REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT 20 A 9:26

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

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 09/01/00 through 09/30/00		
6. (a) Cash on Hand January 1, 19 00		$ 13,518.92
(b) Cash on Hand at Beginning of Reporting Period	$ 15,706.80	
(c) Total Receipts (from Line 19)	$ 8,059.92	$ 83,418.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 23,766.72	$ 96,937.84
7. Total Disbursements (from Line 30)	$ 6,973.33	$ 80,144.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 16,793.39	$ 16,793.39
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
Sheila Greenwood

Signature of Treasurer: Sheila Greenwood
Date: 10/13/00

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)

4-00170

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 09/01/00 TO: 09/30/00

	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)	2,250.00	27,395.00	11(a)(i)
ii. Unitemized	5,795.00	55,907.50	11(a)(ii)
iii. Total (add i and ii) ➤	8,045.00	83,302.50	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) ➤	8,045.00	83,302.50	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	14.92	116.42	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) ➤	8,059.92	83,418.92	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	8,059.92	83,418.92	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	73.33	1,143.52	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	73.33	1,143.52	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,900.00	79,000.93	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	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6,973.33	80,144.45	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	6,973.33	80,144.45	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	8,045.00	83,302.50	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	8,045.00	83,302.50	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	73.33	1,143.52	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	73.33	1,143.52	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11 a

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. Carl Schlotman III 3481 Central Pky Ste 300 Cincinnati, OH 45223-3397 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CAI Insurance Agency Inc Occupation: Insurance Agent Aggregate Year-to-Date > $ 250.00	09/11/00	250.00
B. Steven Harter RR 5 Box 438 Ava, MO 65608-9109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Select Risk Management Inc Occupation: Insurance Agent Aggregate Year-to-Date > $ 1,900.00	09/11/00	1,250.00
C. Don Lekvold 104 2nd Ave E Scobey, MT 59263-0690 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Lekvold & Assoc Inc Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	09/11/00	250.00
D. Sue Werab 18051 Jefferson Park Rd #103 PO Box 30037 Cleveland, OH 44130-3460 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: E G Pickard & Son Inc Occupation: Insurance Agent Aggregate Year-to-Date > $ 300.00	09/11/00	150.00
E. Robert Meadows 1575 Main St PO Box 3067 Brockton, MA 02301-7113 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Roger Keith & Sons Insurance Occupation: Insurance Agent Aggregate Year-to-Date > $ 450.00	09/22/00	250.00
F. Ted O'Brien PO Box 375 Pearisburg, VA 24134-0375 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Castle Rock Ins Agency Occupation: Insurance Agent Aggregate Year-to-Date > $ 350.00	09/29/00	100.00
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) ..... > 2,250.00

TOTAL This Period (last page this line number only) ..... > 2,250.00

4-00173

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	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank Washington, DC	INDIV-BANK FEES-9/00 Disbursement for: Primary General Other (specify)	09/30/00	73.33
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)	73.33
TOTAL This Period (last page this line number only)	73.33

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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 / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Wally Herger For Congress Comm. 2505 Huston St Marysville, CA 95901	Wally Herger, U.S. HOUSE 2nd CA Primary [ ] General [X] Other (specify) 2000	09/08/00	1,000.00
B. Kuykendall Congressional Comm. 21311 Hawthorne Blvd #107 Torrance, CA 90503	Steven T. Kuykendall, U.S. HOUSE 36th CA Primary [ ] General [X] Other (specify) 2000	09/08/00	500.00
C. Latham for Congress Committee P.O. Box 174 Sioux City, IA 51102	Tom Latham, U.S. HOUSE 5th IA Primary [ ] General [X] Other (specify) 2000	09/08/00	500.00
D. Adam Putnam for Congress 1707 Prince Street #6 Alexandria, VA 22314	Adam Putnam, U.S. HOUSE 12th FL Primary [ ] General [X] Other (specify) 2000	09/08/00	100.00
E. Friends of Jim Maloney 20 East Main St Waterbury, CT 06702	James H. Maloney, U.S. HOUSE 5th CT Primary [ ] General [X] Other (specify) 2000	09/08/00	1,000.00
F. Bill Nelson for U.S. Senate P.O. Box 10962 Tallahassee, FL 32302	Nelson , U.S. SENATE FL Primary [ ] General [X] Other (specify) 2000	09/22/00	1,000.00
G. John Thune for Congress SD	John Thune, U.S. HOUSE AL SD Primary [ ] General [X] Other (specify) 2000	09/22/00	500.00
H. Ken Bentsen For Congress Comm. 5615 Morningside #301 Houston, TX 77005	Ken Bentsen, U.S. HOUSE 25th TX Primary [ ] General [X] Other (specify) 2000	09/22/00	500.00
I. Friends of Conrad Burns P.O. Box 70397 Washington, DC 20024	Burns , U.S. SENATE MT Primary [ ] General [X] Other (specify) 2000	09/22/00	1,000.00

SUBTOTAL of Disbursements This Page (optional) 6,100.00

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

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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

A. Full Name, Mailing Address and ZIP Code Gutknecht For U S Congress Comm. 3421 - 16th Avenue Nw Rochester, MN 55901	Purpose of Disbursement Gil Gutknecht, U.S. HOUSE 1st MN Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 09/22/00	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Greenleaf for Congress	Purpose of Disbursement Stewart Greenleaf, U.S. HOUSE 13th PA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 09/22/00	Amount of Each Disbursement This Period 300.00
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)	800.00
TOTAL This Period (last page this line number only)	6,900.00

4-06173

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 10-17-00
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	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	

JG — PREPARER

10-20-00 — DATE PREPARED

(6/2000)