

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION

MAR 23 11 51 AM '98

1. NAME OF COMMITTEE (in full) Independent Insurance Agents of America Political Action Committee (InsurPac)		2. FEC IDENTIFICATION NUMBER C0002343
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 412 First Street, SE Suite 300		
CITY, STATE and ZIP CODE Washington, DC 20003		
		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 100)

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 _____

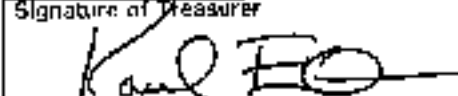
Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to Date
5. Covering Period <u>02/01/98</u> through <u>02/28/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 83,611.76
(b) Cash on Hand at Beginning of Reporting Period	\$ 95,533.05	
(c) Total Receipts (from line 19)	\$ 45,337.57	\$ 62,204.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 140,870.62	\$ 145,815.87
7. Total Disbursements (from Line 30)	\$ 42,879.95	\$ 47,825.20
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 97,990.67	\$ 97,990.67
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information: Federal Election Commission 999 F. Street, N.W. 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
Paul Equale

Signature of Treasurer


Date
3/19/98

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 (1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
Independent Insurance Agents of America Political Action Committee (InsurPac)	FROM: 02/01/98	TO: 02/28/98
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).....	18,250.00	28,750.00
ii. Unitemized.....	27,050.00	33,375.00
iii. Total.....(add i and ii)>	45,300.00	62,125.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions.....(add aiii, b and c)>	45,300.00	62,125.00
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.).....	37.57	79.11
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)>	45,337.57	62,204.11
20. Total Federal Receipts.....(subtract line 18 from line 19)>	45,337.57	62,204.11
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	0.00
c. Total Operating Expenditures.....(Add a i, aii, and b)>	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42,879.95	47,825.20
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. Individual/Persons Other Than Political Committees.....	0.00	0.00
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	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements.....(Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)>	42,879.95	47,825.20
31. Total Federal Disbursements.....(Subtract line 21 aii from line 30)>	42,879.95	47,825.20
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d).....	45,300.00	62,125.00
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	45,300.00	62,125.00
35. Total Federal Operating Expenditures.....(add 21 ai and 21 b)>	0.00	0.00
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35)>	0.00	0.00

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

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 or any political committee to solicit contributions from such committee.

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
Ronald A. Smith CPCU 124 East 8th Street PO Box 648 Rochester, IN 46975-0648	Smith, Sawyer & Smith, Inc. Occupation: President	02/12/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		500.00
William F. Holmann III, CPCU, CLU 258 Blanchard Road Belmont, MA 02178	Provider Insurance Group, Inc. Occupation: Chairman	02/12/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		500.00
Anthony J. DiBuduo P.O. Box 5479 Fresno, CA 93755-5479	DiBuduo & DeFendis Insurance Occupation: Senior Partner	02/12/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
Caleb D. West Jr. PO Box 12228 Newport News, VA 23612-2228	C.D. West & Company Occupation: Insurance Agent	02/12/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Charles B. Huggins Box 270 1786 State Street Salem, OR 97308	Huggins Insurance Services, Inc. Occupation: President	02/12/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Robert C. Huggins CIC P.O. Box 1019 Coos Bay, OR 97420	Huggins Insurance of Coos Bay, Inc. Occupation: President	02/12/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Hendrik Grootendorst P.O. Box 29018 Portland, OR 97229-0018	Fullerton & Company Occupation: President	02/12/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00

SUB TOTAL of Receipts This Page (Optional).....> 3,000.00
TOTAL this Period (Last page this line number only).....>

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

PAGE 2 OF 8
FOR LINE NUMBER 11 a 1

SCHEDULE A

ITEMIZED RECEIPTS

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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 William H. Stevens PO Box 1108 45 Cleveland Road Caldwell, NJ 07007-1108</p>	<p>Name of Employer William H. Stevens & Company</p> <p>Occupation President</p>	<p>Date (Month day, Year) 02/12/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 500.00</p>		
<p>B. Full Name, Mailing Address and Zip Code Carroll Austin 800 Deer Creek Drive P.O. Box 568 Schererville, IN 46375</p>	<p>Name of Employer The Belknap Insurance Group, Inc.</p> <p>Occupation President</p>	<p>Date (Month day, Year) 02/12/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>C. Full Name, Mailing Address and Zip Code K. George Schoeppner 650 Washington Road Pittsburgh, PA 15228</p>	<p>Name of Employer John R. Cooy Insurance Agencies, Inc.</p> <p>Occupation Vice President</p>	<p>Date (Month day, Year) 02/12/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>D. Full Name, Mailing Address and Zip Code Joe A. Hernandez Jr. 3633 E. Broadway Long Beach, CA 90803</p>	<p>Name of Employer Hammann, Miller, Beauchamp & Deeble Inc.</p> <p>Occupation Vice President</p>	<p>Date (Month day, Year) 02/12/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>E. Full Name, Mailing Address and Zip Code William B. Greenwood P.O. Box 231 131 West Broad St. Central City, KY 42330</p>	<p>Name of Employer C.A. Lawton & Son, Inc.</p> <p>Occupation President</p>	<p>Date (Month day, Year) 02/12/98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 1,000.00</p>		
<p>F. Full Name, Mailing Address and Zip Code Allen Rudd PO Box 609 Madisonville, KY 42431</p>	<p>Name of Employer Rudd Insurance, Inc.</p> <p>Occupation Vice President</p>	<p>Date (Month day, Year) 02/12/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>G. Full Name, Mailing Address and Zip Code Walter B. Rose Jr., AAI 8 Stage Road Monroe, NY 10950</p>	<p>Name of Employer Walter Rose Agency, Inc.</p> <p>Occupation Insurance Agent</p>	<p>Date (Month day, Year) 02/12/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>2,750.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			

SCHEDULE A

ITEMIZED RECEIPTS

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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
Thomas E. Wiseman CIC P.O. Box 359 451 Second Avenue Gallipolis, OH 45631	Wiseman Agency, Inc. Occupation Vice President	02/12/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
Joseph Gregory CPCU, ARM 2101 Fourth Ave. Suite 1700 Seattle, WA 98121	Sedgwick James of Washington, Inc. Occupation	02/12/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
Jeffrey L. Jones 14140 Ventura Blvd. Sherman Oaks, CA 91423	Tri West Insurance Services Occupation Executive Vice President	02/12/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
Mark Calhoun PO Box 10265 Birmingham, AL 35202	McGriff, Seibels & Williams Occupation Insurance Agent	02/12/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
William A. Legg PO Box 10265 Birmingham, AL 35202	McGriff, Seibels & Williams Occupation Insurance Agent	02/12/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Michael E. Woods PO Box 10265 Birmingham, AL 35202	McGriff, Seibels & Williams Occupation Insurance Agent	02/12/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Paul K. Furlong PO Box 1351 Glendale, CA 91209	John W. Knight Insurance Agency, Inc. Occupation Insurance Agent	02/12/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
SUB TOTAL of Receipts This Page (Optional.....)			2,500.00
TOTAL this Period (Last page this line number only).....			

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

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FOR LINE NUMBER 11 a i

SCHEDULE A

ITEMIZED RECEIPTS

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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 Joe E. Fuller 704 Brown Marx Building Birmingham, AL 35203</p>	<p>Name of Employer Stead & Fuller Insurance, Inc.</p> <p>Occupation President</p>	<p>Date (Month day, Year) 02/27/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 500.00</p>		
<p>B. Full Name, Mailing Address and Zip Code Patrick Owens PO Box 484 Montgomery, AL 36101</p>	<p>Name of Employer Alabama Auto Insurance Center</p> <p>Occupation Insurance Agent</p>	<p>Date (Month day, Year) 02/27/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>C. Full Name, Mailing Address and Zip Code George W. Thompson III, CIC PO Box 11408 Montgomery, AL 36111</p>	<p>Name of Employer Thompson Insurance, Inc.</p> <p>Occupation Insurance Agent</p>	<p>Date (Month day, Year) 02/27/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>D. Full Name, Mailing Address and Zip Code Arthur J. Williams PO Box 1309 1700 4th Avenue Jasper, AL 35502</p>	<p>Name of Employer Byars & Associates, Inc.</p> <p>Occupation Vice President</p>	<p>Date (Month day, Year) 02/27/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>E. Full Name, Mailing Address and Zip Code James A. Williams 2317 Bob Wallace Avenue Suite 6 Huntsville, AL 35807</p>	<p>Name of Employer Valley Insurance Planning, Inc.</p> <p>Occupation Insurance Agent</p>	<p>Date (Month day, Year) 02/27/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>F. Full Name, Mailing Address and Zip Code Gail D. Bundy CPCU, CIC P. O. Box 90250 Albuquerque, NM 87199-0250</p>	<p>Name of Employer The Insurance Center, Inc.</p> <p>Occupation Insurance Agent</p>	<p>Date (Month day, Year) 02/27/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 500.00</p>		
<p>G. Full Name, Mailing Address and Zip Code William J. Farris Jr. PO Box 460 Conway, AR 72033</p>	<p>Name of Employer Farris Agency, Inc.</p> <p>Occupation President</p>	<p>Date (Month day, Year) 02/27/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		

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

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ITEMIZED RECEIPTS

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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 James T. Armitage CPCU, AAI PO Box 3520 South Pasadena, CA 91031</p>	<p>Name of Employer Arroyo Insurance Services, Inc.</p> <p>Occupation Vice President</p>	<p>Date (Month day, Year) 02/27/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>B. Full Name, Mailing Address and Zip Code Edward W. Bowman 361 Frontage Road #145 Burr Ridge, IL 60521</p>	<p>Name of Employer Stewart-Kantor-Kessberger & Lederer, Inc</p> <p>Occupation President</p>	<p>Date (Month day, Year) 02/27/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>C. Full Name, Mailing Address and Zip Code Ronald Whitaker CIC 120 E. Lincoln Highway P.O. Box 218 New Lenox, IL 60451</p>	<p>Name of Employer Ronald M. Whitaker & Company</p> <p>Occupation Insurance Agent</p>	<p>Date (Month day, Year) 02/27/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>D. Full Name, Mailing Address and Zip Code Howard Gescheidler Jr. PO Box 607 5248 Hohman Avenue Hammond, IN 46320</p>	<p>Name of Employer Hammond National Company, Inc.</p> <p>Occupation CEO</p>	<p>Date (Month day, Year) 02/27/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 500.00</p>		
<p>E. Full Name, Mailing Address and Zip Code John Gescheidler P.O. Box 607 5248 Hohman Avenue Hammond, IN 46320</p>	<p>Name of Employer Hammond National Company, Inc.</p> <p>Occupation President</p>	<p>Date (Month day, Year) 02/27/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>F. Full Name, Mailing Address and Zip Code David D. Gibson PO Box 610 Plymouth, IN 46563</p>	<p>Name of Employer Gibson Insurance Agency, Inc.</p> <p>Occupation Insurance Agent</p>	<p>Date (Month day, Year) 02/27/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>G. Full Name, Mailing Address and Zip Code John Lukens 24 North Sixth St. P. O. Box 900 Terre Haute, IN 47808-0900</p>	<p>Name of Employer Forrest Sherer, Inc.</p> <p>Occupation Insurance Agent</p>	<p>Date (Month day, Year) 02/27/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		

SUB TOTAL of Receipts This Page (Optional)..... > **2,000.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

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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 Todd Miller PO Box 1520 Long Beach, CA 90801	Name of Employer Hanman, Miller, Beauchamp, Deeble Occupation Insurance Broker	Date (Month day, Year) 02/27/98	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 Bruce A. Chalmers PO Box 189 Bridgton, ME 04009-0189	Name of Employer Chalmers Insurance Agency Occupation President	Date (Month day, Year) 02/27/98	Amount of Each Receipt this Period 750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 750.00		
C. Full Name, Mailing Address and Zip Code Margaret L. Torok 12850 Eureka Road PO Box 1422 Southgate, MI 48195	Name of Employer Grendel-Wittbold Agency, Inc. Occupation President	Date (Month day, Year) 02/27/98	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		
D. Full Name, Mailing Address and Zip Code Patrick D. Connell CIC PO Box 1840 Branson, MO 65616-1840	Name of Employer Connell-Howe Insurers, Inc. Occupation President	Date (Month day, Year) 02/27/98	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 Mary Dunkel 215 East Beaver Ave. State College, PA 16801-4902	Name of Employer The Elder Agency Occupation Insurance Agent	Date (Month day, Year) 02/27/98	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 Lauren R. House CPCU, AAI 3111 North Stewart Street Carson City, NV 89701	Name of Employer Nevada Independent Insurance Agents Occupation Executive Vice President	Date (Month day, Year) 02/27/98	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		
G. Full Name, Mailing Address and Zip Code William I. Slapin 65 Springfield Avenue Springfield, NJ 07081	Name of Employer Slapin, Lieb, Pike & Rampolla Occupation Chairman	Date (Month day, Year) 02/27/98	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		

SUB TOTAL of Receipts This Page (Optional).....>	2,500.00
TOTAL this Period (Last page this line number only).....>	

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 or any political committee to elicit contributions from such committee.

NAME OF COMMITTEE (in full)
Independent Insurance Agents of America Political Action Committee (InsurPac)

A. Full Name, Mailing Address and Zip Code William S. Graebe CPCU, CLU 698 Forest Avenue Staten Island, NY 10310-2507	Name of Employer Græbe Agency, Inc.	Date (Month day, Year) 02/27/98	Amount of Each Receipt this Period 250.00
	Occupation President	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code C. Bruce Wichmann CIC 231 Salina Meadows PO Box 4743 Syracuse, NY 13221-4743	Name of Employer Haylor, Freyer & Coun, Inc.	Date (Month day, Year) 02/27/98	Amount of Each Receipt this Period 250.00
	Occupation Senior Vice President	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code W. Hunter Morgan P.O. Box 300 Sunbury, NC 27979-0300	Name of Employer Kellogg-Morgan Agency, Inc.	Date (Month day, Year) 02/27/98	Amount of Each Receipt this Period 250.00
	Occupation President	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code F. Lee Patrick 25 West New England Ave. Worthington, OH 43085	Name of Employer The Insurance Circle	Date (Month day, Year) 02/27/98	Amount of Each Receipt this Period 500.00
	Occupation Vice President/Secretary	Aggregate Year-to-date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code Robert S. McKown CPCU P.O. Box 18444 Oklahoma City, OK 73154-0444	Name of Employer Cole, Paine & Carlin Insurance, Inc.	Date (Month day, Year) 02/27/98	Amount of Each Receipt this Period 500.00
	Occupation Insurance Agent	Aggregate Year-to-date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code Doyle W. Ivey Jr. 314 South Progress Ave. Harrisburg, PA 17109	Name of Employer Doyle W. Ivey, Jr. Inc.	Date (Month day, Year) 02/27/98	Amount of Each Receipt this Period 250.00
	Occupation President	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code Robert Medsger PO Box 469 State College, PA 16804	Name of Employer Frost & Conn Incorporated	Date (Month day, Year) 02/27/98	Amount of Each Receipt this Period 250.00
	Occupation Vice President	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

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

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 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
John Shipman 51 South Fourth Street PO Box 899 Sanbury, PA 17801	Mid-Penn Insurance Associates, Inc. Occupation: President	02/27/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Henry J. Stutz RR2, PO Box 70B Linden, PA 17744	The Hartman Agency, Inc. Occupation: Insurance Agent	02/27/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Tom McCorkle 909 NE Loop 410 Suite 700 San Antonio, TX 78209	McCorkle Commercial Insurance Agency Occupation: President	02/27/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Richard G. Taylor P.O. Box 11809 Salt Lake City, UT 84147	Grant-Hatch & Associates, Inc. Occupation: President	02/27/98	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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
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	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
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	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional)	1,000.00
TOTAL this Period (Last page this line number only)	18,250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	5
FOR LINE NUMBER		23

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)

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Nathan Deal for Congress PO Box 16021 Alexandria, VA 22302	Nathan Deal, U.S. HOUSE 9th GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/03/98	500.00
Skeen for Congress c/o Woodbine Street Alexandria, VA 22302	Joe Skeen, U.S. HOUSE 2nd NM Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/03/98	1,000.00
Eva Clayton for Congress PO Box 479 Warrenton, NC 27589	Eva Clayton, U.S. HOUSE 1st NC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/03/98	500.00
Friends of Gerald Solomon 6126 11th Road Arlington, VA 22205	Jerry Solomon, U.S. HOUSE 22nd NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/03/98	1,000.00
Ewing for Congress PO Box 766 Pontiac, IL 61764	Thomas Ewing, U.S. HOUSE 15th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/03/98	1,000.00
Dave Hobson for Congress 1212 North Vernon Street Arlington, VA 22201	Dave Hobson, U.S. HOUSE 7th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/03/98	1,000.00
'98 Leadership PAC 515 King Street Suite 420 Alexandria, VA 22314	1998 PAC to PAC Contribution Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/03/98	2,000.00
ARMPAC (Americans for a Republican Majority PAC) 117 Second Street, NE Suite 2 Washington, DC 20002	1998 PAC to PAC Contribution Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/04/98	3,000.00
Baker for Congress PO Box 1694 Baton Rouge, LA 70821	Richard Baker, U.S. HOUSE 6th LA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/04/98	1,000.00
SUB TOTAL of Disbursements this page (Optional).....>			11,000.00
TOTAL this Period (Last page this line number only).....>			

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

PAGE 2 OF 5
FOR LINE NUMBER 23

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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 Disb. this Period
Pioneer PAC 499 South Capitol Street, SW Suite 408 Washington, DC 20003	1998 PAC to PAC Contribution Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/05/98	2,500.00
DeGette for Congress, Inc. 770 Grant Street Suite 238 Denver, CO 80203	Diana DeGette, U.S. HOUSE 1st CO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/06/98	500.00
Evan Bayh Committee One North Capitol Street Suite 200 Indianapolis, IN 46204	Evan Bayh, U.S. SENATE IN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/09/98	1,000.00
Kerrey for U.S. Senate 3412 P Street, NW Washington, DC 20007	Bob Kerrey, U.S. SENATE NE Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 2000	02/09/98	1,000.00
Democratic Congressional Campaign Committee 430 South Capitol Street, SE Washington, DC 20003	1998 Party Contribution Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/09/98	5,000.00
Democratic Senatorial Campaign Committee 430 South Capitol Street, SE Washington, DC 20003	1998 Party Contribution Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/09/98	5,000.00
Darlene Hooley for Congress 501 Capitol Court, NE Suite 200 Washington, DC 20002	Darlene Hooley, U.S. HOUSE 5th OR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/11/98	500.00
Robert Wexler for Congress Committee 2500 North Military Trail Suite 288 Boca Raton, FL 33431	Robert Wexler, U.S. HOUSE 19th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/13/98	500.00
THURMAN FOR CONGRESS PO Box 5058 Inverness, FL 34450-5058	Karen L. Thurman, U.S. HOUSE 5th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/13/98	500.00

SUB TOTAL of Disbursements this page (Optional)..... > 16,500.00

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	OF
	3	5
FOR LINE NUMBER		23

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)

A. Full Name, Mailing Address and Zip Code Mike Thompson for Congress Committee PO Box 1998 St. Helena, CA 94574	Purpose of Disbursement Thompson , U.S. HOUSE 1st CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 02/18/98	Amount of Each Disb. this Period 500.00
B. Full Name, Mailing Address and Zip Code Majority Leader Fund PO Box 995 Lewisville, TX 75067-9921	Purpose of Disbursement 1998 PAC to PAC Contribution Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 02/23/98	Amount of Each Disb. this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Volunteers for Shimkus PO Box 16021 Alexandria, VA 22302	Purpose of Disbursement John M. Shimkus, U.S. HOUSE 20th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 02/23/98	Amount of Each Disb. this Period 500.00
D. Full Name, Mailing Address and Zip Code Citizens for Bunning 1717 Dixie Highway Suite 180 Fort Wright, KY 41011	Purpose of Disbursement Jim Bunning, U.S. SENATE KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 02/23/98	Amount of Each Disb. this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Martin Frost Campaign Committee PO Box 75214 Washington, DC 20013-5214	Purpose of Disbursement Marlin Frost, U.S. HOUSE 24th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 02/23/98	Amount of Each Disb. this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Mary Bono Committee 4451 Brookfield Corporate Drive Suite 200C Chantilly, VA 20151-1652	Purpose of Disbursement Bono , U.S. HOUSE 44th CA Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1998 Special Election	Date (Month day, Year) 02/23/98	Amount of Each Disb. this Period 500.00
G. Full Name, Mailing Address and Zip Code Tom DeLay Congressional Committee 901 North Stuart Street Suite 750 Arlington, VA 22203	Purpose of Disbursement Tom DeLay, U.S. HOUSE 22nd TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 02/23/98	Amount of Each Disb. this Period 1,000.00
H. Full Name, Mailing Address and Zip Code Friends of Gerald Solomon 6126 11th Road Arlington, VA 22205	Purpose of Disbursement Jerry Solomon, U.S. HOUSE 22nd NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 02/23/98	Amount of Each Disb. this Period 1,000.00
I. Full Name, Mailing Address and Zip Code Friends for Rick White PO Box 8156 Kirkland, WA 98034	Purpose of Disbursement Rick White, U.S. HOUSE 1st WA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 02/23/98	Amount of Each Disb. this Period 500.00

SUB TOTAL of Disbursements this page (Optional).....> **7,000.00**

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

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

PAGE 4 OF 5
FOR LINE NUMBER 23

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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 Disb. this Period
Friends of Roy Blunt 4010 Franconia Road Alexandria, VA 22310-2136	Roy Blunt, U.S. HOUSE 7th MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/23/98	500.00
B. Full Name, Mailing Address and Zip Code Montanans for Rick Hill c/o 1510 Woodbine Street Alexandria, VA 22302	Rick Hill, U.S. HOUSE AL MT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/23/98	500.00
C. Full Name, Mailing Address and Zip Code Splendid Fare Catering 1310 Braddock Place Alexandria, VA 22314	In-kind contribution to John Kasich (R-OH-12th) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/23/98	879.95 (In-Kind)
D. Full Name, Mailing Address and Zip Code Citizens for Kasich PO Box 10274 Alexandria, VA 22310	In-kind contribution to John Kasich (R-OH-12th) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/23/98	879.95 (Memo In-Kind)
E. Full Name, Mailing Address and Zip Code Baker for Congress 46 Lincoln Hill, SW Quincy, IL 62301	Mark Baker, U.S. HOUSE 17th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/23/98	500.00
F. Full Name, Mailing Address and Zip Code Hastert for Congress Committee 6344 Cavalier Corridor Falls Church, VA 22044-1203	Dennis Hastert, U.S. HOUSE 14th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/23/98	500.00
G. Full Name, Mailing Address and Zip Code Jim Ryan for Congress Committee PO Box 836 Topeka, KS 66601	Jim Ryan, U.S. HOUSE 2nd KS Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/23/98	1,000.00
H. Full Name, Mailing Address and Zip Code Nathan Deal for Congress PO Box 16021 Alexandria, VA 22302	Nathan Deal, U.S. HOUSE 9th GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/23/98	500.00
I. Full Name, Mailing Address and Zip Code VOID	VOID Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/23/98	0.00

SUB TOTAL of Disbursements this page (Optional).....> 4,379.95

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

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

SCHEDULE B ITEMIZED DISBURSEMENTS

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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 Disb. this Period
Citizens for Bunning 1717 Dixie Highway Suite 180 Fort Wright, KY 41011	Jim Bunning, U.S. SENATE KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/24/98	1,000.00
Friends of Newt Gingrich PO Box 1399 Roswell, GA 30077	Newt Gingrich, U.S. HOUSE 6th GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/25/98	2,000.00
South Dakota Victory Fund c/o 424 C Street, NE First Floor Washington, DC 20002	1998 Party Contribution Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/26/98	1,000.00
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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional) > **4,000.00**

TOTAL this Period (Last page this line number only) > **42,879.95**

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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 3-19-98
<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>sep</i> PREPARER	3-23-98 DATE PREPARED