

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Independent Insurance Agents of America, Inc. Political Action Committee (InsurPac)	APR 21 2 01 PM '97
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 412 First Street, SE Suite 300	2. FEC IDENTIFICATION NUMBER C00022343
CITY, STATE and ZIP CODE Washington, DC 20003	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input checked="" type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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>03/01/97</u> through <u>03/31/97</u>		
6. (a) Cash on Hand January 1, 18 <u>97</u>		\$ 67,212.94
(b) Cash on Hand at Beginning of Reporting Period	\$ 77,459.78	
(c) Total Receipts (from Line 19)	\$ 61,151.52	\$ 104,498.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 138,611.30	\$ 171,711.30
7. Total Disbursements (from Line 30)	\$ 34,286.59	\$ 67,386.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 104,324.71	\$ 104,324.71
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 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	

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	Date
Signature of Treasurer 	04/17/97

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 8/93)

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

(revised 1/1/81)

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

REPORT COVERING PERIOD
 FROM TO:

I. Receipts

	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	\$22,200.00	\$42,400.00	11(a)
i. Itemized (use Schedule A)	38,911.00	61,981.00	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) >	61,111.00	104,381.00	11(b)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) >	61,111.00	104,381.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	40.52	117.36	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	61,151.52	104,498.36	19
20. Total Federal Receipts (subtract line 18 from line 19) >	61,151.52	104,498.36	20

II. Disbursements

21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0	0	21(a)(i)
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	228.90	228.90	21(b)
b. Other Federal Operating Expenditures	228.90	228.90	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	0	0	22
22. Transfers to Affiliated/Other Party Committees	34,057.69	67,157.69	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0	24
24. Independent Expenditures (use Schedule E)	0	0	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	26
26. Loan Repayments Made	0	0	27
27. Loans Made	0	0	
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) >	0	0	28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	34,286.59	67,386.59	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	34,286.59	67,386.59	31

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans)(from line 11d)	61,111.00	104,381.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	61,111.00	104,381.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	228.90	228.90	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	228.90	228.90	37

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 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 > \$</p>	<p>Date (month, day, year) 03/31/97</p>	<p>Amount of Each Receipt This Period \$40.52</p>
<p>B. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>

SUBTOTAL of Receipts This Page (optional) \$40.52

TOTAL This Period (last page this line number only) \$40.52

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 11
FOR LINE NUMBER 11a

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 Howard B. Gaylor 308 Lake Avenue/PO Box 735 Roscommon, MI 48653</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Gaylor Insurance Agency, Inc.</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/05/97</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Gail D. Bundy PO Box 90250 Albuquerque, NM 87199</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer The Insurance Center, Inc.</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 03/05/97</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code William R. Warburton 118 Gano Street Providence, RI 02906</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Warburton Insurance Inc.</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/05/97</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Susan M. Leslie PO Box 96 286 New York Street York Village, ME 03909</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Bragdon Insurance, Inc.</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/05/97</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code George Bentley PO Box 885 Columbiana, AL 35051</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Rux Carter Insurance Agency</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/05/97</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Leonard H. Blount PO Box 877 Statesboro, GA 30459</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Blount, Burke, Wimberly & Hendricks</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/05/97</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Vaughn P. Edwards 114 Brookhollow Drive Santa Ana, CA 92705</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer ACI Commerical Ins. Broker</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/05/97</p>	<p>Amount of Each Receipt this Period \$250.00</p>

SUBTOTAL 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, Inc.
Political Action Committee (InsurPac)

A. Full Name, Mailing Address and ZIP Code Mr. Michael J. Foy PO Box 1030 Exeter, NH 03833	Name of Employer Foy Insurance Group, Inc.	Date (month, day, year) 03/05/97	Amount of Each Receipt This Period \$500.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable			
B. Full Name, Mailing Address and ZIP Code J. Ralph Murray 680 Main Street Stamford, CT 06901	Name of Employer Insurance & Financial Services, Inc.	Date (month, day, year) 03/19/97	Amount of Each Receipt This Period \$250.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable			
C. Full Name, Mailing Address and ZIP Code Terry M. Ryan 87 Lackawanna Ave./Box 347 Totowa, NJ 07511-0347	Name of Employer Hanson & Ryan, Inc.	Date (month, day, year) 03/19/97	Amount of Each Receipt This Period \$250.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable			
D. Full Name, Mailing Address and ZIP Code Ronald R. Bagwell PO Box 2326 Raleigh, NC 27602-2326	Name of Employer Bagwell & Bagwell, Inc.	Date (month, day, year) 03/19/97	Amount of Each Receipt This Period \$250.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable			
E. Full Name, Mailing Address and ZIP Code Delbert R. Cooper 2738 East 51st Street Suite 400 Tulsa, OK 74105-6228	Name of Employer Rich, & Cartmill, Inc.	Date (month, day, year) 03/19/97	Amount of Each Receipt This Period \$250.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable			
F. Full Name, Mailing Address and ZIP Code Richard D. Teubner 2738 East 51st Street/Suite 400 Tulsa, OK 74105-6228	Name of Employer Rich & Cartmill, Inc.	Date (month, day, year) 03/19/97	Amount of Each Receipt This Period \$500.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable			
G. Full Name, Mailing Address and ZIP Code David W. Nicholson 63 Main Street East Millinocket, ME 04430	Name of Employer Nicholson Insurance Agency, Inc.	Date (month, day, year) 03/19/97	Amount of Each Receipt This Period \$250.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable			

SUBTOTAL of Receipts This Page (optional) \$2,250.00

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

PAGE 3 OF 11
FOR LINE NUMBER 11a

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Larry M. Heuer Box 1847 Sparks, NV 89432	Heuer Insurance Agency, Inc.	03/19/97	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Occupation: Insurance Agent Aggregate Year-to-Date > \$250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mike Thompson 860 Hwy. 62 E Suite 8-111 Mountain Home, AR 72653	Thompson Insurance, Inc.	03/19/97	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Occupation: Insurance Agent Aggregate Year-to-Date > \$250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William F. Hofmann 258 Blanchard Road Belmont, MA 02178-4005	Hofmann Insurance Agency, Inc.	03/19/97	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Occupation: Insurance Agent Aggregate Year-to-Date > \$500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Handall G. Peters 112 E. Nashville St./PO Box 850 Ringgold, GA 30736	Weeks & Peters Ins. Agency	03/19/97	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Occupation: Insurance Agent Aggregate Year-to-Date > \$500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hendrik Grootendorst PO Box 29018 Portland, OR 97229-0018	Fullerton & Company	03/19/97	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Occupation: Insurance Agent Aggregate Year-to-Date > \$250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David J. McCormick 800 West Main St. Avon, MA 02332	McCormick & Sons Ins. Agency, Inc.	03/19/97	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Occupation: Insurance Agent Aggregate Year-to-Date > \$500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul L. Jones 47 Wall Street PO Box 2168 Norwalk, CT 06852-2168	John H. Leonard Agency, Inc.	03/19/97	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Occupation: Insurance Agent Aggregate Year-to-Date > \$500.00		

SUBTOTAL of Receipts This Page (optional) \$2,750.00

TOTAL This Period (last page this line number only)

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John C. Alexander PO Box 88 Danville, IL 61834	Ludwig Insurance Agency, Inc.	03/19/97	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Occupation: Insurance Agent Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Patrick Mahon PO Box 85 72-I W. Stafford Rd. Stafford Springs, CT 06076	Mullen & Mahon, Inc.	03/19/97	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Occupation: Insurance Agent Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Raymond D. Gallant 199 Great Road Acton, MA 01720	Gallant & Brock Ins. Agency	03/19/97	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Occupation: Insurance Agent Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code William J. Farris PO Box 460 Conway, AR 72032	Farris Agency, Inc.	03/19/97	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Occupation: Insurance Agent Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code William I. Slapin 65 Springfield Ave. PO Box 693 Springfield, NJ 07081	Slapin, Lieb & Co.	03/19/97	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Occupation: Insurance Agent Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Peter C. Mosca 445 Godwin Avenue Midland Park, NJ 07432	Eastern Insurers, Inc.	03/19/97	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Occupation: Insurance Agent Aggregate Year-to-Date > \$ 200.00		
G. Full Name, Mailing Address and ZIP Code Richard W. Bellemare PO Box 2060 126 Main Street Bristol, CT 06010	Tracy, Driscoll & Company, Inc.	03/19/97	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Occupation: Insurance Agent Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional) \$1,850.00

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

PAGE 5 OF 11
FOR LINE NUMBER 11a

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

<p>A. Full Name, Mailing Address and ZIP Code Robert A. Mazey 692 Route 206 PO Box 457 Belle Mead, NJ 08502</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Robert Mazey Agency</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 03/19/97</p>	<p>Amount of Each Receipt This Period \$200.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Michel Vinet 1001 Bishop Street Pauahi Tower #2250 Honolulu, HI 96813</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Insurance Factors</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 03/19/97</p>	<p>Amount of Each Receipt This Period \$200.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Andrew P. Durkin 106 Grand Avenue Englewood, NJ 07631</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Durkin Agency, Inc.</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/19/97</p>	<p>Amount of Each Receipt This Period \$250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Doyle W. Ivey 314 South Progress Ave. Harrisburg, PA 17109</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Doyle W. Ivey, Jr. Inc.</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 03/19/97</p>	<p>Amount of Each Receipt This Period \$500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Ronald Fullenkamp PO Box 367 West Point, IA 52656</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Fullenkamp Insurance Agency, Inc.</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/24/97</p>	<p>Amount of Each Receipt This Period \$250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Raymond Ryan PO Box 106 Pittsburgh, KS 66762</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Angwin Ryan Stanley Inc.</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 03/24/97</p>	<p>Amount of Each Receipt This Period \$500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code J. Perry Wolfe 111 Main St./PO Box 150 Scobey, MT 59263</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Wolfe-Daniels Agency, Inc.</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/24/97</p>	<p>Amount of Each Receipt This Period \$250.00</p>

SUBTOTAL of Receipts This Page (optional) **\$2,150.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 6 OF 11
FOR LINE NUMBER 11a

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

A. Full Name, Mailing Address and ZIP Code Lauren R. House 310 North Stewart Street PO Box 645 Carson, City, NV 89702 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Name of Employer Nevada Independent Insurance Agents Occupation Insurance Agent Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/24/97	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code David E. Bates 549 Hope Street PO Box 627 Bristol, RI 02809 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Name of Employer A.N. Nunes Agency, Inc. Occupation Insurance Agent Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/24/97	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code Charles B. Huggins Box 270 1786 State Street Salem, OR 97308 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Name of Employer Huggins Insurance Services, Inc. Occupation Insurance Agent Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/24/97	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and ZIP Code Donald Boen PO Box 89010 Sioux Falls, SD 57105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Name of Employer Boen & Associates Occupation Insurance Agent Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/24/97	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code Joseph C. Parisi 6820 Bergenline Ave. Guttenberg, NJ 07093 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Name of Employer Otterstedt Insurance Agency, Inc. Occupation Insurance Agent Aggregate Year-to-Date > \$250.00	Date (month, day, year) 03/24/97	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code Thomas J. Sharkey 14 Commerce Drive Cranford, NJ 07016 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Name of Employer Meeker-Sharkey Financial Group Occupation Insurance Agent Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/24/97	Amount of Each Receipt this Period \$250.00
G. Full Name, Mailing Address and ZIP Code Rodney L. Fletcher PO Box 409 State College, PA 16804 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Name of Employer P.A. Frost Agency, Inc. Occupation Insurance Agent Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/24/97	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)

\$1,750.00

TOTAL This Period (last page this line number only)

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 Richard W. Davis 1237 Highland Ave. Needham, MA 02192-2691</p>	<p>Name of Employer Edward Davis Ins. Agency, Inc.</p>	<p>Date (month, day, year) 03/24/97</p>	<p>Amount of Each Receipt This Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>		<p>Occupation Insurance Agent Aggregate Year-to-Date > \$ 500.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code James T. Armitage 1414 Fair Oaks #3 PO Box 3520 South Pasadena, CA 91031</p>	<p>Name of Employer Arroyo Insurance Services, Inc.</p>	<p>Date (month, day, year) 03/24/97</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): not applicable</p>		<p>Occupation Insurance Agent Aggregate Year-to-Date > \$ 250.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code Larry B. McCord 9200 Montgomery Road Suite 12A Cincinnati, OH 45242-7730</p>	<p>Name of Employer McCord Insurance Agency, Inc.</p>	<p>Date (month, day, year) 03/24/97</p>	<p>Amount of Each Receipt This Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>		<p>Occupation Insurance Agent Aggregate Year-to-Date > \$ 500.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code James P. Murray 5 Staffordshire Commons Wallingford, CT 06492</p>	<p>Name of Employer Fitzsimons, Kerrigan & Murray, Inc.</p>	<p>Date (month, day, year) 03/24/97</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): not applicable</p>		<p>Occupation Insurance Agent Aggregate Year-to-Date > \$ 250.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code Joseph W. Ray 1580 Fishinger Road Columbus, OH 43221-2107</p>	<p>Name of Employer Ray Insurance Agency, Inc.</p>	<p>Date (month, day, year) 03/24/97</p>	<p>Amount of Each Receipt This Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>		<p>Occupation Insurance Agent Aggregate Year-to-Date > \$ 500.00</p>	
<p>F. Full Name, Mailing Address and ZIP Code Charles E. Olson PO Box 2139 Silver City, NM 88062</p>	<p>Name of Employer Insure New Mexico</p>	<p>Date (month, day, year) 03/24/97</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): not applicable</p>		<p>Occupation Insurance Agent Aggregate Year-to-Date > \$ 250.00</p>	
<p>G. Full Name, Mailing Address and ZIP Code Leland C. Ruef PO Box 210008 256 Gracern Road Columbia, SC 29221</p>	<p>Name of Employer IJA of South Carolina</p>	<p>Date (month, day, year) 03/31/97</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): not applicable</p>		<p>Occupation Executive Vice President Aggregate Year-to-Date > \$ 250.00</p>	

SUBTOTAL of Receipts This Page (optional)

\$2,500.00

TOTAL This Period (last page this line number only)

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ralph E. Mayerstein PO Box 5609 Lafayette, IN 47903	MBAH Insurance	03/31/97	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bruce A. Chalmers 30 Main Street Box 189 Bridgton, ME 04009	Chalmers Insurance Agency	03/31/97	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John P. McFadden PO Box 26987 1570 S. Rainbow Blvd. Las Vegas, NV 89126	McFadden Insurance Agency, Inc.	03/31/97	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James H. Schramm PO Box 430 141 West 3rd. Winner, SD 57580	Farmers State Company	03/31/97	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William S. Conover 931 Penn Avenue Pittsburgh, PA 15222-3870	Conover & Associates, Inc.	03/31/97	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
S. Norfleet Anthony 104 S. Washington PO Box 599 Ripley, TN 38063	S.N. Anthony, Inc.	03/31/97	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Benjamin R. Powers 1236 Volunteer Pkwy. PO Drawer 3868 Bristol, TN 37625	Burke, Powers & Harty, Inc.	03/31/97	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL 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

PAGE 9 OF 11
FOR LINE NUMBER 11a

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

<p>A. Full Name, Mailing Address and ZIP Code Arch E. Trimble PO Box 4148 516 Winston Road Chattanooga, TN 37405-0148</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Arch E. Trimble Agency Inc.</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 03/31/97</p>	<p>Amount of Each Receipt This Period \$250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Richard G. Taylor PO Box 11809 Salt Lake City, UT 84147</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Grant-Hatch & Assoc., Inc.</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 03/31/97</p>	<p>Amount of Each Receipt This Period \$250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Jack Thoma PO Box 940 210 N. Atlantic St. Tullahoma, TN 37388</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer E.B. Thoma & Son Agency, Inc.</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 03/31/97</p>	<p>Amount of Each Receipt This Period \$250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Charles T. Eidek 2500 Hillsboro Road Nashville, TN 37212</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Insurers of Tennessee</p> <p>Occupation Executive Vice President</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 03/31/97</p>	<p>Amount of Each Receipt This Period \$250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code William W. Chalmers PO Box 189 Bridgton, ME 04009</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Chalmers Insurance Agency</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 03/31/97</p>	<p>Amount of Each Receipt This Period \$500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Thomas H. Ahart PO Box 31 Phillipsburg, NJ 08865-0031</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Ahart, Prinzi & Smith Agency</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 03/31/97</p>	<p>Amount of Each Receipt This Period \$500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code John A. Spann PO Box 40386 Nashville, TN 37204</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Spann Insurance, Inc.</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 03/31/97</p>	<p>Amount of Each Receipt This Period \$250.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$2,250.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

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

<p>A. Full Name, Mailing Address and ZIP Code John M. Ulrich 2900 Eastern Blvd. PO Box 3307 York, PA 17402-0307</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Collens-Wagner Ins. Agency, Inc.</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 03/31/97</p>	<p>Amount of Each Receipt This Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Roy H. Taylor 8310 Magnolia Suite 100 Riverside, CA 92504</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Goldware & Taylor Insurance Service</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 03/31/97</p>	<p>Amount of Each Receipt This Period \$200.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Michael Loftis PO Box 460 115 W. Blackwell Blackwell, OK 74631</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Loftis Insurance Agency</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/31/97</p>	<p>Amount of Each Receipt This Period \$250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code John R. Braddy 300 W. Harrison Street/PO Box 968 Dillon, SC 29536</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Braddy Insurance, Inc.</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/31/97</p>	<p>Amount of Each Receipt This Period \$250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Julian Zander PO Box 50559 Nashville, TN 37205</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Zander Insurance Agency, Inc.</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/31/97</p>	<p>Amount of Each Receipt This Period \$250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code W. Thomas Harper PO Box 1325 253 Livingston Ave. New Brunswick, NJ 08903-1325</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Snediker Valenti, Inc.</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/31/97</p>	<p>Amount of Each Receipt This Period \$250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Deborah Shenberger One 8th Street Suite 3 Frenchtown, NJ 08825</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): not applicable</p>	<p>Name of Employer Shenberger Insurance Services Agency</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/31/97</p>	<p>Amount of Each Receipt This Period \$250.00</p>

SUBTOTAL of Receipts This Page (optional)

\$1,950.00

TOTAL This Period (last page this line number only)

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

<p>A. Full Name, Mailing Address and ZIP Code Andrew J. Valdivia PO Box 70 Santa Monica, CA 90406-0070</p>	<p>Name of Employer White & Company Ins. Inc.</p>	<p>Date (month, day, year) 03/31/97</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): not applicable</p>		<p>Occupation Insurance Agent Aggregate Year-to-Date > \$ 250.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code Dennis E. White PO Box 70 Santa Monica, CA 90406-0070</p>	<p>Name of Employer White & Company Ins. Inc.</p>	<p>Date (month, day, year) 03/31/97</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): not applicable</p>		<p>Occupation Insurance Agent Aggregate Year-to-Date > \$ 250.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code Arthur J. Williams PO Box 1309 1700 4th Avenue Jasper, AL 35502</p>	<p>Name of Employer Byars & Associates, Inc.</p>	<p>Date (month, day, year) 03/31/97</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): not applicable</p>		<p>Occupation Insurance Agent Aggregate Year-to-Date > \$ 250.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code E. Kenneth Hyatt PO Box 1197 Hemet, CA 92546</p>	<p>Name of Employer Hemet Insurance Services/Talbot</p>	<p>Date (month, day, year) 03/31/97</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): not applicable</p>		<p>Occupation Insurance Agent Aggregate Year-to-Date > \$ 250.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</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): not applicable</p>		<p>Occupation Insurance Agent Aggregate Year-to-Date > \$</p>	
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</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): not applicable</p>		<p>Occupation Insurance Agent Aggregate Year-to-Date > \$</p>	
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</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): not applicable</p>		<p>Occupation Insurance Agent Aggregate Year-to-Date > \$</p>	

SUBTOTAL of Receipts This Page (optional)

\$1,000.00

TOTAL This Period (last page this line number only)

\$22,200.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21b

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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
District of Columbia Dept. of Finance & Revenue Ben Franklin Station/PO Box 601 Washington, DC 20044-0601	1996 B-20 corporation franchise tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) not applicable	03/12/97	\$100.00
B. Full Name, Mailing Address and ZIP Code Dept. of the Treasury Internal Revenue Service Ogden, UT 84201	1996, 1120-POL tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) not applicable	03/12/97	\$128.45
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)

\$228.45

TOTAL This Period (last page this line number only)

\$228.45

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
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 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)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Republican Congressional Cmte. 220 First Street, SE Second Floor Washington, DC 20003	1997 party contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) not applicable	03/03/97	\$3,000.00
Re-elect Nancy Johnson to Congress Cmte. PO Box 1986 New Britain, CT 06050	contribution to Nancy Johnson (R-CT-6th) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/03/96	\$1,000.00
Friends of Byron Dorgan 420 C Street, NE, Lower Level Washington, DC 20002	contribution to Byron Dorgan (D-ND-Senate) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/04/97	\$2,000.00
Earl Pomeroy for Congress PO Box 75214 Washington, DC 20013-5214	contribution to Earl Pomeroy (D-ND-At Large) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/04/97	\$500.00
Latham for Congress Committee 4010 Franconia Road Alexandria, VA 22310-2136	contribution to Tom Latham (R-5th-1A) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/97	\$500.00
Complements Catering Company 5507 Inverchapple Road Springfield, VA 22151	in-kind contribution to the Blue Dog PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) not applicable	03/06/97	\$557.69
The Blue Dog PAC 44 Canal Center Plaza, Suite 400 Alexandria, VA 22314	1997 PAC to PAC contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) not applicable	03/06/97	\$500.00
LoBiondo for Congress c/o Hammond Associates PO Box 16021 Alexandria, VA 22302	contribution to Frank LoBiondo (R-NJ-2nd) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/11/97	\$500.00
Quinn for Congress Committee PO Box 2012 Blasdell, NY 14219	contribution to Jack Quinn (R-NY-20th) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/11/97	\$500.00

SUBTOTAL of Disbursements This Page (optional)

\$9,057.69

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 2 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (If 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
Hulshof for Congress PO Box 16021 Alexandria, VA 22302	contribution to Kenny Hulshof (R-MO-9th) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	03/11/97	\$500.00
B. Full Name, Mailing Address and ZIP Code Martin Frost Campaign Committee PO Box 75214 Washington, DC 20013-5214	contribution to Martin Frost (D-TX-24th) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	03/11/97	\$500.00
C. Full Name, Mailing Address and ZIP Code Knollenberg for Congress 27877 Orchard Lake Road Farmington Hills, MI 48334	contribution to Joe Knollenberg (R-MI-11th) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	03/11/97	\$500.00
D. Full Name, Mailing Address and ZIP Code Lazio for Congress 4451 Brookfield Corporate Dr. Suite 200 Chantilly, VA 20151-1652	contribution to Rick Lazio (R-NY-2nd) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	03/11/97	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Friends of Tim Holden 5501 Cherokee Ave. Suite 112 Alexandria, VA 22312	contribution to Tim Holden (D-PA-6th) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	03/11/97	\$500.00
F. Full Name, Mailing Address and ZIP Code Americans for a Republican Majority PAC (ARMPAC) 117 Second St., NE, Suite 2 Washington, DC 20002	1997 PAC to PAC contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): not applicable	03/11/97	\$2,500.00
G. Full Name, Mailing Address and ZIP Code Pallone for Congress PO Box 3176 Long Branch, NJ 07740	contribution to Frank Pallone (D-NJ-6th) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	03/11/97	\$500.00
H. Full Name, Mailing Address and ZIP Code THIS SPACE BLANK	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 THIS SPACE BLANK	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) \$6,000.00

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 3 OF 4
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 Disbursement This Period
A lot of People supporting Tom Daschle 424 C Street, NE First Floor Washington, DC 20002	contribution to Tom Daschle (D-ND-Senate) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/14/97	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Whitfield for Congress Committee PO Box 391 Hopkinsville, KY 42241	contribution to Ed Whitfield (R-KY-1st) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/14/97	\$500.00
C. Full Name, Mailing Address and ZIP Code Citizens for Bunning 1717 Dixie Highway, Suite 180 Fort Wright, KY 41011	contribution to Jim Bunning (R-KY-4th) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/14/97	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Citizens for Kasich PO Box 10274 Alexandria, VA 22310	contribution to John Kasich (R-OH-12th) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/14/97	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Kempthorne For Senate '98 425 Second Street, NE Washington, DC 20002	contribution to Dirk Kempthorne (R-ID-Senate) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/14/97	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Friends of Jim Saxton PO Box 795 Mount Holly, NJ 08060-3943	contribution to Jim Saxton (R-NJ-3rd) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/14/97	\$500.00
G. Full Name, Mailing Address and ZIP Code Paxon for Congress PO Box 69 Victor, NY 14564	contribution to Bill Paxon (R-NY-27th) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/14/97	\$1,300.00
H. Full Name, Mailing Address and ZIP Code Tom Delay Congressional Committee 10707 Corporate Drive, Suite 130 Stafford, TX 77477	contribution to Tom Delay (R-TX-22nd) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/14/97	\$1,000.00
I. Full Name, Mailing Address and ZIP Code Nathan Deal for Congress PO Box 16021 Alexandria, VA 22302	contribution to Nathan Deal (R-GA-9th) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/14/97	\$500.00

SUBTOTAL of Disbursements This Page (optional)

\$7,500.00

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 4 OF 4
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 Disbursement This Period
Friends of Roy Blunt 4010 Franconia Road Alexandria, VA 22310-2136	contribution to Roy Blunt (R-MO-7th) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/14/97	\$500.00
Friends of Newt Gingrich PO Box 1399 Roswell, GA 30077	contribution to Newt Gingrich (R-GA-6th) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/14/97	\$2,000.00
Friends of Mark Foley 3517 S Street, NW Washington, DC 20007	contribution to Mark Foley (R-FL-16th) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/18/97	\$500.00
Citizens for Bunning 1717 Dixie Highway, Suite 180 Fort Wright, KY 41011	contribution to Jim Bunning (R-KY-4th) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/19/97	\$4,000.00
Asa Hutchinson for Congress Committee PO Box 2222 Fort Smith, AR 72902	contribution to Asa Hutchinson (R-AR-3rd) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/19/97	\$1,000.00
RENEW 1555 King Street Suite 300 Alexandria, VA 22314	1997 PAC to PAC contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) not applicable	03/20/97	\$1,500.00
Eric Serna for US Congress PO Box 8254 Santa Fe, NM 87504-8254	contribution to Eric Serna (D-NM-3rd) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997 special	03/24/97	\$1,000.00
Hagel for Nebraska 507 Capitol Court, NE #100 Washington, DC 20002	contribution to Chuck Hagel (R-NE-Senate) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 retirement	03/24/97	\$1,000.00
L 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)

\$11,500.00

TOTAL This Period (last page this line number only)

\$34,057.69

**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 type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 4-18-97
<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
<i>Feb</i>	4-21-97
PREPARER	DATE PREPARED