

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 DEC 21 A 10:29

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) National Association of Independent Insurers PAC	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 2600 River Rd.	
CITY, STATE and ZIP CODE Des Plaines, IL 60018	
2. FEC IDENTIFICATION NUMBER C00066472	
3. <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:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election 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>11/01/1999</u> through <u>11/30/1999</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 16540.38
(b) Cash on Hand at Beginning of Reporting Period	\$ 30772.31	
(c) Total Receipts (from Line 18)	\$ 8463	\$ 163240
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 39235.31	\$ 179780.38
7. Total Disbursements (from Line 30)	\$ 14800	\$ 155345.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 24435.31	\$ 24435.31
9. Debts and Obligations Owed TO 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 20483 Toll Free 800-438-6530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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 Jane Holmes

Signature of Treasurer Jane Holmes

Date 12/20/99

NOTE: Submission of false, deceptive, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. § 4370.

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FEC FORM 3X
(revised 9/93)

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

(revised 1/0/91)

NAME OF COMMITTEE NALI PAC		REPORT COVERING PERIOD FROM 11/01/1999 TO 11/30/1999	
		COLUMN A Total This Period	COLUMN B Calendar Year
Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		3245	45396
i. Itemized (use Schedule A)		218	46844
ii. Unitemized		3463	92240
ii. Total (add i and ii) >		0	0
b. Political Party Committees		5000	71000
c. Other Political Committees (such as PACs)		8463	163240
d. Total Contributions (add a ii, b and c) >		0	0
12. Transfers From Affiliated/Other Party Committees		0	0
13. All Loans Received		0	0
14. Loan Repayments Received		0	0
15. Offsets To Operating Expenditures (Rebates, Rebates, etc.)		0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		0	0
17. Other Federal Receipts (Dividends, Interest, etc.)		0	0
18. Transfers from Nonfederal Account for Joint Activity		8463	163240
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		8463	163240
20. Total Federal Receipts (subtract line 18 from line 19) >			
Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		0	0
ii. Non-Federal Share		0	0
b. Other Federal Operating Expenditures		0	0
c. Total Operating Expenditures (add a i, ii, and b) >		0	0
22. Transfers to Affiliated/Other Party Committees		14800	155345.07
23. Contributions to Federal Candidates/Committees and Other Political Committees		0	0
24. Independent Expenditures (use Schedule E)		0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		0	0
26. Loan Repayments Made		0	0
27. Loans Made			
28. Refunds of Contributions To:		0	0
a. Individual/Persons Other Than Political Committees		0	0
b. Political Party Committees		0	0
c. Other Political Committees (such as PACs)		0	0
d. Total Contribution Refunds (add a, b and c) >		0	0
29. Other Disbursements		14800	155345.07
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		14800	155345.07
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		8463	163240
33. Total Contribution Refunds (from line 28d)		0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)		8463	163240
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		0	0
36. Offsets to Operating Expenditures (from line 15)		0	0
37. Net Operating Expenditures (subtract line 36 from 35) >			

Schedule A Itemized Contributions Page 1 of 4
for line 11a

National Association of Independent Insurers PAC

NAME	EMPLOYER	DATE	AMOUNT
Donna Callahan 2600 River Rd. Des Plaines IL 60018	Natl Assn of Independent Insurers OCCUPATION Executive	11/10/99	20.
AGGREGATE TO DATE:			220.

NAME	EMPLOYER	DATE	AMOUNT
Dave Cercone 2600 River Rd. Des Plaines IL 60018	Natl Assn of Independent Insurers OCCUPATION Executive	11/10/99	40.
AGGREGATE TO DATE:			440.

NAME	EMPLOYER	DATE	AMOUNT
Robert Dibblee 2600 River Rd. Des Plaines IL 60018	Natl Assn of Independent Insurers OCCUPATION Executive	11/10/99	50.
AGGREGATE TO DATE:			550.

NAME	EMPLOYER	DATE	AMOUNT
Michael P. Duncan 2600 River Rd. Des Plaines IL 60018	Natl Assn of Independent Insurers OCCUPATION Executive	11/10/99	20.
AGGREGATE TO DATE:			220.

NAME	EMPLOYER	DATE	AMOUNT
Andrew S. Frazier 400 Parsons Pond Dr. Franklin Lake NJ 07417	Western World Insurance OCCUPATION Executive	11/17/99	750.
AGGREGATE TO DATE:			750.

Schedule A Itemized Contributions Page 2 of 4
for line 11a

National Association of Independent Insurers PAC

NAME	EMPLOYER	DATE	AMOUNT
June T. Holmes 2600 River Rd. Des Plaines IL 60018	Natl Assn of Inde pendent Insurers OCCUPATION Executive	11/10/99	60.
AGGREGATE TO DATE:			660.

NAME	EMPLOYER	DATE	AMOUNT
Laura Kotelman 2600 River Rd. Des Plaines IL 60018	Natl Assn of Inde pendent Insurers OCCUPATION Executive	11/10/99	20.
AGGREGATE TO DATE:			220.

NAME	EMPLOYER	DATE	AMOUNT
Frank E. McGrath 545 Woodleigh Dr. Baton Rouge LA 70810	Savant Insurance Co. OCCUPATION Executive	11/08/99	500.
AGGREGATE TO DATE:			500.

NAME	EMPLOYER	DATE	AMOUNT
JoAnne Orfanos 2600 River Rd. Des Plaines IL 60018	Natl Assn of Inde pendent Insurers OCCUPATION Executive	11/10/99	40.
AGGREGATE TO DATE:			440.

NAME	EMPLOYER	DATE	AMOUNT
Nancy Schroeder 2600 River Rd. Des Plaines IL 60018	Natl Assn of inde pendent Insurers OCCUPATION Executive	11/10/99	20.
AGGREGATE TO DATE:			220.

Schedule A

Itemized Contributions

Page 3 of 4
for line 11a

National Association of Independent Insurers PAC

NAME	EMPLOYER	DATE	AMOUNT
William B. Snyder	Merastar Partners	11/08/99	1000.
5610 Wisconsin Ave. Chevy Chase MD 20815		OCCUPATION President	
AGGREGATE TO DATE:			1000.

NAME	EMPLOYER	DATE	AMOUNT
Charles Taylor	Natl Assn of Independent Insurers	11/10/99	50.
2600 River Rd. Des Plaines IL 60018		OCCUPATION Executive	
AGGREGATE TO DATE:			550.

NAME	EMPLOYER	DATE	AMOUNT
James Taylor	Natl Assn of Independent Insurers	11/10/99	30.
2600 River Rd. Des Plaines IL 60018		OCCUPATION Executive	
AGGREGATE TO DATE:			330.

NAME	EMPLOYER	DATE	AMOUNT
James Thomas	Society Insurance	11/29/99	250.
150 Camelot Dr. Fond du Lac WI 54936		OCCUPATION Executive	
AGGREGATE TO DATE:			250.

NAME	EMPLOYER	DATE	AMOUNT
Patrick S. Whalen	Realm National Insurance	11/08/99	375.
125 Maiden Ln. New York NY 10038		OCCUPATION Executive	
AGGREGATE TO DATE:			375.

Schedule A

Itemized Contributions

Page 4 of 4
for line 11a

National Association of Independent Insurers PAC

NAME	EMPLOYER	DATE	AMOUNT
Stu Yakes 2600 River Rd. Des Plaines IL 60018	Natl Assn of Inde pendent Insurers OCCUPATION Executive	11/10/99	20.
AGGREGATE TO DATE:			220.
TOTAL THIS PERIOD			\$ 3245.

SCHEDULE A

ITEMIZED CONTRIBUTIONS

NATIONAL ASSOCIATION OF INDEPENDENT INSURERS PAC

NAME	EMPLOYER	DATE	AMOUNT
Genl Casualty Co. of Wiscons 1 General Dr Sun Prairie WI 53593	OCCUPATION	11/09/99	5000.

AGGREGATE TO DATE: 5000.

Total this Period 5000.

Schedule B
 Itemized Expenditures
 National Association of Independent Insurers PAC

Page 1 of 2
 for Line 23

Name	Purpose	Date	Amount
Mike Dewine DeWine for US Senate POB 340188 Columbus ,OH 43234	contribution R OH Aggregate: 1000. Election: P	11/11/99	1000.

Name	Purpose	Date	Amount
Tillie Fowler vision for America PAC PO Box 380087 Jacksonville ,FL 32205	contribution R 4 FL Aggregate: 500. Election: P	11/10/99	500.

Name	Purpose	Date	Amount
Bob Franks Bob Franks for US Senate POB 497 New Providence,NJ 07974	contribution R NJ Aggregate: 1000. Election: P	11/17/99	1000.

Name	Purpose	Date	Amount
Orrin Hatch Hatch for President 8321 Old Cthouse Rd. #250 Vienna ,VA 22182	contribution R Aggregate: 5000. Election: P	11/17/99	5000.

Name	Purpose	Date	Amount
Jack Kingston Friends of Jack Kingston POB 2133 Savannah ,GA 31402	contribution R 1 GA Aggregate: 1000. Election: P	11/23/99	1000.

Name	Purpose	Date	Amount
Dennis Rehberg Rehberg for Congress POB 1587 Helena ,MT 59624	contribution R 1 MT Aggregate: 5000. Election: P	11/11/99	5000.

Schedule B

Itemized Expenditures

Page 2 of 2
for Line 23

National Association of Independent Insurers PAC

Name	Purpose	Date	Amount
Paul Ryan Paul Ryan for Congress PO Box 1919 Janesville ,WI 53547	contribution R 1 WI Aggregate: 1300. Election: P	11/02/99	100.

Name	Purpose	Date	Amount
Paul Ryan Paul Ryan for Congress PO Box 1919 Janesville ,WI 53547	contribution R 1 WI Aggregate: 1200. Election: P	11/01/99	200.

Name	Purpose	Date	Amount
Wisconsin Leadership PAC, Inc 888 16th St. NW Washington .DC 20006	contribution R WI Aggregate: 1000. Elec:	11/11/99	1000.

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 <i>12-21-99</i>
<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>JMN</i> PREPARER	<i>12-21-99</i> DATE PREPARED