

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Professional Insurance Agents Political Action Committee

ADDRESS (number and street) 400 N. Washington St.  
Check if different than previously reported. (ACC) Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00004994  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 10 01 2009 through 10 31 2009

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 Mike Becker

Signature of Treasurer Electronically Filed by Mike Becker Date 11 19 2009

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

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Professional Insurance Agents Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		50708.16
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	67608.97									
(c) Total Receipts (from Line 19) .....	5217.35	49592.24								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	72826.32	100300.40								
7. Total Disbursements (from Line 31) .....	6863.01	34337.09								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	65963.31	65963.31								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Professional Insurance Agents Political Action Committee

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	3560.00	26300.00
(ii) Unitemized .....	1655.00	22271.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5215.00	48571.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	5215.00	48571.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	2.35	21.24
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	5217.35	49592.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5217.35	49592.24

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	363.01	1737.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	363.01	1737.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	32450.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	150.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6863.01	34337.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6863.01	34337.09

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	5215.00	48571.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5215.00	48421.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	363.01	1737.09
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	363.01	1737.09

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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 (Last, First, Middle Initial)  
Richard Biggs

Mailing Address PO Box 189

City Vancouver State WA Zip Code 98666

FEC ID number of contributing federal political committee. **C**

Name of Employer Biggs Insurance Services Occupation Insurance Agent

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 16 / 2009  
**Transaction ID: C793828**  
 Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Gareth W. Blackwell, Jr.

Mailing Address PO Box 340

City Corinth State ME Zip Code 04427-0340

FEC ID number of contributing federal political committee. **C**

Name of Employer Blackwell Insurance Agency Occupation Insurance Agent

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 16 / 2009  
**Transaction ID: C793813**  
 Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mike Bowman

Mailing Address 11132 O St  
PO Box 45489

City Omaha State NE Zip Code 68137-2336

FEC ID number of contributing federal political committee. **C**

Name of Employer Omaha Ins Services Inc Occupation Insurance Agent

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 10 / 16 / 2009  
**Transaction ID: C793623**  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 320.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Richard A. Clements

Mailing Address 206 W Judge Perez Dr

City State Zip Code  
Chalmette LA 70043-4902

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Clements Insurance Services LLC

Occupation  
Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C793621

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
John C. Crain

Mailing Address 13 E Wall St

City State Zip Code  
Ft Scott KS 66701-1427

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Crain Insurance Agency Inc

Occupation  
Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C793823

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
John C. Crain

Mailing Address 13 E Wall St

City State Zip Code  
Ft Scott KS 66701-1427

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Crain Insurance Agency Inc

Occupation  
Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C793824

Amount of Each Receipt this Period

150.00

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

300.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.**

Full Name (Last, First, Middle Initial)  
Anthony Curti, Curti

Mailing Address 385 Summit Drive

City State Zip Code  
Waterford MI 48328

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Focus Insurance Agency, LLC Insurance Agent

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2009

Transaction ID: C793615

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
Jerry W. Duke

Mailing Address 3805 Crestwood Pkwy NW #140

City State Zip Code  
Duluth GA 30096

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
The PIA of Georgia, Inc. Insurance Agent

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2009

Transaction ID: C793836

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Doug Finn

Mailing Address 3261 Broad Street  
PO Box 2499

City State Zip Code  
Dexter MI 48130

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Finn's J M & J Insurance Agency Inc Insurance Agent

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2009

Transaction ID: C793614

Amount of Each Receipt this Period

50.00

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

200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 19  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)

Donald H. Flanders

Mailing Address P.O. Box 1346

City State Zip Code  
Laconia NH 03247-1346

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Byse Agency, Inc. Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C793611

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Sergio D. Gonzalez

Mailing Address 9995 Sunset Dr #102

City State Zip Code  
Miami FL 33173

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
SG & Associates Insurance Brokers Inc Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: C799312

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Cindy L. Hansen

Mailing Address 1108 Madison Plaza #103

City State Zip Code  
Chesapeake VA 23320-5166

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Chesapeake Insurance Services Insurance Agent/Producer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: C799315

Amount of Each Receipt this Period

250.00

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

800.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Robert W. Hansen, Jr.

Mailing Address 12002 Pacific St

City State Zip Code  
Omaha NE 68154

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N P Dodge Insurance Agency Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C793622

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Daniel M. Henery

Mailing Address 120 W Stevenson St  
PO Box 67

City State Zip Code  
Gibsonburg OH 43431-0067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Securance Service Inc Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C793609

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
John G. Lee

Mailing Address 2105 Jefferson Davis Hwy

City State Zip Code  
Fredericksburg VA 22404-0847

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lee-Curtis Ins Service Inc Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C793831

Amount of Each Receipt this Period  
100.00

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

200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Elizabeth B. Luce

Mailing Address P0 Box 248

City State Zip Code  
Cheyenne WY 82003-0248

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Rocky Mountain Capital Agency

Occupation  
Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C793818

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Elizabeth B. Luce

Mailing Address P0 Box 248

City State Zip Code  
Cheyenne WY 82003-0248

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Rocky Mountain Capital Agency

Occupation  
Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: C799313

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)  
Larry McGillis

Mailing Address PO Box 368

City State Zip Code  
Portland ND 58274

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Mayport Insurance & Realty Inc

Occupation  
Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
620.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C793613

Amount of Each Receipt this Period

100.00

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

275.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.**

Full Name (Last, First, Middle Initial) W.N. Buddy Oliver, Jr.	Date of Receipt MM / DD / YYYY 10 / 16 / 2009
Mailing Address PO Box 1623	<b>Transaction ID:</b> C793820
City State Zip Code Jackson MS 39215	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	
Name of Employer McCool-Oliver Insurance Agency	Occupation Insurance Agent
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00

**B.**

Full Name (Last, First, Middle Initial) Ray L. Peretti	Date of Receipt MM / DD / YYYY 10 / 16 / 2009
Mailing Address PO Box 796	<b>Transaction ID:</b> C793603
City State Zip Code Renton WA 98057	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C	
Name of Employer Hub Insurance Agency	Occupation Insurance Agent
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

**C.**

Full Name (Last, First, Middle Initial) Carter A. Peterson	Date of Receipt MM / DD / YYYY 10 / 16 / 2009
Mailing Address 111 W 3rd St - Box 100	<b>Transaction ID:</b> C793604
City State Zip Code Wayne NE 68787	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C	
Name of Employer Northeast Nebraska Ins Agency	Occupation Insurance Agent
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Keith Savino

Mailing Address 1 Trellis Ct

City State Zip Code  
Mahwah NJ 07430-2283

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WRG Insurance Agent

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	9

**Transaction ID:** C793825

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Keith Savino

Mailing Address 1 Trellis Ct

City State Zip Code  
Mahwah NJ 07430-2283

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WRG Insurance Agent

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	9

**Transaction ID:** C793826

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Larry S. Schafer, Schafer

Mailing Address 1124 Monroe St  
PO Box 358

City State Zip Code  
Carleton MI 48117-0358

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Schafer Agency Inc Insurance Agent

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	9

**Transaction ID:** C800863

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 19  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.** Full Name (Last, First, Middle Initial)  
Robert C. Shanley

Mailing Address 395 New Haven Avenue

City Milford State CT Zip Code 06460-6649

FEC ID number of contributing federal political committee. **C**

Name of Employer Nicholson Associates Inc Occupation Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 16 / 2009  
**Transaction ID: C793833**  
 Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Jon D. Spalding

Mailing Address 101 S Main St  
PO Box 258

City Perry State MI Zip Code 48872

FEC ID number of contributing federal political committee. **C**

Name of Employer Spalding Insurance Agency Inc Occupation Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1175.00

Date of Receipt 10 / 16 / 2009  
**Transaction ID: C793837**  
 Amount of Each Receipt this Period 125.00

**C.** Full Name (Last, First, Middle Initial)  
June Wilkinson Taylor

Mailing Address PO Box 159

City White House State TN Zip Code 37188-0159

FEC ID number of contributing federal political committee. **C**

Name of Employer Wilkinson Insurance Agency Occupation Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt 10 / 16 / 2009  
**Transaction ID: C793819**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)

June Wilkinson Taylor

Mailing Address PO Box 159

City State Zip Code  
White House TN 37188-0159

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilkinson Insurance Agency Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
410.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: C799311

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Fred Thomas

Mailing Address 212 Main St

City State Zip Code  
Stevensville MT 59870-2111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Siphers/Thomas Insurance & Financial S Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C793617

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dan Weber

Mailing Address PO Box 594

City State Zip Code  
Casselton ND 58012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Weber Insurance Agency Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: C793817

Amount of Each Receipt this Period

300.00

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

440.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 / 19	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Wayne Wehr		Date of Receipt																					
	Mailing Address 700 Bishop St., Suite 1400		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	6		2	0	0	9														
	City	State	Zip Code		<b>Transaction ID:</b> C793822																			
	Honolulu	HI	96813-3705																					
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period																				
Name of Employer Servco Ins Svcs/American Ins Agency		Occupation Insurance Agent		50.00																				
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		250.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	3560.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 19

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank		Transaction ID: D90194	
	Mailing Address PO Box 85024		Date of Disbursement 10 / 31 / 2009	
	City Richmond	State VA	Zip Code 23285-5024	Amount of Each Disbursement this Period 363.01
	Purpose of Disbursement Indiv-Bank Fees - 10/09		Category/ Type	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>363.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>363.01</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. EARL POMEROY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

EARL POMEROY FOR CONGRESS

Mailing Address P.O. Box 9336

City State Zip Code  
Fargo ND 58106

Purpose of Disbursement  
Contribution to Candidate for Federal Office

010  
 011  
Category/  
Type

Candidate Name  
Rep. Earl Pomeroy

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: ND District: 00

Transaction ID: D89384

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B. ADLER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

ADLER FOR CONGRESS

Mailing Address 14 KNIGHTSWOOD DRIVE

City State Zip Code  
MARLTON NJ 08053

Purpose of Disbursement  
Contribution to candidate for Federal Office

010  
 011  
Category/  
Type

Candidate Name  
Rep. John H. Adler

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NJ District: 03

Transaction ID: D89532

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C. SCOTT GARRETT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

SCOTT GARRETT FOR CONGRESS

Mailing Address P.O. Box 905

City State Zip Code  
Newton NJ 07860

Purpose of Disbursement  
Contribution to candidate for federal office

010  
 011  
Category/  
Type

Candidate Name  
Rep. Scott Garrett

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NJ District: 05

Transaction ID: D89531

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)  
NELSON 2006

Mailing Address PO BOX 8666

City OMAHA State NE Zip Code 68108

Purpose of Disbursement  
Contribution to Candidate running for Federal Office

Candidate Name  
Sen. Ben Nelson

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NE District: 00

Transaction ID: D89530  
Date of Disbursement

10 / 27 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)  
MONTANANS FOR TESTER

Mailing Address PO BOX 1135

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
Contribution to candidate for Federal Office

Candidate Name  
Sen. Jon Tester

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MT District: 00

Transaction ID: D89533  
Date of Disbursement

10 / 27 / 2009

Amount of Each Disbursement this Period

1000.00

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

2000.00

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

6500.00