, Suite 295 Scottsdale, AZ 85258	<b>Self Employed</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Agent</b>	<b>Payroll</b> <b>Deduction</b>	<b>195.00</b> <b>(\$65.00)</b> <b>Monthly)</b>
	Aggregate Year-to-Date > \$	<b>260.00</b>	
<b>Stan Russell,</b> 4605 Pembroke Lake Cir, 200 Virginia Beach, VA 23455	<b>Self Employed</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Agent</b>	<b>Payroll</b> <b>Deduction</b>	<b>195.00</b> <b>(\$65.00)</b> <b>Monthly)</b>
	Aggregate Year-to-Date > \$	<b>260.00</b>	

**BUBTOTAL 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 a 4

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Peggy Galda, 4100 South Hulen Fort Worth, TX 76109</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> United Services Planning Assn.</p> <p><b>Occupation</b> Agent</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p> <p>150.00 (\$50.00 Monthly)</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Jim Petersen, 4605 Pembroke Lake Cir, 200 Virginia Beach, VA 23455</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Self Employed</p> <p><b>Occupation</b> Agent</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 400.00</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p> <p>300.00 (\$100.00 Monthly)</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Bob Swate, 4100 S Hulen Fort Worth, TX 76109</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Self Employed</p> <p><b>Occupation</b> Agent</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 400.00</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p> <p>300.00 (\$100.00 Monthly)</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Bob Gorman, 519 North Hur-Lan Olathe, KS 66062</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Self Employed</p> <p><b>Occupation</b> Agent</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 400.00</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p> <p>300.00 (\$100.00 Monthly)</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Jim Lanier, 4100 South Hulen Fort Worth, TX 76109</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> United Services Planning Assn.</p> <p><b>Occupation</b> Agent</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 500.00</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p> <p>300.00 (\$100.00 Monthly)</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Marty Durbin, 4100 South Hulen Fort Worth, TX 76109</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> United Services Planning Assn.</p> <p><b>Occupation</b> Agent</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p> <p>150.00 (\$50.00 Monthly)</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$</p>	<p><b>Date (month, day, year)</b></p>	<p><b>Amount of Each Receipt this Period</b></p>

**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

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	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
B. Full Name, Mailing Address and ZIP Code 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
C. Full Name, Mailing Address and ZIP Code Lauch Faircloth for Senate P.O. Box 26585 Raleigh, NC 27611	Lauch 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 checked="" type="checkbox"/> First Class Mail	POSTMARKED 1/5/99
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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>J.A.d.</i> PREPARER	1/11/99 DATE PREPARED