

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) United Services Planning Association PAC	RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM 2008 APR 14 P 2:52
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 4100 S. Hulen Street	2. FEC IDENTIFICATION NUMBER C00325647
CITY, STATE and ZIP CODE Ft Worth, TX 76109	3. <input checked="" 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>01/01/00</u> through <u>03/31/00</u>		
6. (a) Cash on Hand January 1, 2000		\$ 127,850.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 127,850.00	
(c) Total Receipts (from Line 10)	\$ 14,685.00	\$ 14,685.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 142,535.00	\$ 142,535.00
7. Total Disbursements (from Line 30)	\$ 3,000.00	\$ 3,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 139,535.00	\$ 139,535.00
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 909 E Street, NW Washington, DC 20543 Toll Free 800-424-9530 Local 202-462-1100
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 4/6/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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	
		01/01/00	03/31/00	
		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)	4,920.00	4,920.00	11(a)(i)
ii.	Unitemized	9,755.00	9,755.00	11(a)(ii)
iii.	Total (add i and ii) >	14,685.00	14,685.00	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) >	14,685.00	14,685.00	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.)	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) >	14,685.00	14,685.00	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	14,685.00	14,685.00	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	0.00	0.00	21(a)(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	0.00	0.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	3,000.00	3,000.00	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.	Individuals/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) >	3,000.00	3,000.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	3,000.00	3,000.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	14,685.00	14,685.00	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	14,685.00	14,685.00	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 4 OF 9
FOR LINE NUMBER 11 a 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
Kyle Marx 591 Camino De La Reina, 1200 San Diego, CA 92108 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed	Payroll Deduction	300.00 (\$100.00) Monthly
	Occupation Agent		
	Aggregate Year-to-Date \$ 300.00		
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):	Self Employed	Payroll Deduction	300.00 (\$100.00) Monthly
	Occupation Agent		
	Aggregate Year-to-Date \$ 300.00		
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):	Self Employed	Payroll Deduction	300.00 (\$100.00) Monthly
	Occupation Agent		
	Aggregate Year-to-Date \$ 300.00		
Boyd Adams 7400 Viscount Blvd, Suite 103 El Paso, TX 79925 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed	Payroll Deduction	225.00 (\$75.00) Monthly
	Occupation Agent		
	Aggregate Year-to-Date \$ 225.00		
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):	Self Employed	Payroll Deduction	300.00 (\$100.00) Monthly
	Occupation Agent		
	Aggregate Year-to-Date \$ 300.00		
John Draper 3300 S 14th St, Suite 200 Abilene, TX 79605 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed	Payroll Deduction	270.00 (\$90.00) Monthly
	Occupation Agent		
	Aggregate Year-to-Date \$ 270.00		
Rich Nane 519 N Mur-Len Olathe, KS 66082 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed	Payroll Deduction	600.00 (\$200.00) Monthly
	Occupation Agent		
	Aggregate Year-to-Date \$ 600.00		

SUBTOTAL of Receipts This Page (optional)

2,295.00

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 Howard Crump 4100 S Hulen St Fort Worth, TX 76109 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United Services Planning Assn.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 300.00 (\$100.00 Monthly)
	Occupation Agent Aggregate Year-to-Date > \$ 300.00	Deduction	
B. Full Name, Mailing Address and ZIP Code Doug Gray 3525 Habersham at Northlake Tucker, GA 30084 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed	Date (month, day, year) Payroll	Amount of Each Receipt this Period 300.00 (\$100.00 Monthly)
	Occupation Agent Aggregate Year-to-Date > \$ 300.00	Deduction	
C. Full Name, Mailing Address and ZIP Code Mita O'Hanlon 8480 Sentinel Chase Dr Roswell, GA 30078 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) Payroll	Amount of Each Receipt this Period 225.00 (\$75.00 Monthly)
	Occupation Aggregate Year-to-Date > \$ 225.00	Deduction	
D. Full Name, Mailing Address and ZIP Code Scott Hull 8175 Gullford Rd, Suite 200 Columbia, MD 21048 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed	Date (month, day, year) Payroll	Amount of Each Receipt this Period 375.00 (\$125.00 Monthly)
	Occupation Agent Aggregate Year-to-Date > \$ 375.00	Deduction	
E. Full Name, Mailing Address and ZIP Code Mika Wheeler 4605 Pembroke Lake Cir, 200 Virginia Beach, VA 23455 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed	Date (month, day, year) Payroll	Amount of Each Receipt this Period 300.00 (\$100.00 Monthly)
	Occupation Agent Aggregate Year-to-Date > \$ 300.00	Deduction	
F. Full Name, Mailing Address and ZIP Code Jim Peterson 4805 Pembroke Lake Cir, 200 Virginia Beach, VA 23455 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed	Date (month, day, year) Payroll	Amount of Each Receipt this Period 300.00 (\$100.00 Monthly)
	Occupation Agent Aggregate Year-to-Date > \$ 300.00	Deduction	
G. Full Name, Mailing Address and ZIP Code Fred Orr 209 Dover Rd Clarksville, TN 37042-4155 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed	Date (month, day, year) Payroll	Amount of Each Receipt this Period 225.00 (\$75.00 Monthly)
	Occupation Agent Aggregate Year-to-Date > \$ 225.00	Deduction	

SUBTOTAL of Receipts This Page (optional) 2,025.00

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 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 Service Planning Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bob Swets 4100 S Hulen Fort Worth, TX 76109 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Occupation Agent Aggregate Year-to-Date > \$ 300.00	Payroll Deduction	300.00 (\$100.00 Monthly)
Bob Gorman 519 North Mur-Len Olathe, KS 66062 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Occupation Agent Aggregate Year-to-Date > \$ 300.00	Payroll Deduction	300.00 (\$100.00 Monthly)
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)	600.00
TOTAL This Period (last page this line number only)	4,920.00

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)

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
Bachus For Congress Po Box 69444 Birmingham, AL 35259	Spencer Bachus, U.S. HOUSE 8th AL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/17/00	2,000.00
B. Full Name, Mailing Address and ZIP Code KAY GRANGER CAMPAIGN FUND 910 HOUSTON ST, SUITE 105-C FORT WORTH, TX 76102	Purpose of Disbursement Kay Granger, U.S. HOUSE 12th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/07/00	1,000.00
C. 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
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)

3,000.00


TOTAL This Period (last page this line number only)

3,000.00

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 4-12-00
<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	
 PREPARER	4-14-00 DATE PREPARED