# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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| | |
|---|---|
| 1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed) Professional Insurance Agents Political Action Committee | 2. DATE 9/21/2000 |
| (b) Number and Street Address ☐ (Check if address is changed) 400 N. Washington Street | 3. FEC Identification Number C00004994 |
| (c) City, State and ZIP Code Alexandria, VA 22314 | 4. Is This Report An Amendment? ☒ YES ☐ NO |

5. TYPE OF COMMITTEE (Check one)

☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)

☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|---|---|---|---|
| | | | |

☐ (c) This committee supports/opposes only one candidate _____ _____ and is NOT an authorized committee.
(name of candidate)

☐ (d) This committee is a _____ _____ committee of the _____ _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

☒ (e) This committee is a separate segregated fund.

☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|---|---|
| National Association of Professional Insurance Agents | 400 N. Washington St. Alexandria, VA 22314 | Trade Association |

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Full Name | Mailing Address | Title or Position |
|---|---|---|
| | | |

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name | Mailing Address | Title or Position |
|---|---|---|
| Sheila M. Greenwood | 400 N. Washington St., Alexandria, VA 22314 | Treasurer |
| Loan Nguyen(delete) | 400 N. Washington St., Alexandria, VA 22314 | (no longer Assistant Treasurer) |

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

| Name of Bank, Depository, etc. | Mailing Address and ZIP Code |
|---|---|
| Crestar Bank | 1445 New York Avenue, NW Washington, DC 20005-2108 |

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

| TYPE OR PRINT NAME OF TREASURER | SIGNATURE OF TREASURER | DATE |
|---|---|---|
| Sheila M. Greenwood | Sheila M. Greenwood | 9/21/2000 |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-694-1100

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**FEC FORM 1**
(revised 4/87)

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 9-22-00 |
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| ☐ | 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 |
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| ☐ | Electronic Filing | |

JMD
PREPARER

9-25-00
DATE PREPARED

(6/2000)