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
Nov 15 10 PM '99

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 10/15/98 through 11/23/98		
6. (a) Cash on Hand January 1, 19 98		$ 4,304.37
(b) Cash on Hand at Beginning of Reporting Period	$ 7,084.73	
(c) Total Receipts (from Line 19)	$ 24,837.93	$ 154,625.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 31,922.66	$ 158,930.29
7. Total Disbursements (from Line 30)	$ 10,745.40	$ 137,753.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 21,177.26	$ 21,177.26
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
3-11-99

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)

4-00193

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 10/15/98 TO: 11/22/98

	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)	6,250.00	39,451.00	11(a)(i)
ii. Unitemized	18,570.00	114,390.48	11(a)(ii)
iii. Total (add i and ii) ➤	24,820.00	153,841.48	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) ➤	24,820.00	153,841.48	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	0.00	500.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	17.93	284.44	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) ➤	24,837.93	154,625.92	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	24,837.93	154,625.92	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	92.31	1,139.94	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	92.31	1,139.94	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	10,653.09	136,153.09	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) ➤	10,745.40	137,753.03	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	10,745.40	137,753.03	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	24,820.00	153,841.48	32
33. Total Contribution Refunds (from line 28d)	0.00	460.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	24,820.00	153,381.48	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	92.31	1,139.94	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	92.31	1,139.94	37

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 5

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
Kenneth E. Thrush PO Box 67 Millville, PA 17846-0067 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Thrush Insurance Agency Occupation: Insurance Agent Aggregate Year-to-Date $ 345.00	10/15/98	100.00
Donald E. Suhr P.O. Box 326 Seward, NE 68434-0326 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Suhr-Lichty Insurance Agency Inc Occupation: Insurance Agent Aggregate Year-to-Date $ 500.00	10/15/98	250.00
David G. Cobb 5323 Gunn Highway Tampa, FL 33624-4103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Freedom Insurors, Inc. Occupation: Insurance Agent Aggregate Year-to-Date $ 275.00	10/16/98	100.00
Robert Meadows 1575 Main St PO Box 3067 Brockton, MA 02301-7113 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Roger Keith & Sons Insurance Occupation: Insurance Agent Aggregate Year-to-Date $ 400.00	10/16/98	200.00
Raymond Frey 5721 Dragon Way Cincinnati, OH 45227-4518 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Frey Insurance Agency Occupation: Insurance Agent Aggregate Year-to-Date $ 300.00	10/16/98	100.00
Maury Kusinitz 125 Hartwell St Box 1650 Fall River, MA 02721-3008 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Maury Kusinitz Agcy Inc Occupation: Insurance Agent Aggregate Year-to-Date $ 295.00	10/20/98	150.00
Val M. Lester 670 S Brookhurst St Anaheim, CA 92804-3592 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lester Insurance Occupation: Insurance Agent Aggregate Year-to-Date $ 320.00	10/21/98	100.00

SUBTOTAL of Receipts This Page (optional) 1,000.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 5

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. Lawrence Jouben 31 Church St PO Box 391 Richfield Springs, NY 13439-0391 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fred R Ames & Son Ins Occupation: Insurance Agent Aggregate Year-to-Date $ 400.00	10/21/98	200.00
B. Bert Dougherty 1600 Canyon Blvd PO Box 147 Boulder, CO 80302-5499 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Taggart & Assoc Inc Occupation: Insurance Agent Aggregate Year-to-Date $ 300.00	10/22/98	100.00
C. James C. McBane PO Box 340 Bergholz, OH 43908-0340 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	McBane Insurance Agency Occupation: Insurance Agent Aggregate Year-to-Date $ 400.00	10/23/98	100.00
D. John R. Shipman Jr. 51 S 4th St Sunbury, PA 17801-2730 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mid-Penn Ins Associates Occupation: Insurance Agent Aggregate Year-to-Date $ 525.00	10/27/98	250.00
E. Philip Hyman 75 Wells Ave Newton Center, MA 02459-3214 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rodman Ins Agency Inc Occupation: Insurance Agent Aggregate Year-to-Date $ 250.00	10/27/98	250.00
F. Ralph G. Hartman 21 S Plains Rd PO Box 70 The Plains, OH 45780-1331 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	O'Nail-Hartman Ins Agency Inc Occupation: Insurance Agent Aggregate Year-to-Date $ 250.00	10/28/98	100.00
G. A. Roger Bowlby 87 East St PO Box 1203 Pittsfield, MA 01201-5313 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bardwell-D'Angelo-Bowlby Occupation: Insurance Agent Aggregate Year-to-Date $ 205.00	10/28/98	150.00

SUBTOTAL of Receipts This Page (optional) 1,150.00

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

4-02175

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 5

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. Leonard E. Freeman 1920 East 17th Street, #130 Santa Ana, CA 92705-8626 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Consolidated Orange County Ins Occupation: Insurance Agent Aggregate Year-to-Date $ 250.00	10/28/98	125.00
B. Ray Frankel 3 Wing Drive, Suite 101 Cedar Knolls, NJ 07927-1012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Frankel Insurance Agcy Occupation: Insurance Agent Aggregate Year-to-Date $ 350.00	10/29/98	250.00
C. C. S. Ickes Jr. 417 Main Street PO Box 39 Boswell, PA 15531-1116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ickes Ins & Financial Service Occupation: Insurance Agent Aggregate Year-to-Date $ 350.00	10/30/98	150.00
D. Donald R. Broyles 4100 E Mississippi Ave #900 Denver, CO 80246-3048 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Linden Company Occupation: Insurance Agent Aggregate Year-to-Date $ 1,000.00	11/03/98	1,000.00
E. Frank P. Campion 704 Belmar Plaza Belmar, NJ 07719-2799 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Connelly Campion Wright Occupation: Insurance Agent Aggregate Year-to-Date $ 350.00	11/09/98	100.00
F. William R. Plumer 100 Executive Park Braintree, MA 02184 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brewer & Lord Insurance Occupation: Insurance Agent Aggregate Year-to-Date $ 400.00	11/09/98	250.00
G. Marion Esposito 677 S Diamond St PO Box 630 Ravenna, OH 44266-2877 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Esposito & Banlin Occupation: Insurance Agent Aggregate Year-to-Date $ 370.00	11/10/98	200.00

SUBTOTAL of Receipts This Page (optional) 2,075.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 5

FOR LINE NUMBER 11 a.1

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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
Lilburn W. Carlisle 114 E Conway St PO Box 150 Benton, AR 72015-3757	Thomas Agency	11/13/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent		
	Aggregate Year-to-Date > $ 250.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Strother F. Randolph 434 Green St PO Box 2976 Gainesville, GA 30501-3312	The Morton Agency	11/13/98	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent		
	Aggregate Year-to-Date > $ 250.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raymond Frey 5721 Dragon Way Cincinnati, OH 45227-4518	Frey Insurance Agency	11/13/98	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent		
	Aggregate Year-to-Date > $ 400.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James B. Gialason 509 Main St PO Box 37 Vincennes, IN 47591-3007	United Ins Services Inc	11/13/98	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent		
	Aggregate Year-to-Date > $ 225.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brewster Perkins 30 Laurel Street Hartford, CT 06106-1361	B Perkins & Co Inc	11/18/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent		
	Aggregate Year-to-Date > $ 300.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John L. McKeever III 3 Radnor Corp Center #200 Radnor, PA 19087-4544	McKeever Burke & Grant	11/19/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent		
	Aggregate Year-to-Date > $ 250.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew W. Cunningham Jr. PO Box 959 - Route 10 Hanover, NH 03755-0959	Centurion Corporation	11/19/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent		
	Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional) > 1,325.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF 5

FOR LINE NUMBER 11.a.1

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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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Bruce C. Robins P.O. Box 150437 Nashville, TN 37215-0437 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Robins Ins Agency Inc Occupation: Insurance Agent Aggregate Year-to-Date > $ 245.00	11/20/98	150.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard B. Milliken 301 S Main St #1 E Doylestown, PA 18901-4889 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Milliken Companies Inc Occupation: Insurance Agent Aggregate Year-to-Date > $ 300.00	11/20/98	300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James P. Cullinan Atrium Bldg 60 Rt 4 E Paramus, NJ 07652-2647 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Coverage Consultants Inc Occupation: Insurance Agent Aggregate Year-to-Date > $ 250.00	11/20/98	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only) 6,250.00

4-00175

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 Crestar Bank Washington, DC	Purpose of Disbursement INDIVIDUAL BANK FEES - 10/98 Disbursement for: Primary General Other (specify)	Date (month, day, year) 10/31/98	Amount of Each Disbursement This Period 92.31
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)	92.31
TOTAL This Period (last page this line number only)	92.31

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
Dean Sackett 400 N Washington St Alexandria, VA 22314	10-9-98 Expense report (Rick Hill Disbursement for: [ ] Primary [x] General [ ] Other (specify) 1998	10/19/98	1,153.09 (In-Kind)
B. 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	10-9-98 Expense report (Rick Hill Disbursement for: [ ] Primary [x] General [ ] Other (specify) 1998	10/19/98	1,153.09 (Memo In-Kind)
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fitzgerald for Senate 50 N Brockway Suite 4-5 Palatine, IL 60067	Fitzgerald , U.S. SENATE IL Disbursement for: [ ] Primary [x] General [ ] Other (specify) 1998	10/27/98	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Connelly for Congress 81 Granite Point Rd Biddeford, ME 04005	Connelly , U.S. HOUSE 1st ME Disbursement for: [ ] Primary [x] General [ ] Other (specify) 1998	10/27/98	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cooper for Congress P.O. Box 137 Smartt Station, TN 37378	Cooper , U.S. HOUSE 4th TN Disbursement for: [ ] Primary [x] General [ ] Other (specify) 1998	10/27/98	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Chris Dodd 203 C St NE Washington, DC 20002	Christopher J. Dodd, U.S. SENATE CT Disbursement for: [ ] Primary [x] General [ ] Other (specify) 1998	10/27/98	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Musser for Congress PO Box 628245 Middleton, WI 53562k-825	Musser , 2nd WI Disbursement for: [ ] Primary [x] General [ ] Other (specify) 1998	10/27/98	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Don Benton for Congress 16313 Northeast Leaper Rd Vancouver, WA 98686	Benton , U.S. HOUSE 3rd WA Disbursement for: [ ] Primary [x] General [ ] Other (specify) 1998	10/27/98	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Bunning 1717 Dixie Highway, Ste 180 Fort Wright, KY 41011	Jim Bunning, U.S. SENATE KY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/27/98	1,000.00

SUBTOTAL of Disbursements This Page (optional) 7,153.09

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ryan for Congress P.O. Box 1919 Janesville, WI 53547	Ryan , U.S. HOUSE 1st WI Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/27/98	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Baker for Congress 46 Lincoln Hill SW Quincy, IL 62301	Baker , U.S. HOUSE 17th IL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/27/98	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Walker for Congress 1153 Route 4455 Clintondale, NY 12515	Walker , U.S. HOUSE 25th NY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/27/98	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PIA of Georgia PROPAC 1270 Winchester Pkwy#100 Smyrna, GA 30080	Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/27/98	1,000.00
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)	3,500.00
TOTAL This Period (last page this line number only)	10,653.09

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 3-12-99
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☐	Received from the House office of Records and Registration	Date of Receipt
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☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

[illegible]	3-15-99
PREPARER	DATE PREPARED

(4/98)