

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MARKING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**Independent Insurance Agents of America 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**

FEDERAL ELECTION COMMISSION MAIL ROOM

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:

<input type="checkbox"/> February 20	<input checked="" 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 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>05/01/99</u> through <u>05/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>			\$ 80,606.00
(b) Cash on Hand at Beginning of Reporting Period		\$ 155,013.05	
(c) Total Receipts (from Line 19)		\$ 30,835.76	\$ 192,858.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 185,848.81	\$ 273,464.53
7. Total Disbursements (from Line 30)		\$ 82,105.00	\$ 169,720.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 103,743.81	\$ 103,743.81
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0.00	

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

For further information contact:  
Federal Election Commission  
990 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-3420

Type or Print Name of Treasurer  
**Paul Equale**

Signature of Treasurer *Paul Equale* Date 6/17/99

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 9/93)

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

(revised 11/1/91)

NAME OF COMMITTEE <b>Independent Insurance Agents of America Political Action Committee (InsurPac)</b>	REPORT COVERING PERIOD		
	FROM	TO	
	05/01/99	05/31/99	
	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	7,760.00	79,750.00	11(a)(i)
ii. Unitemized	23,050.00	112,935.00	11(a)(ii)
iii. Total (add i and ii) >	30,800.00	192,685.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) >	30,800.00	192,685.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	35.75	173.53	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	30,835.75	192,858.53	19
20. Total Federal Receipts (subtract line 18 from line 19) >	30,835.75	192,858.53	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	267.65	21(b)
b. Other Federal Operating Expenditures	0.00	267.65	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	22
22. Transfers to Affiliated/Other Party Committees	82,105.00	169,453.07	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	24
24. Independent Expenditures (use Schedule E)	0.00	0.00	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	26
26. Loan Repayments Made	0.00	0.00	27
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	82,105.00	169,720.72	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	82,105.00	169,720.72	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11 d)	30,800.00	192,685.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	30,800.00	192,685.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	267.65	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	267.65	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **1** OF **4**  
FOR LINE NUMBER **11 a 1**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
Independent Insurance Agents of America Political Action Committee (InsurPac)

<p><b>A. Full Name, Mailing Address and ZIP Code</b> David L. Wyrach 12800 Long Beach Blvd. Beach Haven Terrace, NJ 08008</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>The Van Dyk Group</b></p> <p>Occupation <b>Insurance Agent</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>500.00</b></p>	<p>Date (month, day, year) <b>05/11/99</b></p>	<p>Amount of Each Receipt This Period <b>500.00</b></p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> George Muraski 672 U.S. 202-206 North PO Box 6788 Bridgewater, NJ 08807</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Princeton Insurance Affiliates</b></p> <p>Occupation <b>Owner</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>250.00</b></p>	<p>Date (month, day, year) <b>05/11/99</b></p>	<p>Amount of Each Receipt This Period <b>250.00</b></p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> William J. Farris Jr. PO Box 460 Conway, AR 72033</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Farris Agency, Inc.</b></p> <p>Occupation <b>President</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>250.00</b></p>	<p>Date (month, day, year) <b>05/11/99</b></p>	<p>Amount of Each Receipt This Period <b>250.00</b></p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> John E. Johnson 276 Dolores Avenue P. O. Box 758 San Leandro, CA 94577-5008</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>McDermott-Costra Co., Inc.</b></p> <p>Occupation <b>Insurance Agent</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>500.00</b></p>	<p>Date (month, day, year) <b>05/11/99</b></p>	<p>Amount of Each Receipt This Period <b>500.00</b></p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Mike Moss P O Box 220 1001 S Dogwood Bilcoam Springs, AR 72761</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Mike Moss Agency</b></p> <p>Occupation <b>Insurance Agent</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>250.00</b></p>	<p>Date (month, day, year) <b>05/11/99</b></p>	<p>Amount of Each Receipt This Period <b>250.00</b></p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Dennis White PO Box 70 807 Arizona Santa Monica, CA 90408</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>White &amp; Company Insurance, Inc.</b></p> <p>Occupation <b>President</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>250.00</b></p>	<p>Date (month, day, year) <b>05/11/99</b></p>	<p>Amount of Each Receipt This Period <b>250.00</b></p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Randall Tanner 8405 Barfield Rd. Suite 100 Atlanta, GA 30328-4275</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Tanner &amp; Bailow</b></p> <p>Occupation <b>President</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>500.00</b></p>	<p>Date (month, day, year) <b>05/11/99</b></p>	<p>Amount of Each Receipt This Period <b>250.00</b></p>

**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 **2** OF **4**  
FOR LINE NUMBER **11 a 1**

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Thomas Cuddy Jr. 8 Park Street PO Box 388 Attleboro, MA 02703-0388</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Richardson-Cuddy Insurance Agency, Inc</b></p> <p>Occupation <b>President</b></p> <p>Aggregate Year-to-Date <b>\$ 250.00</b></p>	<p>Date (month, day, year) <b>05/11/99</b></p>	<p>Amount of Each Receipt This Period <b>250.00</b></p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> S. Edward Copple P.O. Box 83405 Lincoln, NE 68501</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Copple Insurance Agency, Inc.</b></p> <p>Occupation <b>President</b></p> <p>Aggregate Year-to-Date <b>\$ 250.00</b></p>	<p>Date (month, day, year) <b>05/11/99</b></p>	<p>Amount of Each Receipt This Period <b>250.00</b></p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> James R. Klagholz CPCU PO Box 97 Seaside Park, NJ 08752</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Clayton N. Staring Associates, Inc.</b></p> <p>Occupation <b>Secretary/Treasurer</b></p> <p>Aggregate Year-to-Date <b>\$ 500.00</b></p>	<p>Date (month, day, year) <b>05/11/99</b></p>	<p>Amount of Each Receipt This Period <b>500.00</b></p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Walton Smith Jr. PO Box 668 Clarksville, TN 37041-0668</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Mann &amp; Smith, Inc.</b></p> <p>Occupation <b>President</b></p> <p>Aggregate Year-to-Date <b>\$ 250.00</b></p>	<p>Date (month, day, year) <b>05/11/99</b></p>	<p>Amount of Each Receipt This Period <b>250.00</b></p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Michael Loftis P O Box 460 Blackwell, OK 74631-0460</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Lofis Corp</b></p> <p>Occupation <b>President</b></p> <p>Aggregate Year-to-Date <b>\$ 250.00</b></p>	<p>Date (month, day, year) <b>05/26/99</b></p>	<p>Amount of Each Receipt This Period <b>250.00</b></p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Frank Licato AA 2325 Plainfield Ave. PO Drawer A South Plainfield, NJ 07080-0509</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Frank P. Licato Agency</b></p> <p>Occupation <b>President</b></p> <p>Aggregate Year-to-Date <b>\$ 250.00</b></p>	<p>Date (month, day, year) <b>05/26/99</b></p>	<p>Amount of Each Receipt This Period <b>250.00</b></p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Andrew F. Durkin 106 Grand Avenue PO Box 8049 Englewood, NJ 07631-3506</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Durkin Agency</b></p> <p>Occupation <b>Insurance Agent</b></p> <p>Aggregate Year-to-Date <b>\$ 250.00</b></p>	<p>Date (month, day, year) <b>05/26/99</b></p>	<p>Amount of Each Receipt This Period <b>250.00</b></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

PAGE 3 OF 4  
FOR LINE NUMBER 11 B i

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**NAME OF COMMITTEE (In Full)**  
Independent Insurance Agents of America Political Action Committee (InsurPac)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Paul Rohrabach CIC</b> 1100 Circle 75 Parkway Suite 140 Atlanta, GA 30339	<b>The Rohrabach Company</b>  Occupation <b>President</b>	<b>05/26/99</b>	<b>150.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>250.00</b>		
<b>Jackson H. Sherrill</b> PO Box 16445 Savannah, GA 31416-2146	<b>Sherrill &amp; Company</b>  Occupation <b>Managing Partner</b>	<b>05/26/99</b>	<b>100.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>350.00</b>		
<b>Jim Strickland</b> 1041 Cambridge Sq #A Alpharetta, GA 30004-1871	<b>A G A Insurance</b>  Occupation <b>Insurance Agent</b>	<b>05/26/99</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>250.00</b>		
<b>Terry O. Ewing</b> P.O. Box 827 Ruston, LA 71273-0827	<b>Louisiana Insurance Services, Inc.</b>  Occupation <b>President</b>	<b>05/26/99</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>250.00</b>		
<b>Philip G. Chesley</b> 10 Holden St Malden, MA 02148-5237	<b>Chesley &amp; Kenty Ins</b>  Occupation <b>Insurance Agent</b>	<b>05/26/99</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>250.00</b>		
<b>Robert Heubner</b> 80-03 Myrtle Ave. Glandale, NY 11385-7642	<b>The Heubner Agency, Inc.</b>  Occupation <b>Secretary</b>	<b>05/26/99</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>250.00</b>		
<b>Delbert R. Cooper</b> 2738 East 51st Street Suite 400 Tulsa, OK 74106	<b>Rich &amp; Cartmill, Inc.</b>  Occupation <b>Vice President</b>	<b>06/26/99</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>250.00</b>		

**SUBTOTAL** of Receipts This Page (optional) ..... **1,500.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE **4** OF **4**  
FOR LINE NUMBER **11 a i**

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

A. Full Name, Mailing Address and ZIP Code Richard D. Teubner 2738 E 51st St #400 Tulsa, OK 74105-6228	Name of Employer Rich & Cartmill Inc  Occupation Insurance Agent	Date (month, day, year) 05/26/99	Amount of Each Receipt this Period 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 500.00	
B. Full Name, Mailing Address and ZIP Code S. Norfleet Anthony Jr. PO Box 599 Ripley, TN 38063	Name of Employer S.N. Anthony, Inc.  Occupation Chairman	Date (month, day, year) 05/26/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Maurice Pinson P.O. Box 139 Nashville, TN 37202-0139	Name of Employer Transport Specialties, Inc.  Occupation Insurance Agent	Date (month, day, year) 05/26/99	Amount of Each Receipt this Period 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 500.00	
D. Full Name, Mailing Address and ZIP Code Timothy J. Witt P O Box 747 Kingsport, TN 37662-0747	Name of Employer Edwards Tipton Witt Agcy  Occupation Insurance Agent	Date (month, day, year) 05/26/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Bill D. Henry 12700 Park Central Drive Suite 1700 Dallas, TX 75251-1600	Name of Employer McQueary, Henry, Bowles & Troy, LLP  Occupation President	Date (month, day, year) 05/26/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$	

**SUBTOTAL** of Receipts This Page (optional) ..... **2,000.00**

**TOTAL** This Period (last page this line number only) ..... **7,750.00**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **1** OF **7**  
FOR LINE NUMBER **23**

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**NAME OF COMMITTEE (In Full)**

Independent Insurance Agents of America Political Action Committee (InsurPac)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee For Loretta Sanchez 444 S Occidental Blvd Apt 421 Los Angeles, CA 90057	Loretta Sanchez, U.S. HOUSE 46th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/03/99	1,000.00
Ensign for Senate PO Box 26568 Las Vegas, NV 89126	John Ensign, U.S. SENATE NV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	1,000.00
Democratic Senatorial Campaign Committee 430 South Capitol Street, SE Washington, DC 20003	DSCC - 1999 Party Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	05/11/99	5,000.00
Dick Arney Campaign Committee 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20154-1652	Dick Arney, U.S. HOUSE 26th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	1,000.00
Friends of Conrad Burns PO Box 70397 Billings, MT 20024	Conrad Burns, U.S. SENATE MT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	1,000.00
Friends of John Peterson PO Box 296 Pleasantville, PA 16341	John Peterson, U.S. HOUSE 5th PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	500.00
Splendid Fara Catering 1310 Braddock Place Alexandria, VA 22314	In-Kind contribution for William Coyne (D-PA-14) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	605.00 (In-Kind)
Coyne for Congress Committee P.O. Box 2681 Washington, DC 20013-2681	In-Kind contribution for William Coyne (D-PA-14) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	605.00 (Memo In-Kind)
People for Ganske 521 East Locust 2nd Floor Des Moines, IA 60309-1939	Greg Ganske, U.S. HOUSE 4th IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	1,000.00

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

11,105.00

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

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FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Harold Ford Jr - New Vision Comm. 58 River Mist Ln Memphis, TN 38103	Harold E. Ford, U.S. HOUSE 9th TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify 2000)	05/11/99	1,000.00
Abraham 2000 26600 Telegraph Road #410 Southfield, MI 48034	Spencer Abraham, U.S. SENATE MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify 2000)	05/11/99	1,000.00
Barrett for Congress PO Box 2884 Washington, DC 20013	Thomas Barrett, U.S. HOUSE 5th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify 2000)	05/11/99	500.00
Allen Boyd for Congress P. O. Box 15703 Tallahassee, FL 32317	Allen Boyd, U.S. HOUSE 2nd FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify 2000)	05/11/99	500.00
Dingell for Congress 607 14th Street, NW Washington, DC 20013-5214	John Dingell, U.S. HOUSE 16th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify 2000)	05/11/99	2,000.00
Friends of Ray LaHood 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 30151-1652	Ray LaHood, U.S. HOUSE 18th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify 2000)	05/11/99	500.00
Ackerman for Congress PO Box 96 Fresh Meadows, NY 11365	Gary Ackerman, U.S. HOUSE 5th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify 2000)	05/11/99	1,000.00
Lewis for Congress PO Box 247 Redlands, CA 92373	Jerry Lewis, U.S. HOUSE 40th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify 2000)	05/11/99	500.00
Moran for Congress 1225 19th Street, NW Suite 500 Washington, DC 20036	James P. Moran, U.S. HOUSE 8th VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify 2000)	05/11/99	1,000.00

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

8,000.00

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Condit for Congress 44 Canal Center Plaza Alexandria, VA 22314	Gary Condit, U.S. HOUSE 18th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	500.00
Weller for Congress 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Jerry Weller, U.S. HOUSE 11th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	500.00
Italian American Democratic Leadership Council 1275 K Street, NW Suite 602 Washington, DC 20005	1999 PAC to PAC contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	05/11/99	1,000.00
The Billy Tauzin Committee P.O. Box 1407 Thibodaux, LA 70302	Billy Tauzin, U.S. HOUSE 3rd LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	1,000.00
Ashcroft for Senate PO Box 464 Jefferson City, MO 65102	John Ashcroft, U.S. SENATE MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	1,000.00
Snowe for Senate 425 Second Street, NE Washington, DC 20002	Olympia J. Snowe, U.S. SENATE ME Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	1,000.00
Friends of Conrad Burns PO Box 70397 Billings, MT 20024	Conrad Burns, U.S. SENATE MT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	1,000.00
Spencer Abraham 2000 26600 Telegraph Road #410 Southfield, MI 48034	Spencer Abraham, U.S. SENATE MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	1,000.00
Tom Davis for Congress PO Box 463 Dunn Loring, VA 22027	Tom Davis, U.S. HOUSE 11th VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	1,000.00

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

8,000.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (InsurPac)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Scott McInnis PO Box 3157 Grand Junction, CO 81502	Scott McInnis, U.S. HOUSE 3rd CO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	1,000.00
Christopher Cox Congressional Committee 17 Gunnison Irvine, CA 92612	Christopher Cox, U.S. HOUSE 47th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	1,000.00
Fund for a Responsible Future PO Box 529 Washington, DC 20044	1999 PAC to PAC contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 999	05/11/99	2,000.00
Wilson for Congress PO Box 2776 Arlington, VA 22202	Heather Wilson, U.S. HOUSE 1st NM Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	1,000.00
Snowe for Senate 425 Second Street, NE Washington, DC 20002	Olympia J. Snowe, U.S. SENATE ME Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/11/99	1,000.00
Hagel for Nebraska 1203 Portner Road Alexandria, VA 22314	Chuck Hagel, U.S. SENATE NE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002	05/11/99	1,000.00
Whitfield for Congress Committee PO Box 391 Hopkinsville, KY 42241	Ed Whitfield, U.S. HOUSE 1st KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	1,000.00
Hastert for Congress Committee 6344 Cavalier Corridor Falls Church, VA 22044-1203	Dennis Hastert, U.S. HOUSE 14th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	2,000.00
Friends of Sherrod Brown PO Box 2882 Washington, DC 20013	Sherrod Brown, U.S. HOUSE 13th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	500.00

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

10,500.00

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 5 OF 7  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**  
Independent Insurance Agents of America Political Action Committee (InsurPac)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LEADERSHIP 21 5501 Cherokee Avenue Suite 112 Alexandria, VA 22312	1999 PAC to PAC contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	05/11/99	500.00
B. Full Name, Mailing Address and ZIP Code Lazio for Congress PO Box 5063 Bay Shore, NY 11706	Purpose of Disbursement Rick Lazio, U.S. HOUSE 2nd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Clyburn for Congress PO Box 7564 Washington, DC 20013-5664	Purpose of Disbursement James Clyburn, U.S. HOUSE 6th SC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	500.00
D. Full Name, Mailing Address and ZIP Code Chris John for Congress PO Box 971 Crowley, LA 70527	Purpose of Disbursement Chris John, U.S. HOUSE 7th LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	500.00
E. Full Name, Mailing Address and ZIP Code Dan Burton For Congress Committee PO Box 16021 Alexandria, VA 22302	Purpose of Disbursement Dan Burton, U.S. HOUSE 6th IN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	1,000.00
F. Full Name, Mailing Address and ZIP Code The Reed Committee PO Box 8628 Cranston, RI 02920	Purpose of Disbursement Jack Reed, U.S. SENATE RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002	05/11/99	1,000.00
G. Full Name, Mailing Address and ZIP Code National Republican Congressional Committee 320 First Street, SE Washington, DC 20003	Purpose of Disbursement 1999 Party Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	05/11/99	15,000.00
H. Full Name, Mailing Address and ZIP Code Friends of George Allen PO Box 573 Richmond, VA 23218	Purpose of Disbursement George Allen, U.S. SENATE VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	1,000.00
I. Full Name, Mailing Address and ZIP Code Sherman For Congress 5152 Sepulveda Blvd # 1996 Sherman Oaks, CA 91403	Purpose of Disbursement Brad Sherman, U.S. HOUSE 24th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/20/99	1,000.00

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

**21,500.00**

**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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic National Committee 430 South Capitol Street Washington, DC 20003	1999 Party Contribution DNC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	05/20/99	6,000.00
B. Full Name, Mailing Address and ZIP Code DeWine For US Senate 8 East Broad Street Columus, OH 43215	Purpose of Disbursement Mike DeWine, U.S. SENATE OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/25/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Lazio for Congress PO Box 5063 Bay Shore, NY 11706	Purpose of Disbursement Rick Lazio, U.S. HOUSE 2nd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/25/99	2,000.00
D. Full Name, Mailing Address and ZIP Code Friends of Sessions Senate Committee 4131 Carmichael Road Suite A Montgomery, AL 36106	Purpose of Disbursement Jeff Sessions, U.S. SENATE AL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002	05/25/99	2,500.00
E. Full Name, Mailing Address and ZIP Code New Democratic Network 501 Capitol Court, NE Suite 200 Washington, DC 20002	Purpose of Disbursement 1999 PAC to PAC Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	05/25/99	1,000.00
F. Full Name, Mailing Address and ZIP Code Friends of Bud Cramer 38 Ivy Street, SE Washington, DC 20003	Purpose of Disbursement Bud Cramer, U.S. HOUSE 5th AL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/25/99	500.00
G. Full Name, Mailing Address and ZIP Code Norwood for Congress P. O. Box 499 Evans, GA 30809	Purpose of Disbursement Charles Norwood, U.S. HOUSE 10th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/26/99	1,000.00
H. Full Name, Mailing Address and ZIP Code Anne Northup for Congress PO Box 7313 Louisville, KY 40267	Purpose of Disbursement Anne Northup, U.S. HOUSE 3rd KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/26/99	1,000.00
I. Full Name, Mailing Address and ZIP Code DASH-PAC 424 C Street, NE First Floor Washington, DC 20002	Purpose of Disbursement 1999 PAC to PAC contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	05/27/99	5,000.00

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

19,000.00

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Kerrey for U.S. Senate 3412 P Street, NW Washington, DC 20007	Bob Kerrey, U.S. SENATE NE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/27/99	1,000.00
Bob Kerrey for U.S. Senate 3412 P Street, NW Washington, DC 20007	Bob Kerrey, U.S. SENATE NE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/27/99	1,000.00
Chris John for Congress PO Box 971 Crowley, LA 70527	Chris John, U.S. HOUSE 7th LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/28/99	1,000.00
Citizens for Harkin P.O. Box 811 DES MOINES, IOWA 50304	Tom Harkin, U.S. SENATE IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002	05/28/99	1,000.00
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4,000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>82,105.00</b>

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 6/17/99
<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	
   SA PREPARER	   6/24/99 DATE PREPARED