REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

SEP 22 11 53 AM '97

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

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 08/01/97 through 08/31/97		
6. (a) Cash on Hand January 1, 19 97		$ 67,212.94
(b) Cash on Hand at Beginning of Reporting Period	$ 86,811.98	
(c) Total Receipts (from Line 19)	$ 19,986.03	$ 272,775.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 106,798.01	$ 339,988.80
7. Total Disbursements (from Line 30)	$ 2,600.00	$ 235,790.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 104,198.01	$ 104,198.01
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 Equale

Date
9/16/97

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)

FE6AN060

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 08/01/97 TO: 08/31/97

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	4,600.00	92,425.00	11(a)(i)
ii. Unitemized	15,345.00	180,032.00	11(a)(ii)
iii. Total (add i and ii) ➤	19,945.00	272,457.00	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) ➤	19,945.00	272,457.00	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.)	41.03	318.86	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) ➤	19,986.03	272,775.86	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	19,986.03	272,775.86	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	0	253.90	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	253.90	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,600.00	235,436.89	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	100.00	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) ➤	2,600.00	235,790.79	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	2,600.00	235,790.79	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	19,945.00	272,457.00	32
33. Total Contribution Refunds (from line 28d)	0	100.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	19,945.00	272,357.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	253.90	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	253.90	37

FE6AN068

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 3
	FOR LINE NUMBER 11a1

SCHEDULE A **ITEMIZED RECEIPTS**

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	Date (Month day, Year)	Amount of Each Receipt this Period
A. Quinton Hanson 103 Riviera Drive Florence, AL 35630	Associated Insurors Occupation: President	08/13/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
B. Donald Way CPCU, ARM 250 Cambridge Avenue Palo Alto, CA 94306-0190	Thoits Insurance Service, Inc. Occupation: Insurance Agent	08/13/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
C. Richard J. Ahmann III 6551 City West Parkway Eden Prairie, MN 55344-7813	R.J. Ahmann Company Occupation: Vice President	08/13/97	350.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 350.00		
D. John L. Muhlbach Jr. 224 Lincoln Way East P.O. Box 705 Massillon, OH 44648-0705	The F.W. Arnold Agency Company Occupation: President	08/13/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
E. John Roby CPCU 44 Sturgess Avenue P.O. Box 3688 Mansfield, OH 44907	Roby-Foster-Miller-Earick Agency, Inc. Occupation: President	08/13/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
F. Michael S. Steiner CPCU, CIC 143 N. Market Street Wooster, OH 44691	Steiner Insurance Agency, Inc. Occupation: Insurance Agent	08/13/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
G. Cecil M. Yarbrough PO Box 3067 Auburn, AL 36831	University Agency Occupation: Insurance Agent	08/29/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	2,100.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 3
	FOR LINE NUMBER 11 a i

SCHEDULE A **ITEMIZED RECEIPTS**

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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. Jan Pitts PO Box 1410 Salinas, CA 93902	Barlocker Insurance Insurance Agent	08/29/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
B. George Porter P. O. Box 9600 Vista, CA 92085-9600	El Camino Insurance President	08/29/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
C. Jeffrey P. Clarke 301 E. Center Street P.O. Box 430 Manchester, CT 06040	Clarke Insurance Agency, Inc. Insurance Agent	08/29/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
D. Thomas Webb 150 Westward Drive Miami Springs, FL 33166	Coastal Insurance Group, Inc. Insurance Agent	08/29/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
E. Joseph McClain PO Box 9 Paris, KY 40361	The Hopewell Company, Inc. President	08/29/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
F. William G. Stiglitz III PO Box 3326 Louisville, KY 40201-3326	Hyland, Block & Hollingsworth, Inc. Insurance Agent	08/29/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
G. Richard M. Young 12300 Twinbrook Parkway Suite 550 Rockville, MD 20852	Insurance One, Inc. President	08/29/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

SUB TOTAL of Receipts This Page (Optional) ..... > 2,250.00

TOTAL this Period (Last page this line number only) ..... >

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 3
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Robert Wagner Jr. 1050 South Main St. Dayton, OH 45409	Wagner Insurance Agency, Inc. Occupation: President	08/29/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) >	250.00
TOTAL this Period (Last page this line number only) >	4,600.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17a-1

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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	Date (month, day, year)	Amount of Each Receipt this Period
Sequoia National Bank 555 New Jersey Ave., NW Washington, DC 20001	interest on money market	08/31/97	$41.03
Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Occupation: not applicable Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	41.03
TOTAL This Period (last page this line number only)	41.03

FE6A(08)

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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)

A. Full Name, Mailing Address and Zip Code Crapo for Congress PO Box 1013 Boise, ID 83701	Purpose of Disbursement Michael Crapo, U.S. HOUSE 2nd ID Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 08/12/97	Amount of Each Disb. this Period 500.00
B. Full Name, Mailing Address and Zip Code People for Ganske 521 East Locust 2nd Floor Des Moines, IA 50309-1939	Purpose of Disbursement Greg Ganske, U.S. HOUSE 4th IA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 08/12/97	Amount of Each Disb. this Period 500.00
C. Full Name, Mailing Address and Zip Code Pallone for Congress PO Box 3176 Long Branch, NJ 07740	Purpose of Disbursement Frank Pallone, U.S. HOUSE 6th NJ Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 08/12/97	Amount of Each Disb. this Period 1,000.00
D. Full Name, Mailing Address and Zip Code Sununu for Congress 1365 Elm Street Manchester, NH 03101	Purpose of Disbursement John Sununu, U.S. HOUSE 1st NH Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 08/14/97	Amount of Each Disb. this Period 600.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ..... >	2,600.00
TOTAL this Period (Last page this line number only) ..... >	2,600.00

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.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 9/18/97
☐	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

E.S. — PREPARER

9/22/97 — DATE PREPARED

FEC FORM 70-2 (12/92)