



RECEIVED  
FEDERAL ELECTION  
COMMISSION

**UNITED SERVICES PLANNING ASSOCIATION, INC.**  
**INDEPENDENT RESEARCH AGENCY FOR LIFE INSURANCE, INC.**

APR 10 12 58 PM '98

April 6, 1998

Federal Election Commission  
999 East Street, N. W.  
Washington DC 20463

Dear Sir/Madam:

Enclosed is the FEC Form 3X, as required. If there are questions, or further requirements, please call me at extension 2237.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael F. Morrison".

Michael F. Morrison  
Director of Financial Accounting

Enclosures: As stated



# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

APR 10 12 58 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> United Services Planning Association PAC	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 4100 S. Hulen Street	<b>2. FEC IDENTIFICATION NUMBER</b> 75-2693991
<b>CITY, STATE and ZIP CODE</b> Ft Worth, TX 76109	<b>3.</b> <input 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>01/01/98</u> through <u>03/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u> .....		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period .....	\$ 0.00	
(c) Total Receipts (from Line 10) .....	\$ 22,940.00	\$ 22,940.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	\$ 22,940.00	\$ 22,940.00
7. Total Disbursements (from Line 80) .....	\$ 0.00	\$ 0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	\$ 22,940.00	\$ 22,940.00
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 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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

4-6-98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

--	--	--	--	--	--	--	--

**FEC FORM 3X**

(revised 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE <b>United Services Planning Association PAC</b>		REPORT COVERING PERIOD FROM <b>01/01/98</b> TO <b>03/31/98</b>	
		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
I. Itemized (use Schedule A)		13,350.00	13,350.00 11(a)
II. Unitemized		9,590.00	9,590.00 11(b)
III. Total (add I and II) >		22,940.00	22,940.00 11(c)
b. Political Party Committees		0.00	0.00 11(d)
c. Other Political Committees (such as PACs)		0.00	0.00 11(e)
d. Total Contributions (add a III, b and c) >		22,940.00	22,940.00 11(f)
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) >		22,940.00	22,940.00 19
20. Total Federal Receipts (subtract line 18 from line 19) >		22,940.00	22,940.00 20
<b>II. Disbursements</b>			
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		0.00	0.00 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. Individual/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) >		0.00	0.00 30
31. Total Federal Disbursements (subtract line 21 a & ii from line 30) >		0.00	0.00 31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		22,940.00	22,940.00 32
33. Total Contribution Refunds (from line 28d)		0.00	0.00 33
34. Net Contributions (other than loans)(subtract line 33 from 32)		22,940.00	22,940.00 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 of 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 Jay Vance 4809 103rd Ave NW Gig Harbor, Wa 98335	Name of Employer  Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 01/30/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Date (month, day, year) 01/30/98 Occupation Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 01/30/98	Amount of Each Receipt this Period 600.00
B. Full Name, Mailing Address and ZIP Code Donald Marcus 4100 S. Hulen Fort Worth, Tx 76109  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Date (month, day, year) 01/30/98 Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 01/30/98	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Philip Leopold 4100 S. Hulen Fort Worth, Tx 76109  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Date (month, day, year) 01/30/98 Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 01/30/98	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code John Dodson 1015 Laukupu Way Honolulu, HI 96825  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Date (month, day, year) 01/30/98 Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 01/30/98	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code James Kaygood 501 Executive Pl Fayetteville, NC 28305  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Date (month, day, year) 01/30/98 Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 01/30/98	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code David White 3717 Potomac Fort Worth, Tx 76107  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Date (month, day, year) 01/30/98 Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 01/30/98	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Dolan Heard 703 Seibert Rd Scott AFB, IL 62225  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Date (month, day, year) 01/30/98 Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 01/30/98	Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... **3,350.00**

**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

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 Associates PAC

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Carroll Payne II 6245 Locke Ave. Fort Worth, Tx 76116</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,200.00</p>	<p>Date (month, day, year) 01/30/98</p>	<p>Amount of Each Receipt this Period 1,200.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Lemar Smith 6245 Locke Ave Fort Worth, Tx 76116</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,200.00</p>	<p>Date (month, day, year) 01/30/98</p>	<p>Amount of Each Receipt this Period 1,200.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Mark Nielsen 6501 Meadow Haven Dr Fort Worth, Tx 76132</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 01/30/98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Howard Crump 3458 Bellwood Ct Fort Worth, Tx 76109</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,200.00</p>	<p>Date (month, day, year) 01/30/98</p>	<p>Amount of Each Receipt this Period 1,200.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Michael Hale 530 Lytton Ave Palo Alto, Ca 94301</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 01/30/98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> David Thoreson 2016 Empire Mine Cr Gold River, CA 95670</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,200.00</p>	<p>Date (month, day, year) 01/30/98</p>	<p>Amount of Each Receipt this Period 1,200.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Scott Hallock 22740 Rose Meadow Waynesville, N 65583</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 01/30/98</p>	<p>Amount of Each Receipt this Period 500.00</p>

**SUBTOTAL** of Receipts This Page (optional) ..... 7,300.00

**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 Services Planning Association PAC

A. Full Name, Mailing Address and ZIP Code Bill Ross CNR 419 Box 1954 APO, A 9102	Name of Employer  Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 01/30/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,200.00	Date (month, day, year) 02/11/98	Amount of Each Receipt this Period 1,200.00
B. Full Name, Mailing Address and ZIP Code Frank Ramsey 9664 N 117th Way Scottsdale, AZ 85259	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 03/04/98	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Matthew Sabenoler CNR470 Box 7084 APO, AE 09165	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	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	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	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	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional) ..... 2,700.00

**TOTAL** This Period (last page this line number only) ..... 13,350.00

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 4-7-98
<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	 4-10-98 DATE PREPARED