

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

Aug 19 1 33 PM '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		

J. This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

4. TYPE OF REPORT

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

Monthly Report Due On:

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

Twelfth day report preceding _____
(Type of Election)
election on _____ in the State of _____

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

(b) Is this Report an Amendment? YES NO

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year to-Date
6. Covering Period <u>07/01/98</u> through <u>07/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 83,611.76
(b) Cash on Hand at Beginning of Reporting Period	\$ 118,321.19	
(c) Total Receipts (from line 19)	\$ 17,742.03	\$ 263,840.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 136,063.22	\$ 347,452.27
7. Total Disbursements (from Line 30)	\$ 39,830.59	\$ 251,219.64
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d)) ..	\$ 96,232.63	\$ 96,232.63
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 909 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 Equale

Signature of Treasurer

Paul Equale

Date

8/17/98

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: 07/01/98	TO: 07/31/98
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	4,250.00	96,300.00
ii. Unitemized.....	13,450.00	167,255.00
iii. Total..... (add i and ii) >	17,700.00	263,555.00
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) >	17,700.00	263,555.00
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.).....	42.03	285.51
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) >	17,742.03	263,840.51
20. Total Federal Receipts..... (subtract line 18 from line 19) >	17,742.03	263,840.51
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 ai, aii, 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.....	39,830.59	250,454.22
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. Individuals/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) >	39,830.59	251,219.64
31. Total Federal Disbursements..... (Subtract line 21 aii from line 30) >	39,830.59	251,219.64
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) (from line 11d).....	17,700.00	263,555.00
33. Total Contribution Refunds (from line 28d).....	0.00	500.00
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	17,700.00	263,055.00
35. Total Federal Operating Expenditures..... (add 21 ai 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 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
Jon L. Norris CPCU 830 Hartford Rd. Manchester, CT 06040	Independent Insurance Center, Inc.	07/23/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Insurance Agent	Aggregate Year-to-date > \$	250.00
Harold M. Humphrey 9500 South Dadeland Blvd. Suite 200 Miami, FL 33156	InSource, Inc.	07/23/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Vice Chairman	Aggregate Year-to-date > \$	250.00
Lahoma Y. Majors PO Box 220 Caneville, KY 42721	Hoover-Majors Insurance Agency, Inc.	07/23/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation President	Aggregate Year-to-date > \$	250.00
Jerry Mauzy 9300 Shelbyville Road Suite 510 Louisville, KY 40222	Mauzy & Associates, Inc.	07/23/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation President	Aggregate Year-to-date > \$	250.00
Joseph B. McClain PO Box 9 Paris, KY 40361	The Hopewell Company, Inc.	07/23/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation President	Aggregate Year-to-date > \$	250.00
Albert J. Torstrick III 343 Waller Avenue Lexington, KY 40504	Al Torstrick Insurance Agency, Inc.	07/23/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation President	Aggregate Year-to-date > \$	250.00
Eugene B. Seitz PO Box 270 25 W. High Lawrenceburg, IN 47025	Seitz Agency, Inc.	07/23/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Insurance Agent	Aggregate Year-to-date > \$	500.00
SUB TOTAL of Receipts This Page (Optional).....>			2,000.00
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 Thomas Cuddy Jr. 8 Park Street PO Box 388 Attleboro, MA 02703-0388	Name of Employer Richardson-Cuddy Insurance Agency, Inc Occupation President	Date (Month day, Year) 07/23/98	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 William S. Bingham P.O. Box 11250 Charlotte, NC 28220-1250	Name of Employer Commercial Insurance Partners Occupation Insurance Agent	Date (Month day, Year) 07/23/98	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 Kristina Gross Box 750 333 SE Main Canyonville, OR 97417	Name of Employer Hometown Insurance Center Occupation Owner	Date (Month day, Year) 07/23/98	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 Frank Kumar 5 North Allen St. PO Box 95 Nesquehoning, PA 18240-0095	Name of Employer Koomar Agency, Inc. Occupation Insurance Agent	Date (Month day, Year) 07/23/98	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 Robert Spurgin 2521 Cedar Springs Dallas, TX 75201	Name of Employer Ben Spurgin Insurance Agency, Inc. Occupation President	Date (Month day, Year) 07/23/98	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 James Thornton 2521 Cedar Springs Dallas, TX 75201	Name of Employer Ben Spurgin Insurance Agency, Inc. Occupation Vice President	Date (Month day, Year) 07/23/98	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 Don N. Morris CPCU, AAI PO Box 240 Texarkana, TX 75504-0240	Name of Employer F.W. Offenhaner & Company, Inc. Occupation President	Date (Month day, Year) 07/31/98	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

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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 Linda Roberts 261 Hamilton Avenue, #301 Palo Alto, CA 94301	Name of Employer Stratton Agency Occupation Insurance Agent	Date (Month day, Year) 07/31/98	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 Richard K. Bell CLU 501 Main St. PO Box 88 St. Joseph, MI 49085	Name of Employer Insurance Management Service Occupation President	Date (Month day, Year) 07/31/98	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 	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
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 Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
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 Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
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 Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
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 Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
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).....>			500.00
TOTAL this Period (Last page this line number only).....>			4,250.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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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 Squola 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	07/31/98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		42.03
Aggregate Year-to-date > \$		285.51	
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 > \$		
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 > \$		
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 > \$		
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 > \$		
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 > \$		
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 > \$		
Aggregate Year-to-date > \$			
SUB TOTAL of Receipts This Page (Optional).....>			42.03
TOTAL this Period (Last page this line number only).....>			42.03

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
NEW DEMOCRATIC NETWORK 501 Capitol Court, NE Suite 200 Washington, DC 20002	1998 PAC to PAC contribution Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/01/98	1,801.92
BLANCHE LAMBERT LINCOLN FOR SENATE P.O. Box 3197 Little Rock, AR 72203-3197	Lambert Lincoln, U.S. SENATE AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/01/98	2,500.00
CHESAPEAKE BAGEL BAKERY 3839 Minnesota Avenue, NE Washington, DC 20019	In-kind contribution to John Larson (D-CT-01) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/06/98	18.04 (In-Kind)
Larson for Congress 131 Hartland Street East Hartford, CT 06108	In-kind contribution to John Larson (D-CT-01) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/06/98	18.04 (Memo In-Kind)
AL'S PIZZA 138 E Capitol Street, SE Washington, DC 20003	In-kind contribution to Chris John (D-LA-07) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/06/98	80.58 (In-Kind)
Chris John for Congress Committee, Inc. PO Box 971 Crowley, LA 70527	In-kind contribution to Chris John (D-LA-07) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/06/98	80.58 (Memo In-Kind)
SPLENDID FARE CATERING 1310 Braddock Place Alexandria, VA 22314	In-kind contribution for Judd Gregg (R-NH-Senate) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/06/98	190.25 (In-Kind)
Judd Gregg Committee PO Box 1812 Concord, NH 03302-1812	In-kind contribution for Judd Gregg (R-NH-Senate) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/06/98	190.25 (Memo In-Kind)
SPLENDID FARE CATERING 1310 Braddock Place Alexandria, VA 22314	In-kind contribution for John Larson (D-CT-01) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/06/98	372.00 (In-Kind)

SUB TOTAL of Disbursements this page (Optional)..... > 4,962.79

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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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
Larson for Congress 131 Hartland Street East Hartford, CT 06108	In-kind contribution for John Larson (D-CT-01) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/06/98	372.00 (Memo In-Kind)
SPLENDID FARE CATERING 1310 Braddock Place Alexandria, VA 22314	In-kind contribution for Chris John (D-CT-07) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/06/98	273.35 (In-Kind)
Chris John for Congress Committee, Inc. PO Box 971 Crowley, LA 70527	In-kind contribution for Chris John (D-CT-07) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/06/98	273.35 (Memo In-Kind)
SPLENDID FARE CATERING 1310 Braddock Place Alexandria, VA 22314	In-kind contribution for Jim McCrery (R-LA-04) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/06/98	346.25 (In-Kind)
McCrery for Congress Committee 4010 Franconia Road Arlington, VA 22310-2136	In-kind contribution for Jim McCrery (R-LA-04) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/06/98	346.25 (Memo In-Kind)
SPLENDID FARE CATERING 1310 Braddock Place Alexandria, VA 22314	In-kind contribution for Jim Bunning (R-KY-Senate) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/06/98	496.95 (In-Kind)
Citizens for Bunning 1717 Dixie Highway Suite 180 Fort Wright, KY 41011	In-kind contribution for Jim Bunning (R-KY-Senate) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/06/98	496.95 (Memo In-Kind)
SPLENDID FARE CATERING 1310 Braddock Place Alexandria, VA 22314	In-kind contribution for Tom Reynolds (R-NY-27) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/06/98	521.98 (In-Kind)
Reynolds for Congress P.O. Box 141 Williamsville, NY	In-kind contribution for Tom Reynolds (R-NY-27) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/06/98	521.98 (Memo In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>	1,638.53
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
FRIENDS FOR RICK WHITE PO Box 8156 Kirkland, WA 98034	Rick White, U.S. HOUSE 1st WA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/14/98	1,000.00
LATHAM FOR CONGRESS COMMITTEE P.O. Box 174 Sioux City, IA 51102	Tom Latham, U.S. HOUSE 5th IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/14/98	1,000.00
BAROLO RESTAURANT 223 Pennsylvania Avenue, SE Washington, DC 20003	In-kind contribution for Brian Bilbray (R-CA-49) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/14/98	1,479.27 (In-Kind)
Re-elect Congressman Brian Bilbray P.O. Box 455 San Diego, CA 92067	In-kind contribution for Brian Bilbray (R-CA-49) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/14/98	1,479.27 (Memo In-Kind)
RE-ELECT CONGRESSMAN BRIAN BILBRAY P.O. Box 455 San Diego, CA 92067	Brian Bilbray, U.S. HOUSE 49th CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/14/98	1,000.00
MORAN FOR CONGRESS 1225 19th Street, NW 5th Floor Washington, DC 20036	James P. Moran, U.S. HOUSE 8th VA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/14/98	1,000.00
EVAN BAYH COMMITTEE 427 Palm Tree Drive Gaithersburg, MD 20878	Evan Bayh, U.S. SENATE IN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/14/98	1,000.00
WELLER FOR CONGRESS PO Box 687 Morris, IL 60450	Jerry Weller, U.S. HOUSE 11th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/14/98	1,000.00
MATT FONG FOR US SENATE COMMITTEE 888 S. Figueroa #1130 Los Angeles, CA 90017	Matt Fong, U.S. SENATE CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/16/98	1,000.00

SUB TOTAL of Disbursements this page (Optional).....>	8,479.27
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)

<p>A. Full Name, Mailing Address and Zip Code FRIENDS OF JOHN BOEHNER PO Box 15189 Washington, DC 20003-0189</p>	<p>Purpose of Disbursement John Boehner, U.S. HOUSE 8th OH</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 07/16/98</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code LAZIO FOR CONGRESS PO Box 5063 Bay Shore, NY 11706</p>	<p>Purpose of Disbursement Rick Lazio, U.S. HOUSE 2nd NY</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 07/17/98</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>C. Full Name, Mailing Address and Zip Code WELDON FOR CONGRESS COMMITTEE 14024 Riverview Lane Kennedyville, MD 21645</p>	<p>Purpose of Disbursement Curt Weldon, U.S. HOUSE 7th PA</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 07/17/98</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code GRAMS 2000 P.O. Box 25056 Washington, DC 20007</p>	<p>Purpose of Disbursement Rod Grams, U.S. SENATE MN</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 2000</p>	<p>Date (Month day, Year) 07/17/98</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code CRANE FOR CONGRESS 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151-1652</p>	<p>Purpose of Disbursement Philip M. Crane, U.S. HOUSE 8th IL</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 07/21/98</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code HERGER FOR CONGRESS P.O. Box 1500 Chico, CA 95927</p>	<p>Purpose of Disbursement Wally Herger, U.S. HOUSE 2nd CA</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 07/21/98</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code J.D. HAYWORTH FOR CONGRESS 4451 Brookfield Corp Dr. Suite 200 Chantilly, VA 20221-1652</p>	<p>Purpose of Disbursement J. D. Hayworth, U.S. HOUSE 6th AZ</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 07/21/98</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>H. Full Name, Mailing Address and Zip Code FRIENDS OF BOB GRAHAM 233 Constitution Avenue, NE Lower Level Washington, DC 20002</p>	<p>Purpose of Disbursement Bob Graham, U.S. SENATE FL</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 07/21/98</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>I. Full Name, Mailing Address and Zip Code OXLEY FOR CONGRESS 1530 O Street, NW Washington, DC 20005</p>	<p>Purpose of Disbursement Mike Oxley, U.S. HOUSE 4th OH</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 07/21/98</p>	<p>Amount of Each Disb. this Period 1,000.00</p>

SUB TOTAL of Disbursements this page (Optional).....> **8,000.00**

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
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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 SOUTH DAKOTA DEMOCRATIC PARTY c/o 424 C Street, NE First Floor Washington, DC 20002	1998 party contribution - SD Democratic Party Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/21/98	250.00
THE COVERDELL GOOD GOVERNMENT COMMITTEE 3091 Maple Drive Atlanta, GA 30305	Paul Coverdell, U.S. SENATE GA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/23/98	1,000.00
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	07/23/98	1,000.00
BILLEY FOR CONGRESS PO Box 17095 Richmond, VA 23126	Tom Billey, U.S. HOUSE 7th VA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/23/98	1,000.00
ELLEN TAUSCHER FOR CONGRESS 503 Capitol Court, NE Suite 100 Washington, DC 20002	Ellen Tauscher, U.S. HOUSE 10th CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/29/98	1,000.00
FAT TOOMEY FOR CONGRESS 1212 North Vernon Street Arlington, VA 22201	Pat Toomey, U.S. HOUSE 15th PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/29/98	500.00
CITIZENS FOR BUNNING 1717 Dixie Highway Suite 190 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	07/30/98	1,000.00
COOK '98 RE-ELECTION CAMPAIGN P.O. Box 25026 Washington, DC 20007	Merrill Cook, U.S. HOUSE 2nd UT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/30/98	500.00
RICHARD E. NEAL FOR CONGRESS COMMITTEE PO Box 2884 Washington, DC 20013	Richard Neal, U.S. HOUSE 2nd MA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/30/98	1,000.00

SUB TOTAL of Disbursements this page (Optional).....>	7,250.00
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
BOB BARR FOR CONGRESS Post Office Box 4323 Marietta, GA 30061	Bob Barr, U.S. HOUSE 7th GA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/30/98	500.00
FRIENDS OF MAX BAUCUS P.O. Box 568 Helena, MT 59624	Max Baucus, U.S. SENATE MT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 2002	07/30/98	1,000.00
SWEENEY FOR CONGRESS COMMITTEE 6126 11th Road Arlington, VA 22205	John Sweeney, U.S. HOUSE 22nd NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/30/98	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	07/30/98	1,000.00
FRIENDS OF BYRON DORGAN 420 C Street, NE Lower Level Washington, DC 20002	Byron Dorgan, U.S. SENATE ND Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/30/98	1,000.00
STEVEN KUYKENDALL FOR CONGRESS P.O. Box 16021 Alexandria, VA 22302	Steven Kuykendall, U.S. HOUSE 36th CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/30/98	500.00
LATHAM FOR CONGRESS P.O. Box 174 Sioux City, IA 51102	Tom Latham, U.S. HOUSE 5th IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/30/98	1,000.00
FRIENDS FOR JACK METCALF PO Box 70513 Washington, DC 20024	Jack Metcalf, U.S. HOUSE 2nd WA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/30/98	500.00
PAPPAS FOR CONGRESS 3613 Route 22 West Somerville, NJ 08876	Michael Pappas, U.S. HOUSE 12th NJ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/30/98	500.00

SUB TOTAL of Disbursements this page (Optional).....>	7,000.00
TOTAL this Period (Last page this line number only).....>	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules 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	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	07/30/98	2,500.00
B. 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
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).....>	2,500.00
TOTAL this Period (Last page this line number only).....>	39,830.59

