REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE
Alexandria, VA 22314

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Oct 28 12 07 PM '98

2. FEC IDENTIFICATION NUMBER
C 0000 4094

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 10/01/98 through 10/14/98		
6. (a) Cash on Hand January 1, 19 98		$ 4,304.37
(b) Cash on Hand at Beginning of Reporting Period	$ 3,279.73	
(c) Total Receipts (from Line 19)	$ 16,305.00	$ 129,787.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 19,584.73	$ 134,092.36
7. Total Disbursements (from Line 30)	$ 12,500.00	$ 127,007.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 7,084.73	$ 7,084.73
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	

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
Dean R. Sackett, III

Signature of Treasurer
Dean R. Sackett III

Date
10-26-98

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)

4-00173

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 10/01/08 TO: 10/14/08

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	3,050.00	33,201.00	11(a)(i)
ii. Unitemized	12,755.00	95,820.48	11(a)(ii)
iii. Total (add i and ii) ➤	15,805.00	129,021.48	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) ➤	15,805.00	129,021.48	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	500.00	500.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	266.51	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) ➤	16,305.00	129,787.99	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	16,305.00	129,787.99	20
II. Disbursements			
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	997.63	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	997.63	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	12,500.00	125,550.00	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 Schedule 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	460.00	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	460.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	12,500.00	127,007.63	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	12,500.00	127,007.63	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	15,805.00	129,021.48	32
33. Total Contribution Refunds (from line 28d)	0.00	460.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	15,805.00	128,561.48	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	997.63	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	997.63	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

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)

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. Alvin M. Townley Jr. 750 Commerce St #308 Decatur, GA 30030-2612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alvin M Townley Ins Agency Occupation Aggregate Year-to-Date $ 250.00	10/01/98	250.00
B. George W. Morgan Jr. 3040 Trenwest Drive PO Box 5099 Winston Salem, NC 27103-3208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Phoenix Company Occupation Aggregate Year-to-Date $ 350.00	10/05/98	100.00
C. Terry L. Hill 1259 Old Tucker Ln #102 Stone Mountain, GA 30087-3060 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Summitt Ins / H&M Assoc Inc Occupation Aggregate Year-to-Date $ 250.00	10/05/98	100.00
D. Jon D. Spalding P.O. Box 258 Perry, MI 48872-0258 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Spalding Insurance Agencies Occupation Aggregate Year-to-Date $ 287.50	10/06/98	100.00
E. Jerry E. Smith PO Box 246 Flagler, CO 80815-0246 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Smith Service Ins Agcy Occupation Aggregate Year-to-Date $ 300.00	10/06/98	100.00
F. Michael E. Henne 123 Riverside Dr PO Box 128 Dayton, OH 45405-4900 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Boord-Henne Ins Agcy Inc Occupation Aggregate Year-to-Date $ 250.00	10/06/98	50.00
G. Michelle Rupp 11027 Meridian Ave #103 Seattle, WA 98133-8540 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nowogroski Ins Associates Occupation Aggregate Year-to-Date $ 450.00	10/06/98	250.00

SUBTOTAL of Receipts This Page (optional) 950.00

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

4-09173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 11 a 1

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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. Ross W. Maghan 138 Main St PO Box 434 Matawan, NJ 07747-3128 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ross W Maghan Agency Occupation Aggregate Year-to-Date $ 350.00	10/06/98	250.00
B. Terry H. Carson 29100 Aurora Road, #100 Solon, OH 44139-1855 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: I D Agency, Inc. Occupation Aggregate Year-to-Date $ 300.00	10/06/98	250.00
C. R. Tim Reed P.O. Box 431 Wheeling, WV 26003-0055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Outdoor Underwriters, Inc. Occupation Aggregate Year-to-Date $ 312.50	10/06/98	250.00
D. Rodney B. Leavitt P.O. Box 15350 Las Vegas, NV 89114-5350 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Leavitt Insurance Agency Occupation Aggregate Year-to-Date $ 550.00	10/06/98	50.00
E. Jack Roe PO Box 1024 Morehead, KY 40351-5024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Jack Roe Insurance Agency Occupation Aggregate Year-to-Date $ 400.00	10/06/98	200.00
F. Laurens James Sr. PO Box 1427 Greer, SC 29652-1427 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Ratterree-James Inc Occupation Aggregate Year-to-Date $ 250.00	10/05/98	250.00
G. Dane O. Leavitt PO Box 130 Cedar City, UT 84721-0130 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Leavitt Group Agcy Assoc Occupation Aggregate Year-to-Date $ 350.00	10/07/98	100.00

SUBTOTAL of Receipts This Page (optional) 1,350.00

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 3

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
Oswald H. Skewes Jr. PO Box 148 Manassas, VA 20108-0148 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battlefield Ins Agency Inc Occupation Aggregate Year-to-Date $ 300.00	10/09/98	200.00
Peter H. Imbrea 530 Old Post Road #3 PO Box 636 Greenwich, CT 06836-6534 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ins Center of Greenwich Inc Occupation Aggregate Year-to-Date $ 300.00	10/13/98	100.00
Carlton Wright 631 Abney Rd PO Box 19647 Roanoke, VA 24012-1257 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Carlton Wright Ins Agency Occupation Aggregate Year-to-Date $ 300.00	10/13/98	100.00
Danforth M. Smith 247 Broad St Milford, CT 06460-3235 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	George J Smith & Son Ins Occupation: Insurance Agency Aggregate Year-to-Date $ 250.00	10/13/98	250.00
Mark Ellerhorst 10864 North St PO Box 330 Garrettsville, OH 44231-1018 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ellerhorst Insurance Agency Occupation Aggregate Year-to-Date $ 300.00	10/14/98	100.00
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)	750.00
TOTAL This Period (last page this line number only)	3,050.00

4-80173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 16

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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
46-12 Queens Boulevard Sunnyside, NY 11104	Manton for Congress	10/09/98	500.00
Receipt For: [x] Primary [ ] General [ ] Other (specify): 1998	Occupation		
	Aggregate Year-to-Date > $ 500.00		

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) ..... >	500.00
TOTAL This Period (last page this line number only) ..... >	500.00

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 23

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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	Date (month, day, year)	Amount of Each Disbursement This Period
Larson for Congress 1087 Old Main St. East Hartford, CT 06108	Larson , U.S. HOUSE 1st CT Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/08/98	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Tim Holden 502 Walnut St Reading, PA 19601	Tim Holden, U.S. HOUSE 5th PA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/08/98	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rick Hill for Congress PO Box 1256 Helena, MT 59624	Rick Hill, U.S. HOUSE AL MT Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/08/98	1,500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ANDREWS FOR CONGRESS COMMITTEE 215 FOURTH AVENUE HADDON HEIGHTS, NJ 08035	Robert E. Andrews, U.S. HOUSE 1st NJ Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/08/98	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Walden for Congress P.O. Box 1091 Hood River, OR 97031	Walden , U.S. HOUSE 2nd OR Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/08/98	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Asa Hutchinson for Congress P.O. Box 2776 Arlingtonh, VA 22202	Asa Hutchinson, U.S. HOUSE 3rd AR Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/08/98	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hastings For Congress 320 North Johnson #800 Kennewick, WA 99336	Doc Hastings, WA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/08/98	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Don Sherwood for Congress 326 South State St Clarks Summit, PA 18411	Sherwood , U.S. HOUSE 10th PA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/08/98	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Charles Ball for Congress 1281 A Boulevard Walnut Creek, CA 94595	Ball , U.S. HOUSE 10th CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/08/98	500.00

SUBTOTAL of Disbursements This Page (optional) 5,500.00

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

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Professional Insurance Agents Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Bob Greenlee for Congress Committee 26 Garden Center, Ste 3A Broomfield, CO 80020	Greenlee , U.S. HOUSE 2nd CO Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/08/98	500.00
B. Full Name, Mailing Address and ZIP Code Re-elect Congressman Jim McGovern PO Box 405 Worcester, MA 01606.	Purpose of Disbursement Jim McGovern, U.S. HOUSE 3rd MA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/08/98	500.00
C. Full Name, Mailing Address and ZIP Code Republican Senate Council 425 Second Street Washington, DC 20002	Purpose of Disbursement Dues 10-98 Disbursement for: [ ] Primary [ ] General [X] Other (specify) 1998 Year	10/14/98	5,000.00
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) 6,000.00

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

4-00173

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
☑	First Class Mail	POSTMARKED 10-26-98
☐	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
☐	Electronic Filing	

SHS — PREPARER

10-28-98 — DATE PREPARED

(4/98)