

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION, WASHINGTON, DC

SEP 21 10 40 AM '98

1. NAME OF COMMITTEE (in full) Independent Insurance Agents of America Political Action Committee (InsurPac)		2. FEC IDENTIFICATION NUMBER C00022343
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 LM)

4. TYPE OF REPORT

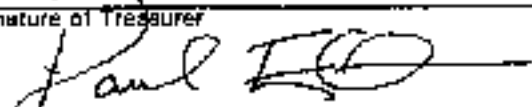
(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

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>08/01/98</u> through <u>08/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 83,611.76
(b) Cash on Hand at Beginning of Reporting Period	\$ 96,232.63	
(c) Total Receipts (from line 19)	\$ 17,457.13	\$ 281,297.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 113,689.76	\$ 364,909.40
7. Total Disbursements (from Line 30)	\$ 16,335.75	\$ 267,555.39
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 97,354.01	\$ 97,354.01
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 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 Paul Equate		Date
Signature of Treasurer 		9/17/98

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

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FEC FORM 3X

(Revised 9/93)

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised 11/1/91

NAME OF COMMITTEE	REPORT COVERING PERIOD	
Independent Insurance Agents of America Political Action Committee (InsurPac)	FROM: 08/01/98	TO: 08/31/98
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).....	5,250.00	101,550.00
ii. Unitemized.....	12,165.00	179,420.00
iii. Total.....(add i and ii) >	17,415.00	280,970.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions.....[add all, b and c] >	17,415.00	280,970.00
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.).....	42.13	327.64
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) >	17,457.13	281,297.64
20. Total Federal Receipts.....[subtract line 18 from line 19] >	17,457.13	281,297.64
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	265.42
c. Total Operating Expenditures.....[Add a, ii, and b] >	0.00	265.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16,335.75	266,789.97
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	500.00
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	500.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements.....[Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29] >	16,335.75	267,555.39
31. Total Federal Disbursements.....[Subtract line 21 b] from line 30] >	16,335.75	267,555.39
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)[from line 11d].....	17,415.00	280,970.00
33. Total Contribution Refunds (from line 28d).....	0.00	500.00
34. Net Contributions (Other than loans)[subtract line 33 from 32].....	17,415.00	280,470.00
35. Total Federal Operating Expenditures.....[add 21 a) and 21 b)] >	0.00	265.42
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....[subtract line 36 from 35] >	0.00	265.42

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address 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 Donald A. Way 250 Cambridge Ave 3rd Fl Palo Alto, CA 94306-1549	Name of Employer Thotts Ins Sve Inc Occupation Insurance Agent	Date (Month day, Year) 08/31/98	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 Harry Forehand Jr. PO Box 25598 Tampa, FL 33622-5598	Name of Employer Rogers Atkins Gunter & Associates, Inc. Occupation Executive Vice President	Date (Month day, Year) 08/31/98	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		
C. Full Name, Mailing Address and Zip Code Thomas A. Stevens P. O. Box 9108 Key West, FL 33041-9108	Name of Employer Key West Insurance, Inc. Occupation Insurance Agent	Date (Month day, Year) 08/31/98	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		
D. Full Name, Mailing Address and Zip Code Michael E. Fallaize 754 Holcomb Bridge Road PO Box 9200128 Norcross, GA 30092-0128	Name of Employer Fallaize Insurance Agency, Inc. Occupation President	Date (Month day, Year) 08/31/98	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 Kent Farley P.O. Box 357 Newton, IL 62448-0357	Name of Employer Farley Insurance Agency, Inc. Occupation President	Date (Month day, Year) 08/31/98	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 Larry B. Rollings P O Box 275 Arcola, IL 61910-0275	Name of Employer Diamond Brothers Agcy Occupation Insurance Agent	Date (Month day, Year) 08/31/98	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 Linda E. Rollings 106 East Main Street P.O. Box 275 Arcola, IL 61910-0275	Name of Employer Diamond Brothers Agency Occupation	Date (Month day, Year) 08/31/98	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).....>	1,750.00
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

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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 Greg Milward 415 N. Broadway PO Box 2030 Lexington, KY 40594	Name of Employer Powell, Walton & Milward, Inc.	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 250.00
	Occupation Vice President		
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 R. C. Riley CPCU, AAI P.O. Box 427 1120 Main Street Benton, KY 42025	Name of Employer Peel & Holland, Inc.	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 500.00
	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
C. Full Name, Mailing Address and Zip Code Edward J. Kremer P O Box 3336 Salisbury, MD 21802-3336	Name of Employer Hanna Kremer & Tilghman	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 250.00
	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
D. Full Name, Mailing Address and Zip Code Stephen Zampella 929 Washington Avenue P.O. Box 710 Green Brook, NJ 08812	Name of Employer E.A. Bonlakowski Agency, Inc.	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 250.00
	Occupation Insurance Agent		
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 Michael V. Barrett 95 Columbia St Albany, NY 12210-2707	Name of Employer Ind Ins Agts Assn/New York Inc	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 250.00
	Occupation Insurance Agent		
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 John P. Ecker 19 Marley Lane East Hampton, NY 11937	Name of Employer John Ecker, Inc.	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 500.00
	Occupation Insurance Agent/Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
G. Full Name, Mailing Address and Zip Code William G. Johnson Jr., CPCU 135 South Salisbury Street Mocksville, NC 27028	Name of Employer Larew-Wood-Johnson, Inc.	Date (Month day, Year) 08/31/98	Amount of Each Receipt this Period 250.00
	Occupation President		
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) > **2,250.00**

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

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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 Wayne R. Best PO Box 106 Reynoldsburg, OH 43068</p>	<p>Name of Employer Best Hoover McTeague Insurance Services</p> <p>Occupation President</p>	<p>Date (Month day, Year) 08/31/98</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 Billy Henry 12700 Park Central Drive Suite 1700 Dallas, TX 75251</p>	<p>Name of Employer McQueary, Henry, Bowles & Troy, LLP</p> <p>Occupation President</p>	<p>Date (Month day, Year) 08/31/98</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 Wallace C. Goodman CPCU, CIC PO Box 8301 Corpus Christi, TX 78468-8301</p>	<p>Name of Employer Hill, Royal & Hamilton Co. of Corpus Christi</p> <p>Occupation Executive Vice President</p>	<p>Date (Month day, Year) 08/31/98</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 Douglas Sanford Box 64790 Lubbock, TX 79464-4790</p>	<p>Name of Employer Sanford Insurance Agency</p> <p>Occupation Insurance Agent</p>	<p>Date (Month day, Year) 08/31/98</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 Robert A. Cadwell 3333 N. Mayfair Rd. Milwaukee, WI 53222-3219</p>	<p>Name of Employer Cadwell-Burg & Associates, Inc.</p> <p>Occupation Insurance Agent</p>	<p>Date (Month day, Year) 08/31/98</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</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$</p>	
<p>G. Full Name, Mailing Address and Zip Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$</p>	

<p>SUB TOTAL of Receipts This Page (Optional).....></p>	<p>1,250.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>	<p>5,250.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

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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 Sequoia National Bank 555 New Jersey Ave., NW Washington, DC 20001-2029	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period	
	Occupation	08/31/98		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		42.13	
B. 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 > \$		
C. 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 > \$		
D. 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 > \$		
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).....>	42.13
TOTAL this Period (Last page this line number only).....>	42.13

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
CHABOT FOR CONGRESS COMMITTEE 105 West 4th Street Suite 1133 Cincinnati, OH 45202	Steve Chabot, U.S. HOUSE 1st OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/03/98	500.00
RE-ELECT CONGRESSMAN MCGOVERN COMMITTEE PO Box 405 Warecester, MA 01606	Jim McGovern, U.S. HOUSE 3rd MA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/03/98	500.00
CHRIS JOHN FOR CONGRESS COMMITTEE, INC. PO Box 971 Crowley, LA 70527	Chris John, U.S. HOUSE 7th LA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/05/98	500.00
NUSSLE FOR CONGRESS COMMITTEE 4010 Franconia Road Alexandria, VA 22310	Jim Nussle, U.S. HOUSE 2nd IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/05/98	500.00
DAVE HOBSON FOR CONGRESS 1212 North Vernon Street Arlington, VA 22201	Dave Hobson, U.S. HOUSE 7th OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/05/98	500.00
PRYCE FOR CONGRESS 340 East Gay Street Columbus, OH 43215	Deborah Pryce, U.S. HOUSE 15th OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/05/98	1,000.00
CONGRESSMAN BART GORDON COMMITTEE 4491 MacArthur Blvd., NW Suite 201 Washington, DC 20007	Bart Gordon, U.S. HOUSE 6th TN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/05/98	1,000.00
CRAPO FOR U.S. SENATE 425 Second Street, NE Washington, DC 20002	Mike Crapo, U.S. SENATE ID Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/17/98	1,000.00
CITIZENS FOR BUNNING 425 Second Street, NE Washington, DC 20002	Jim Bunning, U.S. SENATE KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/17/98	503.05

SUB TOTAL of Disbursements this page (Optional).....> **6,003.05**

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
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FOR LINE NUMBER		
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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
THE BILLY TAUZIN COMMITTEE P.O. Box 1407 Thibodaux, LA 70302	Billy Tauzin, U.S. HOUSE 3rd LA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/17/98	1,000.00
SPLENDID FARE CATERING 1310 Braddock Place Alexandria, VA 22314	In-kind contribution to Max Baucus (D-MT-Senate) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 2000	08/18/98	354.68 (In-Kind)
Friends of Max Baucus P.O. Box 568 Helena, MT 59624	In-kind contribution to Max Baucus (D-MT-Senate) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 2000	08/18/98	354.68 (Memo In-Kind)
HOOSIERS SUPPORTING BUYER FOR CONGRESS COMMITTEE PO Box 712 Monticello, IN 47960	Steve Buyer, U.S. HOUSE 5th IN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/18/98	1,500.00
CHRIS JOHN FOR CONGRESS COMMITTEE, INC. PO Box 971 Crowley, LA 70527	*** VOID *** Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/18/98	0.00
FRIENDS OF BUD CRAMER 38 Ivy Street, SE Washington, DC 20003	Bud Cramer, U.S. HOUSE 5th AL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/25/98	1,000.00
BOB NEY FOR CONGRESS 1212 North Vernon Street Arlington, VA 22201	Robert Ney, U.S. HOUSE 18th OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/26/98	500.00
GARY MILLER FOR CONGRESS 721 S. Brea Canyon Road Suite 7 Diamond Bar, CA 91789	Gary Miller, U.S. HOUSE 41st CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/26/98	1,000.00
DON BENTON FOR CONGRESS COMMITTEE P.O. Box 5876 Vancouver, WA 98668	Don Benton, U.S. HOUSE 3rd WA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/26/98	1,000.00

SUB TOTAL of Disbursements this page (Optional)..... > **6,354.68**

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

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
REYNOLDS FOR CONGRESS P.O. Box 479 Victor, NY 14564	Tom Reynolds, U.S. HOUSE 27th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/26/98	3,478.02
FRIENDS OF SENATOR D'AMATO 425 Second Street, NE Washington, DC 20002	Alfonse D'Amato, U.S. SENATE NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/26/98	500.00
C. 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
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).....>	3,978.02
TOTAL this Period (Last page this line number only).....>	16,335.75

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>9-21-98</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>SLP</i> PREPARER	<i>9-21-98</i> DATE PREPARED