

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

OCT 21 11 25 AM '98

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

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 _____

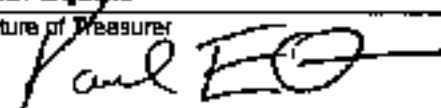
Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>09/01/98</u> through <u>09/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>			\$ 83,611.76
(b) Cash on Hand at Beginning of Reporting Period		\$ 97,354.01	
(c) Total Receipts (from Line 19)		\$ 26,220.88	\$ 307,518.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 123,574.89	\$ 391,130.28
7. Total Disbursements (from Line 30)		\$ 29,584.43	\$ 297,139.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 93,990.46	\$ 93,990.46
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 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3429
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
Paul Equale

Signature of Treasurer  Date **10/19/98**

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

**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 09/01/98 TO: 09/30/98	
		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)		5,525.00	107,075.00
ii. Unitemized		20,688.00	200,075.00
iii. Total	(add i and ii) >	26,180.00	307,150.00
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) >	26,180.00	307,150.00
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.)		40.88	368.52
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) >	26,220.88	307,518.52
20. Total Federal Receipts	(subtract line 18 from line 19) >	26,220.88	307,518.52
II. Disbursements			
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	265.42
c. Total Operating Expenditures	(add a i, a ii, and b) >	0.00	265.42
22. Transfers to Affiliated/Other Party Committees		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		29,584.43	296,374.40
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. Individuals/Persons Other Than Political Committees		0.00	500.00
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	500.00
29. Other Disbursements		0.00	0.00
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	29,584.43	297,139.82
31. Total Federal Disbursements	(subtract line 21 a & from line 30) >	29,584.43	297,139.82
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		26,180.00	307,150.00
33. Total Contribution Refunds (from line 28d)		0.00	500.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		26,180.00	306,650.00
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	0.00	265.42
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures	(subtract line 36 from 35) >	0.00	265.42

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)
Independent Insurance Agents of America Political Action Committee (InsurPac)

<p>A. Full Name, Mailing Address and ZIP Code William C. Wilson Jr. 2600 Hillsboro Road Nashville, TN 37212</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Insurers of Tennessee</p> <p>Occupation Director of Membership Service</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/15/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Frank W. Ridley One Goodwin Square Hartford, CT 06103</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer R.C. Knox and Company, Inc.</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 09/16/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Arturo Hoyo 150 Westward Drive Miami Springs, FL 33166</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Coastal Insurance Group, Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/16/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Leonard Blount CIC P.O. Box 877 114 South Main Street Statesboro, GA 30459</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Blount, Burke, Wimberly & Handricks</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 350.00</p>	<p>Date (month, day, year) 09/16/98</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Larry L. Miller 117 E. Main Galesburg, IL 61402</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Miller, Dredge Insurance Agency, Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/16/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Richard C. Howland 231 Salina Meadows PO Box 4743 Syracuse, NY 13221-4743</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Haylor, Freyer & Coon, Inc.</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/16/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Michael Steiner 143 N Market St Wooster, OH 44691-4809</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Steiner Ins Agcy Inc</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/16/98</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional) **1,850.00**

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)
Independent Insurance Agents of America Political Action Committee (InsurPac)

<p>A. Full Name, Mailing Address and ZIP Code Vance Stine 214 S Main Street P.O. Box 597 Clover, SC 29710</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Sifford-Stine Insurance Agency</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/16/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Michael Williams 6649 Baum Drive Knoxville, TN 37819</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Associated Insurers, Inc.</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/16/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Charles Williamson 116 20th Avenue, South Nashville, TN 37203-2473</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bandy, Van Cleava & Williamson</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/16/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Noah H. Wilson Jr. PO Box 1379 Morristown, TN 37816-1379</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Risk Mgmt Svcs Inc</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/16/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code DeValae Cox P.O. Box 270 Wichita Falls, TX 76307-0270</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Williams-Dwyer Company</p> <p>Occupation President/CEO</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/16/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code John F. Fox P.O. Box 992 Warren, OH 44481</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Trumco Insurance Agency, Inc.</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/22/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Gary L. Gentzler GLU, AAI PO Box 931 2533 South Queen Street York, PA 17405-0931</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Gentzler & Smith Associates, Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 09/22/98</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional) **2,000.00**

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

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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 Kenneth P. Smith CPCU, CLU P. O. Box 515 Furlong, PA 18925	Name of Employer Insurance Specialties Services, Inc. Occupation President	Date (month, day, year) 09/22/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Mark Brokamp 2260 Francis Lane Cincinnati, OH 45206	Name of Employer Barg-Barry Associates, Inc. Occupation Insurance Agent	Date (month, day, year) 09/22/98	Amount of Each Receipt this Period 260.00
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 Gene Sberna CIC 1154 Winwood Drive Lake Forest, IL 60045	Name of Employer Sberna & Associates Occupation Insurance Agent	Date (month, day, year) 09/30/98	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Danny Ramsay P.O. Box 18428 Oklahoma City, OK 73154	Name of Employer Oklahoma Association of Insurance Agents Occupation Insurance Agent	Date (month, day, year) 09/30/98	Amount of Each Receipt this Period 250.00
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 Edward F. Bishop 94 Waterman Street Providence, RI 02906-1135	Name of Employer E.F. Bishop Agency, Inc. Occupation President	Date (month, day, year) 09/30/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Frederick J. England Jr., CPCU 271 Cambridge Street Cambridge, MA 02141	Name of Employer Hastings-Tapley Insurance Agency, Inc. Occupation Insurance Agent	Date (month, day, year) 09/30/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code Mary Marines AAI, CPIW 70 East Beau Street P.O. Box 621 Washington, PA 15301	Name of Employer Campbell Insurance Associates Occupation Executive Vice President	Date (month, day, year) 09/30/98	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 375.00	

SUBTOTAL of Receipts This Page (optional) **1,675.00**

TOTAL This Period (last page this five number only) **5,525.00**

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 Sequoia National Bank 555 New Jersey Ave., NW Washington, DC 20001-2029	Name of Employer Occupation	Date (month, day, year) 09/30/98	Amount of Each Receipt this Period 40.88
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 368.52		
B. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	40.88
TOTAL This Period (last page this line number only)	40.88

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5
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
Capitol Hill Club 300 First Street SE Washington, DC 20003	In-kind contribution for Steve Chabot (R-OH-01) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/09/98	180.32 (In-Kind)
Chabot for Congress Committee 105 West 4th Street Suite 1133 Cincinnati, OH 45202	In-kind contribution for Steve Chabot (R-OH-01) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/09/98	180.32 (Memo In-Kind)
Earl Pomeroy for Congress PO Box 75214 Washington, DC 20013-5214	Purpose of Disbursement Earl Pomeroy, U.S. HOUSE AL ND Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/10/98	500.00
DOOLEY FOR CONGRESS 44 Canal Center Plaza Suite 400 Alexandria, VA 22314	Purpose of Disbursement Cal Dooley, U.S. HOUSE 20th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/14/98	1,000.00
Molly Bordonaro for Congress 8836 SW Canyon Lane Suite 236 Portland, OR 97226	Purpose of Disbursement Molly Bordonaro, U.S. HOUSE 1st OR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/16/98	1,000.00
Dingell for Congress PO Box 75214 Washington, DC 20013-5214	Purpose of Disbursement John Dingell, U.S. HOUSE 16th MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/16/98	1,000.00
Nussle for Congress Committee 4010 Franconia Road Alexandria, VA 22310	Purpose of Disbursement Jim Nussle, U.S. HOUSE 2nd IA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/16/98	500.00
The Blue Dog PAC 44 Canal Center Plaza Suite 400 Alexandria, VA 22314	Purpose of Disbursement 1998 PAC to PAC contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/16/98	1,000.00
Williams for Congress P.O. Box 2776 Arlington, VA 22202	Purpose of Disbursement Gex Williams, U.S. HOUSE 4th KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/16/98	500.00

SUBTOTAL of Disbursements This Page (optional)

5,680.32

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 5
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
Matt Fong for US Senate Committee 888 S. Figueroa #1130 Los Angeles, CA 90017	Matt Fong, U.S. SENATE CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/16/98	1,000.00
TEAM Emerson PO Box 16021 Alexandria, VA 22302	Jo Ann Emerson, U.S. HOUSE 8th MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/16/98	1,000.00
Andrews for Congress 523 Richey Avenue Collingswood, NJ 08108	Robert E. Andrews, U.S. HOUSE 1st NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/16/98	1,000.00
Re-elect Brian Bilbray for Congress 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151-1852	Brian Bilbray, U.S. HOUSE 49th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/16/98	1,000.00
Martin Frost Campaign Committee PO Box 75214 Washington, DC 20013-5214	Martin Frost, U.S. HOUSE 24th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/16/98	1,000.00
Friends of Bud Cramer 38 Ivy Street, SE Washington, DC 20003	Bud Cramer, U.S. HOUSE 5th AL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/16/98	500.00
Latham for Congress Committee 4010 Franconia Road Alexandria, VA 22310-2136	Tom Latham, U.S. HOUSE 5th IA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/16/98	600.00
SUE MYRICK FOR CONGRESS (1994) 310 W 8TH ST CHARLOTTE, NC 28202	Sue Myrick, U.S. HOUSE 9th NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/16/98	1,000.00
Rogan for Congress PO Box 2778 Arlington, VA 22202	James E. Rogan, U.S. HOUSE 27th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/16/98	500.00

SUBTOTAL of Disbursements This Page (optional)

7,600.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 5
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
Friends of Dave Weldon PO Box 968 Melbourne, FL 32902	Dave Weldon, U.S. HOUSE 15th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/16/98	500.00
Lewis for Congress Committee PO Box 247 Redlands, CA 92373	Jerry Lewis, U.S. HOUSE 40th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/16/98	500.00
Nielson for Congress '98 45 Freight Street Waterbury, CT 06813	Mark Nielson, U.S. HOUSE 5th CT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/16/98	500.00
Nielson for Congress '98 45 Freight Street Waterbury, CT 06813	Mark Nielson, U.S. HOUSE 5th CT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/16/98	1,000.00
Ehrlich for Congress PO Box 932 Hunt Valley, MD 21030	Robert L. Ehrlich, U.S. HOUSE 2nd MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/16/98	500.00
BACKPAC 227 Massachusetts Avenue, NE Suite 302 Washington, DC 20002	1998 PAC to PAC contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/16/98	1,000.00
Weller for Congress PO Box 37 Joliet, IL 60434	Jerry Weller, U.S. HOUSE 11th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/16/98	500.00
McCain for Senate '98 507 Capitol Court, NE #100 Washington, DC 20002	John McCain, U.S. SENATE AZ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/16/98	500.00
Lazio for Congress PO Box 5063 Bay Shore, NY 11706	Rick Lazio, U.S. HOUSE 2nd NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/16/98	500.00

SUBTOTAL of Disbursements This Page (optional)

5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 5
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
John Spratt for Congress PO Box 10986 Rock Hill, SC 29731	John Spratt, U.S. HOUSE 6th SC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/17/98	1,000.00
Friends of Bob Graham 233 Constitution Avenue, NE Lower Level Washington, DC 20002	Bob Graham, U.S. SENATE FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/17/98	1,000.00
Casey for Congress 254 Wyoming Avenue Scranton, PA 18503	Pat Casey, U.S. HOUSE 10th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/17/98	500.00
Walden for Congress P.O. Box 1091 Hood River, OR 97031	Greg Walden, U.S. HOUSE 2nd OR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/17/98	1,000.00
Judy Biggert for Congress P.O. Box 639 Hinsdale, IL 60522-0637	Judy Biggert, U.S. HOUSE 13th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/17/98	500.00
John Sweeney for Congress Committee 6126 11th Road Arlington, VA 22205	John Sweeney, U.S. HOUSE 22nd NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/17/98	500.00
Gary Hofmeister for Congress 2511 East 46th Street Building M Indianapolis, IN 46205	Gary Hofmeister, U.S. HOUSE 10th IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/17/98	500.00
Friends of Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	Sherrod Brown, U.S. HOUSE 13th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/17/98	500.00
Sam & Harry's 1200 19th Street, NW Washington, DC 20036	In-kind contribution to JoAnn Emerson Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/18/98	1,423.16 (In-Kind)

SUBTOTAL of Disbursements This Page (options)

6,923.16

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 5
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
TEAM Emerson PO Box 16021 Alexandria, VA 22302	In-kind contribution to JoAnn Emerson Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/18/98	1,423.16 (Memo In-Kind)
Friends for Baron Hill 300 North Chestnut Street Seymour, IN 47274	Baron Hill, U.S. HOUSE 9th IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/18/98	500.00
Walsh for Congress Committee 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151-1852	Jim Walsh, U.S. HOUSE 25th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/22/98	500.00
The Capital Grille 601 Pennsylvania Ave., NW Washington, DC 20003	In-kind contribution to Peter King (R-NY-03) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/22/98	480.95 (In-Kind)
Pete King for Congress Committee PO Box 1428 Seaford, NY 11783	In-kind contribution to Peter King (R-NY-03) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/22/98	480.95 (Memo in-Kind)
The Freedom & Free Enterprise PAC 1800 K Street, NW Suite 714 Washington, DC 20006	1998 PAC to PAC contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/28/98	1,500.00
Ellen Tauscher for Congress 503 Capitol Court, NE Suite 100 Washington, DC 20002	Ellen Tauscher, U.S. HOUSE 10th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/30/98	1,000.00
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)	3,980.95
TOTAL This Period (last page this line number only)	29,584.43

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
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<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>RJS</i> PREPARER	<i>10/21/98</i> DATE PREPARED