

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

1 / 10  
12/05/2000 14:11

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

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report Monthly Report Due On:
- July 15 Quarterly Report  February 20  June 20  October 20  
 October 15 Quarterly Report  March 20  July 20  November 20  
 January 31 Year End Report  April 20  August 20  December 20  
 July 31 Mid-Year Report (Non-election Year Only)  May 20  September 20  January 31
- Twelfth day report preceding \_\_\_\_\_  
(election type)
- election on \_\_\_\_\_ In the State of \_\_\_\_\_
- Thirtieth day report following the General Election
- on \_\_\_\_\_ In the State of \_\_\_\_\_
- Termination report
- (b) Is this Report an Amendment  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/19/2000</u> through <u>11/27/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u> .....		78541.80
(b) Cash on Hand at Beginning of Reporting Period .....	89551.65	
(c) Total Receipts (from line 19) .....	18905.70	325014.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	108457.35	401955.96
7. Total Disbursements (from line 30) .....	19549.67	313048.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	88907.68	88507.68
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) .....	0.00	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.	
Type or Print Name of Treasurer <b>Electronically Filed by Mr. Paul Equale</b>	
Signature of Treasurer	Date 12/05/2000

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 9/98)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE <b>Independent Insurance Agents of America Political Action Committee (InsurFac)</b>		REPORT COVERING PERIOD FROM 10/19/2000 TO: 11/27/2000	
<b>I. Receipts</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	4275.00	122470.50	11.a.i.
ii. Unitemized .....	14594.00	198185.10	11.a.ii.
iii. Total .....	18869.00	320656.00	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 .....	18869.00	320656.00	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	4000.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.) .....	36.70	358.36	17.
18. Transfers From Nonfederal Account for Joint Activity .....	0.00	0.00	18.
19. Total Receipts .....	18905.70	325014.36	19.
20. Total Federal Receipts .....	18905.70	325014.36	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	0.00	21.a.ii.
b. Other Federal Operating Expenditures .....	0.00	212.70	21.b.
c. Total Operating Expenditures .....	0.00	212.70	21.c.
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	19549.67	312635.58	23.
24. Independent Expenditures (use Schedule E) .....	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made .....	0.00	0.00	26.
27. Loans Made .....	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/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 Contributions Refunds .....	0.00	0.00	28.d.
29. Other Disbursements .....	0.00	0.00	29.
30. Total Disbursements .....	19549.67	313048.28	30.
31. Total Federal Disbursements .....	19549.67	313048.28	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	18869.00	320656.00	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	18869.00	320656.00	34.
35. Total Federal Operating Expenditures .....	0.00	212.70	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36.
37. Net Operating Expenditures .....	0.00	212.70	37.

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>3 / 10</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11a</b>
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.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Independent Insurance Agents of America Political Action Committee (InsurPac)</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. C. King Pickett  PO Box 850069  Mobile AL 36685-0069  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Pickett & Adams Insurance  <b>Occupation</b> Executive Vice President  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 10/25/2000	<b>Amount of Each Receipt this Period</b> 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Cecil M. Yarbrough  PO Box 3087  Auburn AL 36831-3087  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> University Agency  <b>Occupation</b> Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 10/25/2000	<b>Amount of Each Receipt this Period</b> 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Milton E. Moses  526 E. 87th Street  Chicago IL 60619-6094  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Community Insurance Center, Inc.  <b>Occupation</b> Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 10/25/2000	<b>Amount of Each Receipt this Period</b> 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Ms. Vicki Turner Malone  PO Box 203189  Bethel AK 99520  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Malone & Co., Inc.  <b>Occupation</b> Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 10/25/2000	<b>Amount of Each Receipt this Period</b> 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Ms. Lori K. Wing  Po Box 107502  Anchorage AK 99510-7502  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Brady & Company  <b>Occupation</b> Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 10/25/2000	<b>Amount of Each Receipt this Period</b> 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Ms. Michelle Rupp  11027 Meridian Ave. North #103 Seattle WA 98133-8540  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Nowogroski Insurance Associates  <b>Occupation</b> CEO  <b>Aggregate Year-to-Date</b> > \$ 375.00	<b>Date (month, day, year)</b> 10/25/2000	<b>Amount of Each Receipt this Period</b> 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Terrance W. Cavanaugh  550 Route 206  Bedminster NJ 07931  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Chubb & Son  <b>Occupation</b> Senior Vice President  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 11/02/2000	<b>Amount of Each Receipt this Period</b> 250.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	4 / 10
				FOR LINE NUMBER	<b>11a</b>
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.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Independent Insurance Agents of America Political Action Committee (InsurPac)</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Southgate Jones, Jr.  P.O. Box 1211  Durham NC 22702	<b>Name of Employer</b> J. Southgate & Son Insurance Services	<b>Date (month, day, year)</b> 11/02/2000	<b>Amount of Each Receipt this Period</b> 500.00		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Insurance Agent	<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mrs. Jacqueline Jungsberger  514 Brick Blvd.  Brick NJ 08725-6088	<b>Name of Employer</b> Tri-County Agency of Brick, Inc.	<b>Date (month, day, year)</b> 11/02/2000	<b>Amount of Each Receipt this Period</b> 125.00		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Office Manager	<b>Aggregate Year-to-Date</b> > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Lafayette Barr  1550 E. Missouri, Ste. 104  Phoenix AZ 85014-2455	<b>Name of Employer</b> Lafayette Barr & Associates	<b>Date (month, day, year)</b> 11/02/2000	<b>Amount of Each Receipt this Period</b> 50.00		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Insurance Agent	<b>Aggregate Year-to-Date</b> > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. MacKenzie Smith  154 Elm Street  North Easton MA 02356-1437	<b>Name of Employer</b> Smith, Buckley & Hurt Insurance Agency	<b>Date (month, day, year)</b> 11/02/2000	<b>Amount of Each Receipt this Period</b> 250.00		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Insurance Agent	<b>Aggregate Year-to-Date</b> > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Ms. Leila Lockhart  P.O. Box 645  Carson City NV 89701	<b>Name of Employer</b> Nevada Independent Insurance Agents	<b>Date (month, day, year)</b> 11/02/2000	<b>Amount of Each Receipt this Period</b> 250.00		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> State Executive	<b>Aggregate Year-to-Date</b> > \$ 350.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. James E. Dixon, CPCU  PO Box 10307  Fargo ND 58106-0307	<b>Name of Employer</b> Dixon Insurance, Inc.	<b>Date (month, day, year)</b> 11/02/2000	<b>Amount of Each Receipt this Period</b> 250.00		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> President	<b>Aggregate Year-to-Date</b> > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Thomas H. Hardy  1330 Dublin Road P.O. Box 758 Columbus OH 43215-1093	<b>Name of Employer</b> IIAA OF OHIO, Inc.	<b>Date (month, day, year)</b> 11/02/2000	<b>Amount of Each Receipt this Period</b> 500.00		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Insurance Agent	<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>5 / 10</b>
			FOR LINE NUMBER <b>11a</b>

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

<b>Full Name, Mailing Address, and ZIP Code</b> Mr. William M. Hixon  P.O. Box 6247  North Augusta SC 29861-6247  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Hixon Insurance	<b>Date (month, day, year)</b> 11/02/2000	<b>Amount of Each Receipt this Period</b> 100.00
	<b>Occupation</b> Owner/Principal		
	<b>Aggregate Year-to-Date</b> > \$ 350.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Charles T. Bidek, CPCU  2500 Hillsboro Road  Nashville TN 37212-5891  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Insurers of Tennessee	<b>Date (month, day, year)</b> 11/02/2000	<b>Amount of Each Receipt this Period</b> 250.00
	<b>Occupation</b> Executive Director		
	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Larry M. Hauer  P O Box 1847  Sparks NV 89432-1847  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Hauer Insurance Agency In- c.	<b>Date (month, day, year)</b> 11/15/2000	<b>Amount of Each Receipt this Period</b> 250.00
	<b>Occupation</b> Insurance Agent		
	<b>Aggregate Year-to-Date</b> > \$ 250.00		

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<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>4275.00</b>

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>6 / 10</b>
			FOR LINE NUMBER <b>17</b>
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.			
<b>NAME OF COMMITTEE (In Full)</b> <b>Independent Insurance Agents of America Political Action Committee (InsurPac)</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> Sequoia National Bank  555 New Jersey Ave.. NW  Washington DC 20001-2020  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b>   <b>Occupation</b>	<b>Date (month, day, year)</b> 10/31/2000	<b>Amount of Each Receipt this Period</b> 36.70
		<b>Aggregate Year-to-Date</b> > 5	358.38
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>36.70</b>

<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		7 / 10
		Use separate schedule(s) for each category of the Detailed Summary Page		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.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Independent Insurance Agents of America Political Action Committee (InsurPac)</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Nethercutt For Congress  P.O. Box 1925  Spokane WA 99210	<b>Purpose of Disbursement</b> George R. Nethercutt, U.S. HOUSE 5th WA (House - WA - 5) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Zell Miller for U.S. Senate  110 West Broad St.  Falls Church VA 22046	<b>Purpose of Disbursement</b> Zell Miller, U.S. SENATE GA (Senate - GA - ) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> 2000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Kerns For Congress Committee  3906 South U.S. 41  Terre Haute IN 47802	<b>Purpose of Disbursement</b> Brian Kerns, U.S. HOUSE 7th IN (House - IN - 7) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Kolbe 2000  P.O. Box 23593  Alexandria VA 22304	<b>Purpose of Disbursement</b> Jim Kolbe, U.S. HOUSE 5th AZ (House - AZ - 5) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Abraham Senate 2000  900 2nd Street, NE Suite 114 Washington DC 20002	<b>Purpose of Disbursement</b> Spencer Abraham, U.S. SENATE MI (Senate - MI - ) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> 1500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Friends of George Allen  1329 West Cary Street Suite 201 Richmond VA 23219	<b>Purpose of Disbursement</b> George Allen, U.S. SENATE VA (- VA - ) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Johnson For Congress - 2000  P.O. Box 5190  Bay Shore NY 11706	<b>Purpose of Disbursement</b> Joan Johnson, U.S. HOUSE 2nd NY (House - NY - 2) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Creative Impressions, L.L.C.  3408 North Pershing Drive  Arlington VA 22201	<b>Purpose of Disbursement</b> In-kind Ctrbn. Jim Saxton (R-N-J-3rd) (In-Kind) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> 414.55	
<b>Full Name, Mailing Address, and ZIP Code</b> Friends of Jim Saxton  P.O. Box 795  Mount Holly NJ 08060-9943	<b>Purpose of Disbursement</b> In-kind Ctrbn. Jim Saxton (R-N-J-3rd) (Memo Item) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> 414.55  <b>[MEMO ITEM]</b>	
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE B</b> <span style="margin-left: 200px;"><b>ITEMIZED DISBURSEMENTS</b></span>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>8 / 10</b>  FOR LINE NUMBER 23
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<b>NAME OF COMMITTEE (In Full)</b> <b>Independent Insurance Agents of America Political Action Committee (InsurPac)</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> Creative Impressions, L.L.C.  3408 North Pershing Drive  Arlington VA 22201	<b>Purpose of Disbursement</b> In-kind Cntrb. Mike Thompson (D-CA-1st) (In-Kind) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> 477.25
<b>Full Name, Mailing Address, and ZIP Code</b> Thompson for Congress  436 New Jersey Avenue, SE  Washington DC 20003	<b>Purpose of Disbursement</b> In-kind Cntrb. Mike Thompson (D-CA-1st) (Memo In-Kind) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> 477.25  <b>[MEMO ITEM]</b>
<b>Full Name, Mailing Address, and ZIP Code</b> Creative Impressions, L.L.C.  3408 North Pershing Drive  Arlington VA 22201	<b>Purpose of Disbursement</b> In-kind Cntrbn. Bob Franks (R-NJ-Sen) (In-Kind) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> 1072.30
<b>Full Name, Mailing Address, and ZIP Code</b> Franks for Senate 2000  310 Westfield Avenue  Roselle Park NJ 07204	<b>Purpose of Disbursement</b> In-kind Cntrbn. Bob Franks (R-NJ-Sen) (Memo In-Kind) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> 1072.30  <b>[MEMO ITEM]</b>
<b>Full Name, Mailing Address, and ZIP Code</b> Creative Impressions, L.L.C.  3408 North Pershing Drive  Arlington VA 22201	<b>Purpose of Disbursement</b> In-kind Cntrbn. Allen Boyd (D-F-12nd) (In-Kind) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> 273.66
<b>Full Name, Mailing Address, and ZIP Code</b> Allen Boyd for Congress  499 South Capitol Street, SW Suite 603 Washington DC 20003	<b>Purpose of Disbursement</b> In-kind Cntrbn. Allen Boyd (D-F-12nd) (Memo In-Kind) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> 273.66  <b>[MEMO ITEM]</b>
<b>Full Name, Mailing Address, and ZIP Code</b> Creative Impressions, L.L.C.  3408 North Pershing Drive  Arlington VA 22201	<b>Purpose of Disbursement</b> In-kind Cntrbn. PAC to PAC-Blue Dog PAC (In-Kind) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> 1884.21
<b>Full Name, Mailing Address, and ZIP Code</b> The Blue Dog PAC  44 Canal Center Plaza Suite 400 Alexandria VA 22314	<b>Purpose of Disbursement</b> In-kind Cntrbn. PAC to PAC-Blue Dog PAC (Memo In-Kind) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> 1884.21  <b>[MEMO ITEM]</b>
<b>Full Name, Mailing Address, and ZIP Code</b> Skeen for Congress  1200 South Richardson Aven  Roswell NM 88202	<b>Purpose of Disbursement</b> Joe Skeen, U.S. HOUSE 2nd NM (House - NM - 2) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> 500.00
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			



<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>9 / 10</b>
			FOR LINE NUMBER 23

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

<b>Full Name, Mailing Address, and ZIP Code</b> Earl Pomeroy for Congress  PO Box 75214  Washington DC 20013-5214	<b>Purpose of Disbursement</b> Earl Pomeroy, U.S. HOUSE AL ND  (House - ND - ) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> People for English Committee  2309 West 12th street  Erie PA 16505	<b>Purpose of Disbursement</b> Philip S. English, U.S. HOUSE 21st PA  (House - PA - 21) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Pat Toomey for Congress  444 S. Capitol Street Fairchild Bldg. #420 Washington DC 20003	<b>Purpose of Disbursement</b> Pat Toomey, U.S. HOUSE 15th PA  ( - PA - 15) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Ashcroft for Senate  507 Capitol Court, NE, Ste. 100  Washington DC 20002	<b>Purpose of Disbursement</b> John Ashcroft, U.S. SENATE MO  (Senate - MO - ) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> Franks for Senate 2000  310 Westfield Avenue  Roselle Park NJ 07204	<b>Purpose of Disbursement</b> Robert Franks, U.S. SENATE NJ  (Senate - NJ - ) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/25/2000	<b>Amount of Each Disbursement This Period</b> 927.70
<b>Full Name, Mailing Address, and ZIP Code</b> The Billy Tauzin Committee  P.O. Box 1407  Thibodaux LA 70302	<b>Purpose of Disbursement</b> Billy Tauzin, U.S. HOUSE 3rd LA  (House - LA - 3) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/25/2000	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> People For Mike Pence Inc, The  P.O. Box 408  Anderson IN 46015	<b>Purpose of Disbursement</b> Michael Pence, U.S. HOUSE 2nd IN  (House - IN - 2) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/25/2000	<b>Amount of Each Disbursement This Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Keller For Congress  P.O. Box 1453  Orlando FL 32802-1453	<b>Purpose of Disbursement</b> Richard Keller, U.S. HOUSE 8th FL  (House - FL - 8) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/25/2000	<b>Amount of Each Disbursement This Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Mike Ferguson For Congress  104 Town Center Drive  Warren NJ 07069	<b>Purpose of Disbursement</b> Mike Ferguson, U.S. HOUSE 7th NJ  (House - NJ - 7) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 10/25/2000	<b>Amount of Each Disbursement This Period</b> 500.00

**SUBTOTALS** of Disbursements This Page (Optional) .....

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

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>10 / 10</b>
			FOR LINE NUMBER <b>23</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Independent Insurance Agents of America Political Action Committee (InsurPac)</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> Oxley for Congress  515 King Street Suite 420 Alexandria VA 22314	<b>Purpose of Disbursement</b> Mike Oxley, U.S. HOUSE 4th OH  (House - OH - 4) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Date (month, day, year)</b> 11/07/2000	<b>Amount of Each Disbursement This Period</b> 2000.00
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>19549.67</b>