

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

AUG 31 12 40 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) United Services Planning Association PAC		2. FEC IDENTIFICATION NUMBER 75-2693991
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 4100 S. Eulen Street		
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:
 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	04/01/98 through 06/30/98		
6. (a) Cash on Hand January 1, 19 98			\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period		\$ 0.00	
(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)		\$ 14,460.00	\$ 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))		\$ 11,960.00	\$ 34,900.00
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 800-424-6500
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
Martin R. Durbin

Signature of Treasurer

Martin R. Durbin

Date

8/20/98

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

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FEC FORM 3X

(revised 8/93)

**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	TO:	
		04/01/98	06/30/98	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	4,905.00	16,255.00	11(a)(9)
ii.	Unitemized	9,555.00	19,145.00	11(a)(10)
iii.	Total (add i and ii) >	14,460.00	37,400.00	11(a)(11)
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) >	14,460.00	37,400.00	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) >	14,460.00	37,400.00	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	14,460.00	37,400.00	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	0.00	0.00	21(a)(1)
ii.	Non-Federal Share	0.00	0.00	21(a)(2)
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	2,500.00	2,500.00	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) >	2,500.00	2,500.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,500.00	2,500.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	14,460.00	37,400.00	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	14,460.00	37,400.00	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 1 OF 3
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
Skipper Bennett 6410 SW Blvd, Suite 200 Fort Worth, TX 76109-3920	Self Employed	Payroll Deduction	300.00 (\$100.00 Monthly)
	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
B. Full Name, Mailing Address and ZIP Code Tom Elmendorf 6410 SW Blvd, Suite 200 Fort Worth, TX 76109-3920	Self Employed	Payroll Deduction	195.00 (\$65.00 Monthly)
	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00		
C. Full Name, Mailing Address and ZIP Code Pat Patterson 11211 Gold Country Blvd, 108 Gold River, CA 95670	Self Employed	Payroll Deduction	195.00 (\$65.00 Monthly)
	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00		
D. Full Name, Mailing Address and ZIP Code Rich Giles 519 N Mur-Len Olathe, KS 66062	Self Employed	Payroll Deduction	600.00 (\$200.00 Monthly)
	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 800.00		
E. Full Name, Mailing Address and ZIP Code Doug Gray 3525 Habersham at Northlake Tucker, GA 30084	Self Employed	Payroll Deduction	300.00 (\$100.00 Monthly)
	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
F. Full Name, Mailing Address and ZIP Code Scott Hull 9175 Galford Rd, Suite 200 Columbia, MD 21046	Self Employed	Payroll Deduction	375.00 (\$125.00 Monthly)
	Occupation Agent		
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 Bill Dean 5285 Shawnee Rd, Suite 305 Alexandria, VA 22312-2328	Self Employed	Payroll Deduction	180.00 (\$60.00 Monthly)
	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		

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 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 Services Planning Association PAC

A. Full Name, Mailing Address and ZIP Code Mike Wheeler 4605 Pembroke Lake Cir, 200 Virginia Beach, VA 23455	Name of Employer Self Employed	Date (month, day, year) Payroll	Amount of Each Receipt This Period 195.00 (\$65.00 Monthly)
	Occupation Agent	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00		
B. Full Name, Mailing Address and ZIP Code Tom Ferguson 4100 South Hulen Fort Worth, TX	Name of Employer United Services Planning Assn.	Date (month, day, year) Payroll	Amount of Each Receipt This Period 150.00 (\$50.00 Monthly)
	Occupation Agent	Deduction	
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 Frank LeHardy 3525 Habersham at Northlake Tucker, GA 30084	Name of Employer Self Employed	Date (month, day, year) Payroll	Amount of Each Receipt This Period 195.00 (\$65.00 Monthly)
	Occupation Agent	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00		
D. Full Name, Mailing Address and ZIP Code Phil Loignon 4100 South Hulen Fort Worth, TX 76109	Name of Employer United Services Planning Assn.	Date (month, day, year) Payroll	Amount of Each Receipt This Period 150.00 (\$50.00 Monthly)
	Occupation Agent	Deduction	
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 Bill Stropp 6025 Erin Park Dr, Suite A Colorado Springs, CO 80918	Name of Employer Self Employed	Date (month, day, year) Payroll	Amount of Each Receipt This Period 180.00 (\$60.00 Monthly)
	Occupation Agent	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		
F. Full Name, Mailing Address and ZIP Code Paul Kruse 9283 N Hayden Rd, Suite 295 Scottsdale, AZ 85258	Name of Employer Self Employed	Date (month, day, year) Payroll	Amount of Each Receipt This Period 195.00 (\$65.00 Monthly)
	Occupation Agent	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00		
G. Full Name, Mailing Address and ZIP Code Stan Russell 4605 Pembroke Lake Cir, 200 Virginia Beach, VA 23455	Name of Employer Self Employed	Date (month, day, year) Payroll	Amount of Each Receipt This Period 195.00 (\$65.00 Monthly)
	Occupation Agent	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00		

SUBTOTAL of Receipts This Page (optional) **1,260.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
 United Services Planning Association PAC

A. Full Name, Mailing Address and ZIP Code Peggy Galda 4100 South Hulen Fort Worth, TX 76109	Name of Employer United Services Planning Assn.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 150.00 (\$50.00 Monthly)
	Occupation Agent	Deduction	
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 Jim Petersen 4605 Pembroke Lake Cir, 200 Virginia Beach, VA 23455	Name of Employer Self Employed	Date (month, day, year) Payroll	Amount of Each Receipt this Period 300.00 (\$100.00 Monthly)
	Occupation Agent	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
C. Full Name, Mailing Address and ZIP Code Bob Swete 4100 S Hulen Fort Worth, TX 76109	Name of Employer Self Employed	Date (month, day, year) Payroll	Amount of Each Receipt this Period 300.00 (\$100.00 Monthly)
	Occupation Agent	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
D. Full Name, Mailing Address and ZIP Code Bob Gorman 519 North Mar-Lan Olathe, KS 66062	Name of Employer Self Employed	Date (month, day, year) Payroll	Amount of Each Receipt this Period 300.00 (\$100.00 Monthly)
	Occupation Agent	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
E. Full Name, Mailing Address and ZIP Code Jim Lanier 4100 South Hulen Fort Worth, TX 76109	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	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code Marty Durbin 4100 South Hulen Fort Worth, TX 76109	Name of Employer United Services Planning Assn.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 150.00 (\$50.00 Monthly)
	Occupation Agent	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Deduction	
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)	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 N. 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 Launch Faircloth For Senate P.O. Box 26585 Raleigh, NC 27611	Launch 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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 8-31-98
<input type="checkbox"/> First Class Mail	POSTMARKED
<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>SEH</i> PREPARER	9-1-98 DATE PREPARED