

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (In Full)  
Natl. Assn of Independent Insurers PAC

ADDRESS (number and street)  Check if different than previously reported  
2600 River Rd.

CITY, STATE and ZIP CODE  
Des Plaines, IL 60018

2. FEC IDENTIFICATION NUMBER  
C00066472

3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

1999 OCT 20 A 03 33

## 4. TYPE OF REPORT

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

- Monthly Report Due On:
- February 20  June 20  October 20
- March 20  July 20  November 20
- April 20  August 20  December 20
- May 20  September 20  January 31

- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)
- election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>9/01/1999</u> through <u>9/30/1999</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 16540.38
(b) Cash on Hand at Beginning of Reporting Period	\$ 12377.31	
(c) Total Receipts (from Line 19)	\$ 16240.00	\$ 129622.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 28617.31	\$ 146162.38
7. Total Disbursements (from Line 30)	\$ 7500.00	\$ 125045.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 21117.31	\$ 21117.31
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 299 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: June Holmes

Signature of Treasurer: *June Holmes* Date: 10/19/99

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 5/93)

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

(revised 1/18/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
NAIL PAC	FROM 9/1/1999	TO: 9/30/1999	
	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	3020	38016	1100
ii. Unitemized .....	720	44106	1100
iii. Total .....	3740	82122	1100
b. Political Party Committees .....			1100
c. Other Political Committees (such as PACs) .....	12500	47500	1100
d. Total Contributions .....	16240	129622	1100
12. Transfers From Affiliated/Other Party Committees .....			1100
13. All Loans Received .....			1100
14. Loan Repayments Received .....			1100
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....			1100
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....			1100
17. Other Federal Receipts (Dividends, Interest, etc.) .....			1100
18. Transfers from Nonfederal Account for Joint Activity .....			1100
19. Total Receipts .....	16240	129622	1100
20. Total Federal Receipts .....	16240	129622	1100
<b>Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule HA)			
i. Federal Share .....			2100
ii. Non-Federal Share .....			2100
b. Other Federal Operating Expenditures .....			2100
c. Total Operating Expenditures .....			2100
22. Transfers to Affiliated/Other Party Committees .....			2100
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	7500	125045.07	2100
24. Independent Expenditures (use Schedule E) .....			2100
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) .....			2100
26. Loan Repayments Made .....			2100
27. Loans Made .....			2100
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees .....			2100
b. Political Party Committees .....			2100
c. Other Political Committees (such as PACs) .....			2100
d. Total Contribution Refunds .....			2100
29. Other Disbursements .....	7500	125045.07	2100
30. Total Disbursements .....	7500	125045.07	2100
31. Total Federal Disbursements .....			2100
<b>Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	16240	129622	32
33. Total Contribution Refunds (from line 28d) .....	0	0	33
34. Net Contributions (other than loans) (subtract line 33 from line 32) .....	16240	129622	34
35. Total Federal Operating Expenditures .....	0	0	35
36. Offsets to Operating Expenditures (from line 15) .....	0	0	36
37. Net Operating Expenditures .....	0	0	37

## Schedule A

## Itemized Contributions

Page 1 of 3  
for line 11a

## National Association of Independent Insurers PAC

NAME	EMPLOYER	DATE	AMOUNT
Dave Cercone 2600 River Rd. Des Plaines IL 60018	Natl Assn of Independent Insurers	09/13/99	40.
	OCCUPATION Executive		
AGGREGATE TO DATE:			380.

NAME	EMPLOYER	DATE	AMOUNT
Robert Dibblee 2600 River Rd. Des Plaines IL 60018	Natl Assn of Independent Insurers	09/13/99	50.
	OCCUPATION Executive		
AGGREGATE TO DATE:			475.

NAME	EMPLOYER	DATE	AMOUNT
John E. Dougherty 406 S. 21st Laramie WY 82070	Mountain West Mutual	09/22/99	250.
	OCCUPATION Executive		
AGGREGATE TO DATE:			250.

NAME	EMPLOYER	DATE	AMOUNT
Edward P. Ernst 406 S. 21st Laramie WY 82070	Mountain West Mutual	09/22/99	250.
	OCCUPATION Executive		
AGGREGATE TO DATE:			250.

NAME	EMPLOYER	DATE	AMOUNT
Jim Geesey 406 S. 21st St. Laramie WY 82070-1348	Mountain West Life	09/22/99	250.
	OCCUPATION Executive		
AGGREGATE TO DATE:			250.

## Schedule A

## Itemized Contributions

Page 2 of 3  
for line 11a

## National Association of Independent Insurers PAC

NAME	EMPLOYER	DATE	AMOUNT
June T. Holmes 2600 River Rd. Des Plaines IL 60018	Natl Assn of Independent Insurers OCCUPATION Executive	09/13/99	60.
AGGREGATE TO DATE:			570.

NAME	EMPLOYER	DATE	AMOUNT
Robert P. Jarratt PO Box 147033 Gainesville FL 32614	Florida Farm Bur. Insurance OCCUPATION Executive	09/29/99	250.
AGGREGATE TO DATE:			250.

NAME	EMPLOYER	DATE	AMOUNT
Roger Kleinecke 100 Goodhill Kentfield CA 94904	Sutter Insurance OCCUPATION President	09/30/99	250.
AGGREGATE TO DATE:			250.

NAME	EMPLOYER	DATE	AMOUNT
JoAnne Orfanos 2600 River Rd. Des Plaines IL 60018	Natl Assn of Independent Insurers OCCUPATION Executive	09/13/99	40.
AGGREGATE TO DATE:			380.

NAME	EMPLOYER	DATE	AMOUNT
Terry R. Powers 2040 Market St. Philadelphia PA 19103	Keystone Insurance OCCUPATION Executive	09/01/99	500.
AGGREGATE TO DATE:			500.

## Schedule A

## Itemized Contributions

Page 3 of 3  
for line 11a

## National Association of Independent Insurers PAC

NAME	EMPLOYER	DATE	AMOUNT
Jay Dee Schaefer 406 S. 21st St. Laramie WY 82070	Mountain West Life	09/22/99	250.
	OCCUPATION Executive		
AGGREGATE TO DATE:			250.

NAME	EMPLOYER	DATE	AMOUNT
Roy Schmetz 406 S. 21st Laramie WY 82073	Mountain West Mutual	09/22/99	250.
	OCCUPATION Executive		
AGGREGATE TO DATE:			250.

NAME	EMPLOYER	DATE	AMOUNT
Gerald D. Stephens 9025 N. Lindbergh Dr. Peoria IL 61615	RI Insurance	09/28/99	500.
	OCCUPATION President		
AGGREGATE TO DATE:			500.

NAME	EMPLOYER	DATE	AMOUNT
Charles Taylor 2600 River Rd. Des Plaines IL 60018	Natl Assn of Independent Insurers	09/13/99	50.
	OCCUPATION Executive		
AGGREGATE TO DATE:			475.

NAME	EMPLOYER	DATE	AMOUNT
James Taylor 2600 River Rd. Des Plaines IL 60018	Natl Assn of Independent Insurers	09/13/99	30.
	OCCUPATION Executive		
AGGREGATE TO DATE:			285.

TOTAL THIS PERIOD \$ 3020.

SCHEDULE A

ITEMIZED CONTRIBUTIONS

NATIONAL ASSOCIATION OF INDEPENDENT INSURERS PAC

NAME	EMPLOYER	DATE	AMOUNT
Erie Insurance PAC PO Box 1699 Erie PA 16530	OCCUPATION	09/13/99	5000.

AGGREGATE TO DATE: 5000.

NAME	EMPLOYER	DATE	AMOUNT
Geico PAC 1 Geico Plaza Washington DC 20076	OCCUPATION	09/21/99	2500.

AGGREGATE TO DATE: 2500.

NAME	EMPLOYER	DATE	AMOUNT
Vesta Insurance FED PAC 3760 River Run Dr. Birmingham AL 35243	OCCUPATION	09/01/99	5000.

AGGREGATE TO DATE: 5000.

Total this Period 12500.

Schedule B

Itemized Expenditures

Page 1 of 2  
for Line 23

National Association of Independent Insurers PAC

Name	Purpose	Date	Amount
Conrad Burns Friends of Conrad Burns 2000 Box 3311 Billings, MT 59103	contribution R MT Aggregate: 3500. Election: P	09/22/99	1500.

Name	Purpose	Date	Amount
Tillie Fowler Fowler for Congress PO Box 380087 Jacksonville, FL 32205	void 8/10/1999 ck R 4 FL Aggregate: 0. Election: P	09/10/99	-500.

Name	Purpose	Date	Amount
Paul Gillmor Citizens for Gillmor OH	contribution R 5 OH Aggregate: 500. Election: P	09/22/99	500.

Name	Purpose	Date	Amount
Rick Hill Montanans for Rick Hill PO Box 1256 Helena, MT 59624	void 7/20/99 ck R 1 MT Aggregate: 500. Election: P	09/08/99	-500.

Name	Purpose	Date	Amount
Richard Neal The Richard Neal Committee PO Box 2884 Washington, DC 20013	contribution D 2 MA Aggregate: 500. Election: P	09/22/99	500.

Name	Purpose	Date	Amount
Jim Nussle Nussle for Congress IA	contribution R 2 IA Aggregate: 1000. Election: P	09/22/99	1000.

Schedule B

Itemized Expenditures

Page 2 of 2  
for Line 23

National Association of Independent Insurers PAC

Name	Purpose	Date	Amount
New Repub. Majority Fund C00 1300 PA Ave. Suite 500 Washington DC 20004	contribution R Aggregate: 5000. Election:	09/01/99	5000.
		Total this period	7500.



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>10-20-99</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>See</i> PREPARER	<i>10-20-99</i> DATE PREPARED