

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

SCHEDULE B ITEMIZED DISBURSEMENTS

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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 Disb. this Period
Friends of Tim Holden 502 Walnut St Reading, PA 19601	Tim Holden, U.S. HOUSE 6th PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/01/97	500.00
Hooley for Congress P.O. Box 468 West Linn, OR 97068	Darlene Hooley, U.S. HOUSE 5th OR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/01/97	500.00
Lazio for Congress '98 P.O. Box 5063 Bay Shore, NY 11718	Rick A. Lazio, U.S. HOUSE 2nd NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/01/97	1,000.00
Lewis for Congress Committee P.O. Box 247 Redlands, CA 92373	Jerry Lewis, U.S. HOUSE 40th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/10/97	500.00
Bob Ney for Congress PO Box 490 St. Clairsville, OH 43950	Bob Ney, U.S. HOUSE 18th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/01/97	1,000.00
Friends of Jim Saxton P.O. Box 795 Mt. Holly, NJ 08060	Jim Saxton, U.S. HOUSE 3rd NJ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/01/97	1,000.00
Weygand Committee RI	Bob Weygand, U.S. HOUSE 2nd RI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/01/97	500.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	5,000.00
TOTAL this Period (Last page this line number only).....>	10,789.40