REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

MAR 27 9 19 AM '95

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Professional Insurance Agents Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
400 North Washington Street

CITY, STATE and ZIP CODE
Alexandria, VA 22314

2. FEC IDENTIFICATION NUMBER
C 0000 4994

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☒ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☒ YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1-01-95 through 1-31-95		
6. (a) Cash on Hand January 1, 19 95		$ 86,279.39
(b) Cash on Hand at Beginning of Reporting Period	$ 86,279.39	
(c) Total Receipts (from Line 19)	$ 6,988.50	$ 6,988.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 93,267.89	$ 93,267.89
7. Total Disbursements (from Line 30)	$ 10,788.38	$ 10,788.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 82,479.51	$ 82,479.51
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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

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
John L. Pottridge, Treasurer

Signature of Treasurer

Date 3/23/95

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

95030137

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

(revised 1/1/91)

NAME OF COMMITTEE: Professional Insurance Agents Political Action Committee

REPORT COVERING PERIOD FROM: 1-01-95 TO: 1-31-95

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	3,700.00	3,700.00
ii. Unitemized	3,120.00	3,120.00
iii. Total (add i and ii) ➤	6,820.00	6,820.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	6,820.00	6,820.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	168.50	168.50
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	6,988.50	6,988.50
20. Total Federal Receipts (subtract line 18 from line 19) ➤	6,988.50	6,988.50
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	38.38	38.38
c. Total Operating Expenditures (add a i, a ii, and b) ➤	38.38	38.38
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	10,750.00	10,750.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	10,788.38	10,788.38
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	10,788.38	10,788.38
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	6,820.00	6,820.00
33. Total Contribution Refunds (from line 28d)	-	-
34. Net Contributions (other than loans)(subtract line 33 from 32)	6,820.00	6,820.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	38.38	38.38
36. Offsets to Operating Expenditures (from line 15)	-	-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	38.38	38.38

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11 a (i)

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)
Professional Insurance Agents Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael Checca 113 North san Vicente Blvd., #301 Beverly Hills, CA 90211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PRISM Occupation: Insurance Agent Aggregate Year-to-Date $	1/27/95 1,000.00	$1,000.00
B. Doug Gulkin 8221 Kay Court Annandale, VA 22003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PIA National Occupation: Insurance Agent Aggregate Year-to-Date $	1/17/95 250.00	$250.00
C. James Ellett 1281 Terminal Way, #107 Reno, NV 89502 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	James D. Ellett Insurance Agency Occupation: Insurance Agent Aggregate Year-to-Date $	1/17/95 250.00	$250.00
D. Leonard Freeman 1920 East 17th Street, #240 Santa Ana, CA 92701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Consolidated Orange County Insurance Occupation: Insurance Agent Aggregate Year-to-Date $	1/27/95 200.00	$200.00
E. Carl Frilling 8001 Pennsylvania Circle, NE, #B PO Box 3287 Albuquerque, NM 87190 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Insurance Exchange Occupation: Insurance Agent Aggregate Year-to-Date $	1/27/95 500.00	$500.00
F. David Kuczaj 100 Technecenter Drive, #113 PO Box 462 Milford, OH 45150 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cinicinnati Risk Mgrs. Insurance Agency Occupation: Insurance Agent Aggregate Year-to-Date $	1/27/95 250.00	$250.00
G. Mark Lauderdale 121 North Harrison Avenue PO Box 991 Cushing, OK 74023 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mark Lauderdale Insurance Agency, Inc. Occupation: Insurance Agent Aggregate Year-to-Date $	1/27/95 250.00	$250.00

SUBTOTAL of Receipts This Page (optional) $2,700.00

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

FOR LINE NUMBER 11 a (i)

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NAME OF COMMITTEE (In Full)
Professional Insurance Agents Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. George Morgan, Jr. 3040 Trenwest Drive PO Box 5099 Winston Salem, NC 27113 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Phoenix Company Occupation: Insurance Agent Aggregate Year-to-Date > $ 250.00	1/27/95	$250.00
B. Thomas Reddy 261 Remsen Street Cohoes, NY 12047 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Connors & Reddy Insurance Occupation: Insurance Agent Aggregate Year-to-Date > $ 250.00	1/17/95	$250.00
C. John G. Riley PO Box 4078 Salisbury, NC 28144 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Riley-Clay-Turner Insurance Occupation: Insurance Agent Aggregate Year-to-Date > $ 250.00	1/17/95	$250.00
D. William D. Sites PO Box 558 Martinsburg, WV 25401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Green, Inc. Occupation: Insurance Agent Aggregate Year-to-Date > $ 250.00	1/17/95	$250.00
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) > $1,000.00

TOTAL This Period (last page this line number only) > $3,700.00

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Professional Insurance Agents Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Crestar Bank, NA 1445 New York Avenue, NW Washington, DC 20005-2108	Same	1/31/95	$168.50
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Interest	Occupation Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

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

TOTAL This Period (last page this line number only) $168.50

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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)

Professional Insurance Agents Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank, NA 1445 New York Avenue, NW Washington, DC 20005-2108	Bank Charges	1/31/95	$38.38
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement** / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement** / Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	**Date (month, day, year)**	**Amount of Each Disbursement This Period**

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

TOTAL This Period (last page this line number only) $38.38

95030018

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Professional Insurance Agents Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. NRCC 320 First Street, SE Washington, DC 20003	Contribution New Majority Dinner Disbursement for: [ ] Primary [ ] General [X] Other (specify) New Majority Leader	1/3/95	$2,000.00
B. Royce Campaign 422 First STreet, SE, #208 Washington, DC 20003	Contribution CA-Ed Royce Disbursement for: [X] Primary [ ] General [ ] Other (specify)	1/23/95	$500.00
C. Crane for Congress 1450 South New Wilke Road, Suite 202 Arlington Heights, IL 60005	Contribution IL-Philip Crane Disbursement for: [X] Primary [ ] General [ ] Other (specify)	1/23/95	$500.00
D. The Salute to Western Freshman Committee c/o Geoff Ziebert 1200 South Veitch Street, #628 Arlington, VA 22201	Contribution Western Freshmen Committee Disbursement for: [X] Primary [ ] General [ ] Other (specify)	1/23/95	$2,000.00
E. Friends of Newt Gingrich 1085 Holcomb Bridge Road, Suite 190A Roswell, GA 30076	Contribution GA-Newt Gingrich Disbursement for: [X] Primary [ ] General [ ] Other (specify)	1/25/95	$5,000.00
F. Dan Frisa for Congress c/o Susan Kelly 161 Meadbrook Road Garden City, NY 11530	Contribution NY-Daniel Frisa Disbursement for: [X] Primary [ ] General [ ] Other (specify)	1/25/95	$500.00
G. Friends of Jim Inhofe Committee 3035 NW 63rd, Suite 201N Oklahoma City, OK 73116	Contribution OK-James Inhofe Disbursement for: [ ] Primary [ ] General [X] Other (specify) Debt Retirement	1/25/95	$1,000.00
H. Friends of Conrad Burns 425 Second Street, NE Washington, DC 20002	Contribution MT-Conrad Burns Disbursement for: [ ] Primary [ ] General [X] Other (specify) Debt Retirement	1/25/95	$1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) $12,500.00

95039003019

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 23

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

NAME OF COMMITTEE (in Full)

Professional Insurance Agents Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lambert to Win PO Box 118 Helena, AR 72342	VOIDED Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/28/93	[$500.00]
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Oxley for Congress PO Box 1994 Findlay, OH 45839	VOIDED Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/30/93	[$1,000.00]
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Matsui for Congress Committee PO Box 1347 Sacramento, CA 95812	VOIDED Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/21/93	[$250.00]
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	[$1,750.00]
TOTAL This Period (last page this line number only)	$10,750.00

95039703050

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.

☑	Hand Delivered	DATE OF RECEIPT 3-27-95
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

Seb.
PREPARER

3-23-95
DATE PREPARED

FEC FORM 70-2 (12/92)

95039703091