

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

FEB 1 11 26 AM '98

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

ADDRESS (number and street)  Check if different than previously reported  
412 First Street, SE  
Suite 300

CITY, STATE and ZIP CODE  
Washington, DC 20003

2. FEC IDENTIFICATION NUMBER  
C00022343

3.  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	12/01/97 through 12/31/97		
6. (a)	Cash on Hand January 1, 1997		\$ 67,212.94
(b)	Cash on Hand at Beginning of Reporting Period	\$ 66,129.43	
(c)	Total Receipts (from Line 10)	\$ 25,281.44	\$ 332,263.33
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 91,410.87	\$ 399,476.27
7.	Total Disbursements (from Line 30)	\$ 7,799.11	\$ 315,864.51
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 83,611.76	\$ 83,611.76
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 980 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-218-3420
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  
Paul A. Equale

Signature of Treasurer



Date 1/29/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §37g.

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FEC FORM 3X

(revised 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Independent Insurance Agents of America, Inc. Political Action Committee (InsurPac)		FROM 12/01/97	TO 12/31/97
		COLUMN A	COLUMN B
		Total This Period	Calendar Year
<b>I. Receipts</b>			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees	5,050.00	104,125.00
i.	Itemized (use Schedule A)		
ii.	Unitemized	20,190.00	227,657.00
iii.	Total (add i and ii) >	25,240.00	331,782.00
b.	Political Party Committees	0	0
c.	Other Political Committees (such as PACs)	0	0
d.	Total Contributions (add a ii, b and c) >	25,240.00	331,782.00
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 (Refunds, 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.)	41.44	481.33
18.	Transfers from Nonfederal Account for Joint Activity	0	0
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	25,281.44	332,263.33
20.	Total Federal Receipts (subtract line 16 from line 19) >	25,281.44	332,263.33
<b>II. Disbursements</b>			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)	0	0
i.	Federal Share	0	0
ii.	Non-Federal Share	0	253.90
b.	Other Federal Operating Expenditures	0	253.90
c.	Total Operating Expenditures (add a i, a ii, and b) >	0	0
22.	Transfers to Affiliated/Other Party Committees	0	0
23.	Contributions to Federal Candidates/Committees and Other Political Committees	7,599.11	315,210.61
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	0	0
28.	Refunds of Contributions To:		
a.	Individual/Persons Other Than Political Committees	200.00	400.00
b.	Political Party Committees	0	0
c.	Other Political Committees (such as PACs)	0	0
d.	Total Contribution Refunds (add a, b and c) >	200.00	400.00
29.	Other Disbursements	0	0
30.	Total Disbursements (add 21a, 22, 23, 24, 25, 26, 27, 28d, and 29) >	7,799.11	315,864.51
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	7,799.11	315,864.51
<b>III. Net Contributions/Operating Expenditures</b>			
32.	Total Contributions (other than loans)(from line 11d)	25,240.00	331,782.00
33.	Total Contribution Refunds (from line 28d)	200.00	400.00
34.	Net Contributions (other than loans)(subtract line 33 from 32)	25,040.00	331,382.00
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	253.90
36.	Offsets to Operating Expenditures (from line 15)	0	0
37.	Net Operating Expenditures (subtract line 35 from 36) >	0	253.90

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, Inc. Political Action Committee (InsurPac)**

<p>A. Full Name, Mailing Address and Zip Code  <b>Paul Houston</b>  <b>507 W. Northern Lights</b>  <b>Anchorage, AK 99503</b></p>	<p>Name of Employer  <b>C.H.I. of Alaska, Inc.</b></p> <p>Occupation  <b>President</b></p>	<p>Date (Month day, Year)  <b>12/08/97</b></p>	<p>Amount of Each Receipt this Period  <b>500.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>		
<p>B. Full Name, Mailing Address and Zip Code  <b>Jon L. Norris CPCU</b>  <b>830 Hartford Rd.</b>  <b>Manchester, CT 06040</b></p>	<p>Name of Employer  <b>Independent Insurance Center, Inc.</b></p> <p>Occupation  <b>Insurance Agent</b></p>	<p>Date (Month day, Year)  <b>12/08/97</b></p>	<p>Amount of Each Receipt this Period  <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>C. Full Name, Mailing Address and Zip Code  <b>H. Eugene Burns</b>  <b>800 Center-Malu Street</b>  <b>Clarion, PA 16214</b></p>	<p>Name of Employer  <b>Burns &amp; Burns Associates, Inc.</b></p> <p>Occupation  <b>LEO</b></p>	<p>Date (Month day, Year)  <b>12/08/97</b></p>	<p>Amount of Each Receipt this Period  <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>D. Full Name, Mailing Address and Zip Code  <b>Rudy B. Laris</b>  <b>PO Drawer 128</b>  <b>Luckport, LA 70374</b></p>	<p>Name of Employer  <b>Laris Insurance Agency, Inc.</b></p> <p>Occupation  <b>Secretary/Treasurer</b></p>	<p>Date (Month day, Year)  <b>12/18/97</b></p>	<p>Amount of Each Receipt this Period  <b>300.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>300.00</b></p>		
<p>E. Full Name, Mailing Address and Zip Code  <b>Clifton H. Rosenberry</b>  <b>477 Ashford Ave.</b>  <b>Ardesley, NY 10502</b></p>	<p>Name of Employer  <b>The McCartney Agency</b></p> <p>Occupation  <b>President</b></p>	<p>Date (Month day, Year)  <b>12/18/97</b></p>	<p>Amount of Each Receipt this Period  <b>500.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>600.00</b></p>		
<p>F. Full Name, Mailing Address and Zip Code  <b>Kenneth P. Smith CPCU, CLU</b>  <b>P. O. Box 515</b>  <b>Furlong, PA 18925</b></p>	<p>Name of Employer  <b>Insurance Specialties Services, Inc.</b></p> <p>Occupation  <b>President</b></p>	<p>Date (Month day, Year)  <b>12/18/97</b></p>	<p>Amount of Each Receipt this Period  <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>G. Full Name, Mailing Address and Zip Code  <b>Donald R. Margo II</b>  <b>PO Box 981021</b>  <b>El Paso, TX 79998-1021</b></p>	<p>Name of Employer  <b>John D. Williams &amp; Co.</b></p> <p>Occupation  <b>President/CEO</b></p>	<p>Date (Month day, Year)  <b>12/18/97</b></p>	<p>Amount of Each Receipt this Period  <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		

<p>SUB TOTAL of Receipts This Page (Optional).....&gt;</p>	<p><b>2,300.00</b></p>
<p>TOTAL this Period (Last page this line number only).....&gt;</p>	<p></p>

**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, Inc.  
Political Action Committee (InsurPac)**

<b>A. Full Name, Mailing Address and Zip Code</b> <b>Gerard C. Smith</b> <b>PO Box 1407</b> <b>Merrifield, VA 22116- 147</b>	<b>Name of Employer</b> <b>Patterson/Smith Associates, Inc.</b>  <b>Occupation</b> <b>Executive Vice President</b>	<b>Date (Month day, Year)</b> <b>12/18/97</b>	<b>Amount of Each Receipt this Period</b>  <b>500.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>500.00</b>		
<b>B. Full Name, Mailing Address and Zip Code</b> <b>John P. Suhr</b> <b>PO Box 9098</b> <b>San Jose, CA 95157</b>	<b>Name of Employer</b> <b>Suhr/Mathias Insurance</b>  <b>Occupation</b> <b>Insurance Agent</b>	<b>Date (Month day, Year)</b> <b>12/31/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>C. Full Name, Mailing Address and Zip Code</b> <b>William B. Van Meter</b> <b>1240 Fairway Street</b> <b>Bowling Green, KY 42103</b>	<b>Name of Employer</b> <b>Van Meter Insurance Agency, Inc.</b>  <b>Occupation</b> <b>President</b>	<b>Date (Month day, Year)</b> <b>12/31/97</b>	<b>Amount of Each Receipt this Period</b>  <b>500.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>500.00</b>		
<b>D. Full Name, Mailing Address and Zip Code</b> <b>Suzanne Fees</b> <b>PO Box 3330</b> <b>820 St. Joe</b> <b>Rapid City, SD 57709</b>	<b>Name of Employer</b> <b>Black Hills Agency, Inc.</b>  <b>Occupation</b> <b>Owner/Director</b>	<b>Date (Month day, Year)</b> <b>12/31/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>E. Full Name, Mailing Address and Zip Code</b> <b>Daniel Maguire</b> <b>Box 3330</b> <b>820 St. Joe</b> <b>Rapid City, SD 57709</b>	<b>Name of Employer</b> <b>Black Hills Agency, Inc.</b>  <b>Occupation</b> <b>Secretary</b>	<b>Date (Month day, Year)</b> <b>12/31/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>F. Full Name, Mailing Address and Zip Code</b> <b>Katherine Maguire</b> <b>Box 3330</b> <b>820 St. Joe</b> <b>Rapid City, SD 57709</b>	<b>Name of Employer</b> <b>Black Hills Agency, Inc.</b>  <b>Occupation</b> <b>President</b>	<b>Date (Month day, Year)</b> <b>12/31/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>G. Full Name, Mailing Address and Zip Code</b> <b>Kelly Maguire</b> <b>Box 3330</b> <b>820 St. Joe</b> <b>Rapid City, SD 57709</b>	<b>Name of Employer</b> <b>Black Hills Agency, Inc.</b>  <b>Occupation</b> <b>Treasurer</b>	<b>Date (Month day, Year)</b> <b>12/31/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>SUB TOTAL of Receipts This Page (Optional)</b> .....>			<b>2,250.00</b>
<b>TOTAL this Period (Last page this line number only)</b> .....>			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER	
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NAME OF COMMITTEE (in full) **Independent Insurance Agents of America, Inc. Political Action Committee (InsurPac)**

A. Full Name, Mailing Address and Zip Code <b>Kevin Maguire</b> <b>PO Box 3330</b> <b>820 St. Joe</b> <b>Rapid City, SD 57709</b>		Name of Employer <b>Black Hills Agency, Inc.</b>	Date (Month day, Year) <b>12/31/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Owner/Director</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
B. Full Name, Mailing Address and Zip Code <b>Michael Maguire</b> <b>820 St. Joe</b> <b>P.O. Box 3330</b> <b>Rapid City, SD 57709</b>		Name of Employer <b>Black Hills Agency, Inc.</b>	Date (Month day, Year) <b>12/31/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Vice President</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
C. Full Name, Mailing Address and Zip Code		Name of Employer	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)		Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	
SUB TOTAL of Receipts This Page (Optional).....>				<b>500.00</b>
TOTAL this Period (Last page this line number only).....>				<b>5,050.00</b>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules, if any, for each category of the Detailed Summary Page

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**NAME OF COMMITTEE (in Full)** Independent Insurance Agents of America, Inc.  
Political Action Committee (InsurPac)

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Sequoia National Bank 555 New Jersey Ave., NW Washington, DC 20001</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer interest on money market acc't.</p> <p>Occupation not applicable</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year) 12/31/97</p>	<p>Amount of Each Receipt This Period \$41.44</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>

**SUBTOTAL** of Receipts This Page (optional) ..... \$41.44

**TOTAL** This Period (last page this line number only) ..... \$41.44

**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		23

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NAME OF COMMITTEE (in Full) **Independent Insurance Agents of America, Inc. 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
<b>Baker for Congress</b> PO Box 1694 Baton Rouge, LA 70821	<b>Richard Baker, U.S. HOUSE 6th IA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/18/97	500.00
<b>Boswell for Congress</b> 1401 North Jefferson #D Indianola, IA 50125	<b>Leonard Boswell, U.S. HOUSE 3rd IA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/01/97	500.00
<b>Nathan Deal for Congress</b> PO Box 16021 Alexandria, VA 22302	<b>Nathan Deal, U.S. HOUSE 9th GA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/15/97	500.00
<b>Democratic National Club</b> 30 Ivy Street, SE Washington, DC 20003-4071	<b>In-Kind Contribution/Ted Strickland (D-OH-6th)</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/10/97	99.11 (In-Kind)
<b>Strickland for Congress</b> PO Box 580 Lucasville, OH 45648	<b>In-Kind Contribution/Ted Strickland (D-OH-6th)</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/10/97	99.11 (Memo In-Kind)
<b>Ehrlich for Congress</b> PO Box 932 Hunt Valley, MD 21030	<b>Robert L. Ehrlich, U.S. HOUSE 2nd MD</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/03/97	500.00
<b>Friends of Mark Foley</b> 3517 S Street, NW Washington, DC 20007	<b>Mark Foley, U.S. HOUSE 16th FL.</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/03/97	1,000.00
<b>Franks for Congress</b> PO Box 661 New Providence, NJ 07974	<b>Bob Franks, U.S. HOUSE 7th NJ</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/01/97	500.00
<b>The Grassley Committee</b> PO Box 6193 Alexandria, VA 22306	<b>Charles Grassley, U.S. SENATE IA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/03/97	1,000.00

SUB TOTAL of Disbursements this page (Optional)..... > **4,599.11**

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
2	2
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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) **Independent Insurance Agents of America, Inc. 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
THIS SPACE BLANK	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
THIS SPACE BLANK	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>Pennsylvanians for Kanjorski</b> PO Box 2884 Washington, DC 20013	<b>Paul Kanjorski, U.S. HOUSE 11th PA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/15/97	500.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>Sue Kelly for Congress</b> PO Box 16021 Alexandria, VA 22302	<b>Sue Kelly, U.S. HOUSE 19th NY</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/10/97	500.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>Larson for Congress</b> 131 Hartland Street East Hartford, CT 06108	<b>John Larson, U.S. HOUSE 157 CT</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/18/97	1,000.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>McIntosh for Congress</b> P. O. Box 2424 Muncie, IN 47307	<b>David McIntosh, U.S. HOUSE 2nd IN</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/10/97	500.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>Volunteers for Shimkus</b> PO Box 16021 Alexandria, VA 22302	<b>John M. Shimkus, U.S. HOUSE 20th IL</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/10/97	500.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		

SUB TOTAL of Disbursements this page (Optional).....> \$3,000.00

TOTAL this Period (Last page this line number only).....> \$7,599.11



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 252

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NAME OF COMMITTEE (in Full)

Independent Insurance Agents of America, Inc.  
Political Action Committee (InsurPac)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Joseph Godchaux PO Box 1298 Opelousas, LA 70570	1997 refund contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) n/a	12/31/97	\$100.00
B. Full Name, Mailing Address and ZIP Code Mr. James F. Evans 105 West 2nd Street Parsons, TN 38363-0098	1997 refund contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) n/a	12/31/97	100.00
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 Disbursement 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 Disbursement 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 Disbursement 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 Disbursement 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 Disbursement 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 Disbursement 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 Disbursement This Period

**SUBTOTAL** of Disbursements This Page (optional) .....

\$200.00

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

\$200.00

**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 1/30/98
<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	
    G.A.Q. PREPARER	    2/1/98 DATE PREPARED