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, Inc.
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 MAIL ROOM

OCT 1 10 47 AM '97

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 1/1/97 through 1/31/97		
6. (a) Cash on Hand January 1, 19 97		$ 67,212.94
(b) Cash on Hand at Beginning of Reporting Period	$67,212.94	
(c) Total Receipts (from Line 19)	$16,465.33	$ 16,465.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$83,678.27	$ 83,678.27
7. Total Disbursements (from Line 30)	$12,500.00	$ 12,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$71,178.27	$ 71,178.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

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

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 A. Equale

Signature of Treasurer
Paul A. Equale

Date
3/17/97

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)

FE6AN069

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

(revised 1/1/91)

NAME OF COMMITTEE Independent Insurance Agents of America, Inc. Political Action Committee (InsurPac)

REPORT COVERING PERIOD FROM 1/1/97 TO 1/31/97

	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)	12,000.00	12,000.00	11(a)i
ii. Unitemized	4,425.00	4,425.00	11(a)ii
iii. Total (add i and ii) ➤	16,425.00	16,425.00	11(a)iii
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	16,425.00	16,425.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	40.33	40.33	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	16,465.33	16,465.33	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	16,465.33	16,465.33	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0	0	
i. Federal Share			21(a)i
ii. Non-Federal Share	0	0	21(a)ii
b. Other Federal Operating Expenditures	0	0	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	12,500.00	12,500.00	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	12,500.00	12,500.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	12,500.00	12,500.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	16,425.00	16,425.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	16,425.00	16,425.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0	37

FE9M4009

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 11a

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): Indepencent Insurance Agents of America, Inc. Polticial Action Committee (InsurPac)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
R.C. Riley 1120 Main Street/PO Box 97 Benton, KY 42025 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Peel & Holland, Inc. Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	01/21/97	$500.00
George R. Shaffer PO Box 90248 Albuquerque, NM 87199-0248 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	The Insurance Center, Inc. Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	01/21/97	$500.00
J.L. Adams PO Box 938 115 E. Main Street Gloster, MS 39638-0938 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Adams Insurance Agency Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	01/21/97	$500.00
Gary M. Gregory PO Box 141916 Coral Gables, FL 33114-1916 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Lon Worth Crow Insurance Group Occupation: Insurance Agent Aggregate Year-to-Date > $ 250.00	01/21/97	$250.00
Robert L. Medley 3815 North Classen Blvd. Oklahoma City, OK 73118 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Medley-Gunter & Assoc Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	01/21/97	$500.00
William M. Houston 1650 Pennsylvania Street Denver, CO 80203 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Insurance Services Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	01/21/97	$500.00
Jerry W. O'Kane 101 Market Street Suite 702 San Francisco, CA 94105 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Insurance Brokers & Agents of the West Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	01/21/97	$500.00

SUBTOTAL of Receipts This Page (optional) $3,250.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full): Independent Insurance Agents of America, Inc. Polticial Action Committee (InsurPac)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Eric G. Gustafson PO Box 5300 Portsmouth, NH 03802-5300 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Blake Insurance Agency Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	01/21/97	$500.00
Jeffrey M. Yates 127 South Peyton Street Alexandria, VA 22314 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	IIAA of America, Inc. Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	01/21/97	$500.00
Stewart M. Borger 132 South Queen Street PO Box 1598 Martinsburg, WV 25401 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Smith-Nadenbousch Insurance, Inc. Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	01/21/97	$500.00
Richard A. Poppa 109 Twin Oaks Drive Syracuse, NY 13206 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Ind. Insurance Agents of New York, Inc. Occupation: Insurance Agent Aggregate Year-to-Date > $ 250.00	01/21/97	$250.00
John A. Campbell 70 East Beau Street PO Box 521 Washington, PA 15301 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Campbell Insurance Associates Occupation: Insurance Agent Aggregate Year-to-Date > $1,000.00	01/21/97	$1,000.00
Anthony J. DiBuduo PO Box 5479 Fresno, CA 93755-5479 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	DiBuduo & DeFendis Insurance Occupation: Insurance Agent Aggregate Year-to-Date > $ 1,000.00	01/21/97	$1,000.00
Paul A. Equale 412 First St., SE Suite 300 Washington, DC 20003 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	IIA of America, Inc. Occupation: Insurance Agent Aggregate Year-to-Date > $ 250.00	01/21/97	$250.00

SUBTOTAL of Receipts This Page (optional) $4,000.00

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

FEC4A0B8

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full): Indepencent Insurance Agents of America, Inc. Polticial Action Committee (InsurPac)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Robert M. Bramlett PO Box 369 Ardmore, OK 73402 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Bramlett Gelona Fennell Associates Inc. Occupation: Insurance Agent Aggregate Year-to-Date: $ 500.00	01/21/97	$500.00
B. James T. Hamilton PO Box 9004 Van Nuys, CA 91409 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Tri West Insurance Services Occupation: Insurance Agent Aggregate Year-to-Date: $ 250.00	01/21/97	$250.00
C. Peter J. McArdle 23 Commerce Drive Bedford, NH 03110-6835 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Acadia Insurance Company Occupation: Insurance Agent Aggregate Year-to-Date: $ 250.00	01/21/97	$250.00
D. Charles E. Malmquist 5901-A Peachtreet-Dunwoody #700 Atlanta, GA 30328 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Potter-Holden & Co. Occupation: Insurance Agent Aggregate Year-to-Date: $ 250.00	01/21/97	$250.00
E. Richard E. French 1785 West Highway 89A, 2G PO Box 990 Sedona, AZ 86339 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Ayres & French, Inc. Occupation: Insurance Agent Aggregate Year-to-Date: $250.00	01/31/97	$250.00
F. William C. Bloomquist 1201 F. Avenue PO Box 1235 Douglas, AZ 85608 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Bloomquist Insurance Agency, Inc. Occupation: Insurance Agent Aggregate Year-to-Date: $ 250.00	01/31/97	$250.00
G. Dennis R. Young PO Box 1835 Texarkana, AR 75504 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Dennis Young Insurance Occupation: Insurance Agent Aggregate Year-to-Date: $ 500.00	01/31/97	$500.00

SUBTOTAL of Receipts This Page (optional)	$2,250.00
TOTAL This Period (last page this line number only)	

FEC/4/0/00

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full): Indepencent Insurance Agents of America, Inc. Polticial Action Committee (InsurPac)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Everett H. Miller PO Box 1520 Long Beach, CA 90801-1520 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Hamman, Miller, Beauchamp & Deeble, Inc. Occupation: Insurance Agent Aggregate Year-to-Date: $ 500.00	01/31/97	$500.00
B. William B. Greenwood PO Box 231 131 West Broad Street Central City, KY 42330 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	C.A. Lawton & Son, Inc. Occupation: Insurance Agent Aggregate Year-to-Date: $ 500.00	01/31/97	$500.00
C. Joseph M. Binsfeld 6900 E. Indian School Road Suite 250 Scottsdale, AZ 85251 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	ISU/General Southwest Ins. Agency Occupation: Insurance Agent Aggregate Year-to-Date: $ 250.00	01/31/97	$250.00
D. Richard R. Albert 87 Essex Street/PO Box 1406 Lewiston, ME 04240 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Parent Insurance Agency Occupation: Insurance Agent Aggregate Year-to-Date: $ 250.00	01/31/97	$250.00
E. Gerald H. Miller PO Box 175 Novato, CA 94948 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Miller-Robertson Ins. Services, Inc. Occupation: Insurance Agent Aggregate Year-to-Date: $ 500.00	01/31/97	$500.00
F. John F. Morey 170 E. Jackson Street San Jose, CA 95112 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	The J. Morey Company Inc. Occupation: Insurance Agent Aggregate Year-to-Date: $ 500.00	01/31/97	$500.00
G. Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Occupation: Insurance Agent Aggregate Year-to-Date: $		

SUBTOTAL of Receipts This Page (optional)	$2,500.00
TOTAL This Period (last page this line number only)	$12,000.00

FEC/AN/SB

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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, Inc. Political Action Committee (InsurPac)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Sequoia National Bank 555 New Jersey Ave., NW Washington, DC 20001 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Name of Employer: interest on money market account Occupation: not applicable Aggregate Year-to-Date > $	1/31/97	$40.33
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	$40.33
TOTAL This Period (last page this line number only)	$40.33

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Friends of Max Cleland for the US Senate Campaign Cmte. PO Box 7843 Atlanta, GA 30357	contribution to Max Cleland (D-GA-Senate) Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1996 dept retirement	01/14/97	$5,000.00
B. Full Name, Mailing Address and ZIP Code Democratic Senatorial Campaign Cmte. 430 South Capitol Street, SE Washington, DC 20003	1997 party contribution Disbursement for: [ ] Primary [ ] General [X] Other (specify) not applicable	01/28/97	$5,000.00
C. Full Name, Mailing Address and ZIP Code Rick Hill for Congress 100 Harbor View Drive Suite 2110 Baltimore, MD 21230	contribution to Rick Hill (R-MT-at large) Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	01/31/97	$500.00
D. Full Name, Mailing Address and ZIP Code The Judd Gregg Committee PO Box 1812 Concord, NH 03302-1812	contribution to Judd Gregg (R-NH-Senate) Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	01/31/97	$2,000.00
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)	$12,500.00
TOTAL This Period (last page this line number only)	$12,500.00

FEC/AN/80

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 9-26-97
☐	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

PREPARER

10-1-97
DATE PREPARED

FEC FORM 70-2 (12/92)