REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEC MAIL ROOM
2000 AUG 21 P 12 08

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 07/01/00 through 07/31/00		
6. (a) Cash on Hand January 1, 2000		$ 76,941.60
(b) Cash on Hand at Beginning of Reporting Period	$ 82,245.60	
(c) Total Receipts (from Line 19)	$ 18,031.51	$ 259,326.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 100,277.11	$ 336,268.22
7. Total Disbursements (from Line 30)	$ 8,079.40	$ 244,070.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 92,197.71	$ 92,197.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY 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 202-694-1100

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
Paul Equale

Date
8.17.00

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

FEC FORM 3X
(revised 9/93)

4-00773

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 07/01/00 TO: 07/31/00

	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)	5,350.00	109,280.00	11(a)(i)
ii. Unitemized	12,645.00	146,797.00	11(a)(ii)
iii. Total (add i and ii) ➤	17,995.00	256,077.00	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 III, b and c) ➤	17,995.00	256,077.00	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	3,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	36.51	249.62	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) ➤	18,031.51	259,326.62	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	18,031.51	259,326.62	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	212.70	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	212.70	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	8,079.40	243,857.81	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) ➤	8,079.40	244,070.51	30
31. Total Federal Disbursements (subtract line 21 a II from line 30) ➤	8,079.40	244,070.51	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	17,995.00	256,077.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	17,995.00	256,077.00	34
35. Total Federal Operating Expenditures (add 21 a I and 21 b) ➤	0.00	212.70	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	212.70	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 11 a I

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Independent Insurance Agents of America 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. Timothy Farrell PO Box 251510 Little Rock, AR 72225-1510 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ramsey, Krug, Farrell & Lensing, Inc. Occupation: President Aggregate Year-to-Date > $ 250.00	07/13/00	250.00
B. Ronald Lensing CIC PO Box 251510 Little Rock, AR 72225-1510 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ramsey, Krug, Farrell & Lensing, Inc. Occupation: Executive Vice President Aggregate Year-to-Date > $ 250.00	07/13/00	100.00
C. Don Spharler PO Box 6367 Pine Bluff, AR 71611-6367 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	First Arkansas Insurance Occupation: Insurance Agent Aggregate Year-to-Date > $ 250.00	07/13/00	100.00
D. Steven M. Ford P.O. Box 22880 2100 Frederica Street Owensboro, KY 42304-2880 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	E.M. Ford & Company, LLC Occupation: Member Aggregate Year-to-Date > $ 250.00	07/13/00	250.00
E. William G. Stiglitz III PO Box 3326 Louisville, KY 40201-3326 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hyland, Block & Hollingsworth, Inc. Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	07/13/00	250.00
F. Phillip R. Bogle 300 Stuyvesant Ave., POB 236 Lyndhurst, NJ 07071-0236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Bogle Agency, Inc. Occupation: President Aggregate Year-to-Date > $ 250.00	07/13/00	250.00
G. Gary Roach 451 Second Avenue Gallipolis, OH 45631-1129 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Wiseman Agency, Inc. Occupation: Insurance Agent Aggregate Year-to-Date > $ 250.00	07/13/00	250.00

SUBTOTAL of Receipts This Page (optional) 1,450.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a I

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NAME OF COMMITTEE (in Full)
Independent Insurance Agents of America 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. Joyce N. Owens CPIW 711 Cherry Street Chattanooga, TN 37402-1910 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cotter-Owens Insurance Agency Occupation: Vice President Aggregate Year-to-Date > $ 250.00	07/13/00	250.00
B. John R. Ray Jr. P.O. Box 66767 DO NOT SEND PINK!!!! Houston, TX 77266-6767 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	John R. Ray & Sons, Inc. Occupation: President Aggregate Year-to-Date > $ 250.00	07/13/00	250.00
C. W. David Bayless Jr. 601 W. Woodard Denison, TX 75020 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bayless Hall Insurance Occupation: Insurance Agent Aggregate Year-to-Date > $ 300.00	07/13/00	150.00
D. Stephen Dobson PO Box 1348 301 N. Main Street Ann Arbor, MI 48106-1348 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dobson-McOmber Agency, Inc. Occupation: President Aggregate Year-to-Date > $ 250.00	07/13/00	250.00
E. Harvey C. King 1164 Bishop St. Suite 1710 Honolulu, HI 96813-2838 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	King & Neal, Inc. Occupation: President Aggregate Year-to-Date > $ 250.00	07/13/00	250.00
F. Joe A. Hernandez P.O. Box 1520 3633 E. Broadway Long Beach, CA 90801-1520 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hamman-Miller-Beaucham p-Deeble Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	07/28/00	500.00
G. William G. Johnson P.O. Box 626 Mocksville, NC 27028-0625 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Larew-Wood-Johnson Inc Occupation: Isurance Agent Aggregate Year-to-Date > $ 250.00	07/28/00	250.00

SUBTOTAL of Receipts This Page (optional) 1,900.00

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 11 a i

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NAME OF COMMITTEE (in Full)
Independent Insurance Agents of America 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. Martin D. Young P.O. Box 2664 Zanesville, OH 43702-2664 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ALR Insurance Services, Inc. Occupation: Insurance Agent Aggregate Year-to-Date $ 500.00	07/28/00	500.00
B. William Tiemey Jr. P.O. Box 258 Clarks Summit, PA 18411-0258 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Insurance Markets Agency, Inc. Occupation: President Aggregate Year-to-Date $ 250.00	07/28/00	250.00
C. R.L. Oakes P O Box 10328 Knoxville, TN 37939-0328 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tennessee Ins Svc Occupation: Insurance Agent Aggregate Year-to-Date $ 500.00	07/28/00	500.00
D. Donald Jordan 110 E. Crockett Street San Antonio, TX 78205-2694 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Catto & Catto Occupation: Insurance Agent Aggregate Year-to-Date $ 250.00	07/28/00	250.00
E. Amie Olivarez 521 S. 77 Sunshine Strip Harlingen, TX 78550-7303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Insurance Associates of the Valley Occupation: Vice President Aggregate Year-to-Date $ 250.00	07/28/00	250.00
F. Robert Rusbuldt 412 First Street, SE Suite 300 Washington, DC 20003-1804 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: IIA of America, Inc. Occupation: Executive Vice President Aggregate Year-to-Date $ 250.00	07/28/00	250.00
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) 2,000.00

TOTAL This Period (last page this line number only) 5,350.00

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sequoia National Bank 555 New Jersey Ave., NW Washington, DC 20001-2029		07/31/00	36.51
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 249.62		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	36.51
TOTAL This Period (last page this line number only)	36.51

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 23

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Creative Impressions, L.L.C. 3408 North Pershing Drive Arlington, VA 22201	In-kind contribution- Jim Bunning (R-Ky-Sen) [X] Primary [ ] General [ ] Other (specify) 2004	07/12/00	323.14 (In-Kind)
B. Citizens for Bunning 1717 Dixie Highway Suite 180 Fort Wright, KY 41011	In-kind contribution- Jim Bunning (R-Ky-Sen) [X] Primary [ ] General [ ] Other (specify) 2004	07/12/00	323.14 (Memo In-Kind)
C. Evan Bayh Committee 322 Massachusetts Avenue, NE Washington, DC 20002	Evan Bayh, U.S. SENATE IN [X] Primary [ ] General [ ] Other (specify) 2004	07/12/00	2,000.00
D. Walden for Congress P.O. Box 2159 Arlington, VA 22202	Greg Walden, U.S. HOUSE 2nd OR [ ] Primary [X] General [ ] Other (specify) 2000	07/13/00	500.00
E. Friends of Phil Gramm P.O. Box 665087 Dallas, TX 75356	Phil Gramm, U.S. SENATE TX [X] Primary [ ] General [ ] Other (specify) 2002	07/13/00	846.40
F. Barolo Reataurant 223 Pennsylvania Avenue, SE Washington, DC 20003	In-Kind contribution Greg Walden (R-Or-2nd) [ ] Primary [X] General [ ] Other (specify) 2000	07/13/00	1,440.25 (In-Kind)
G. Walden for Congress P.O. Box 2159 Arlington, VA 22202	In-Kind contribution Greg Walden (R-Or-2nd) [ ] Primary [X] General [ ] Other (specify) 2000	07/13/00	1,440.25 (Memo In-Kind)
H. Creative Impressions, L.L.C. 3408 North Pershing Drive Arlington, VA 22201	In-kind Contribution Tom Reynolds(R-27-NY) [X] Primary [ ] General [ ] Other (specify) 2000	07/14/00	598.69 (In-Kind)
I. Reynolds for Congress P.O. Box 479 Victor, NY 14564	In-kind Contribution Tom Reynolds(R-27-NY) [X] Primary [ ] General [ ] Other (specify) 2000	07/14/00	598.69 (Memo In-Kind)

SUBTOTAL of Disbursements This Page (optional) 5,708.48

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Creative Impressions, L.L.C. 3408 North Pershing Drive Arlington, VA 22201	2000 Pac to Pac Contribution- Pioneer [ ] Primary [ ] General [X] Other (specify) 2000year	07/14/00	171.63 (In-Kind)
B. Pioneer PAC 1212 North Vernon Street Arlington, VA 22201	2000 Pac to Pac Contribution- Pioneer [ ] Primary [ ] General [X] Other (specify) 2000year	07/14/00	171.63 (Memo In-Kind)
C. Creative Impressions, L.L.C. 3408 North Pershing Drive Arlington, VA 22201	In-kind contribution Tim Johnson(SD-Sen-D) [X] Primary [ ] General [ ] Other (specify) 2002	07/14/00	491.00 (In-Kind)
D. Tim Johnson for South Dakota 420C Street, NE Lower Level Washington, DC 20002	In-kind contribution Tim Johnson(SD-Sen-D) [X] Primary [ ] General [ ] Other (specify) 2002	07/14/00	491.00 (Memo In-Kind)
E. Creative Impressions, L.L.C. 3408 North Pershing Drive Arlington, VA 22201	In-kind contribution Pat Tiberi (R-OH-12) [ ] Primary [X] General [ ] Other (specify) 2000	07/14/00	675.25 (In-Kind)
F. Tiberi for Congress 211 South Fifth Street Columbus, OH 43215	In-kind contribution Pat Tiberi (R-OH-12) [ ] Primary [X] General [ ] Other (specify) 2000	07/14/00	675.25 (Memo In-Kind)
G. Creative Impressions, L.L.C. 3408 North Pershing Drive Arlington, VA 22201	In-kind Contr. Barbara Cubin(R-Wy-AL) [X] Primary [ ] General [ ] Other (specify) 2000	07/14/00	533.04 (In-Kind)
H. Cubin for Congress PO Box 4657 Casper, WY 82604	In-kind Contr. Barbara Cubin(R-Wy-AL) [X] Primary [ ] General [ ] Other (specify) 2000	07/14/00	533.04 (Memo In-Kind)
I. Chris John for Congress Cmte. PO Box 971 Crowley, LA 70527	Chris John, D.S. HOUSE 7th LA [X] Primary [ ] General [ ] Other (specify) 2000	07/27/00	600.00

SUBTOTAL of Disbursements This Page (optional)	2,370.92
TOTAL This Period (last page this line number only)	8,079.40

4-00173

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 (R/C) 8-18-00
☐	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
☐	Electronic Filing	

SEI	8-21-00
PREPARER	DATE PREPARED

(6/2000)