

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Professional Insurance Agents Political Action Committee

ADDRESS (number and street)

400 North Washington St

Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00004994

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

X Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

03

01

2005

through

03

31

2005

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

Kellie Bray

Signature of Treasurer

Electronically Filed by Kellie Bray

Date

04

20

2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
 Professional Insurance Agents Political Action Committee

Report Covering the Period: From: ^M03 ^D01 ^Y2005 To: ^M03 ^D31 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		4058.16
(b) Cash on Hand at Beginning of Reporting Period	14265.25	
(c) Total Receipts (from Line 19)	12331.95	30958.12
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	26617.20	35016.28
<hr/>		
7. Total Disbursements (from Line 31)	3780.78	12179.86
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22836.42	22836.42
<hr/>		
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	

THIS Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
 999 E street, NW
 Washington, DC 20463

Toll Free 800-424-9530
 Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Professional Insurance Agents Political Action Committee

Report Covering the Period: From: ^M03 ⁻01 ⁻2005 To: ^M03 ⁻31 ⁻2005

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	6700.00	16950.00
(ii) Unitemized	5630.00	14005.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	12330.00	30955.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12330.00	30955.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1.95	3.12
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12331.95	30958.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12331.95	30958.12

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	180.78	329.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	180.78	329.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3600.00	11850.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3780.78	12179.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	3780.78	12179.86

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	12330.00	30955.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12330.00	30955.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	180.78	329.86
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	180.78	329.86

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 (Last, First, Middle Initial) A. Mr. Henry E. Budnik		Date of Receipt M / D / Y 03 / 14 / 2005
Mailing Address 3801 W Devon Ave		Transaction ID: R49987
City Chicago	State IL	Zip Code 60659-1200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Lesser Agency	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms. Branda Case		Date of Receipt M / D / Y 03 / 28 / 2005
Mailing Address PO Box 430		Transaction ID: R50048
City Slidell	State LA	Zip Code 70459-0430
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lowry-Durham Case & Vivian	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Donald H. Flanders		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 208 Union Avenue		Transaction ID: R49982
City Laconia	State NH	Zip Code 03248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Byse Agency, Inc.	Occupation Insurance Agent	Credit Card
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 / 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)
Professional Insurance Agents Political Action Committee

Full Name (Last, First, Middle Initial) A. Mr. Leonard E. Freeman		Date of Receipt M / D / Y 03 / 14 / 2005
Mailing Address 1920 East 17th Street, #240		Transaction ID: R49998
City State Zip Code Santa Ana CA 92705	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Consolidated Orange County Insurance Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 250.00	Credit Card

Full Name (Last, First, Middle Initial) B. Mr. William A. Graham, IV		Date of Receipt M / D / Y 03 / 29 / 2005
Mailing Address 1 Penn Sq West - Graham Bldg		Transaction ID: R50044
City State Zip Code Philadelphia PA 19102	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer The Graham Company Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 1000.00	Check

Full Name (Last, First, Middle Initial) C. Mr. Gilbert F. Grosslight		Date of Receipt M / D / Y 03 / 29 / 2005
Mailing Address PO Box 24948		Transaction ID: R50053
City State Zip Code Los Angeles CA 90024-0548	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Grosslight Insurance Inc Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 500.00	Check

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Professional Insurance Agents Political Action Committee

Full Name (Last, First, Middle Initial) A. Ms. Martha A. Hix		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 211 D Manatee Ave W		Transaction ID: R49960
City Bradenton	State FL	Zip Code 34205-5428
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Trout & Leigh Insurance	Occupation Insurance Agent	Credit Card
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Gary L. Ihry		Date of Receipt M / D / Y 03 / 14 / 2005
Mailing Address PO Box 9		Transaction ID: R49963
City Hope	State ND	Zip Code 58046-0009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ihry Insurance Agency	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Miss Linda L. McDermitt		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 300 N Spruce - PO Box 304		Transaction ID: R49936
City Valley	State NE	Zip Code 68064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Fricke & Associates, Inc.	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1650.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Professional Insurance Agents Political Action Committee

Full Name (Last, First, Middle Initial) A. Miss Linda L. McDemitt		Date of Receipt M / D / Y Y Y Y 03 / 14 / 2005
Mailing Address 300 N Spruce - PO Box 304		Transaction ID: R49986
City	State	Zip Code
Valley	NE	68064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Fricke & Associates, Inc.	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms. Kerri Morrell		Date of Receipt M / D / Y Y Y Y 03 / 14 / 2005
Mailing Address PO Box 432		Transaction ID: R49976
City	State	Zip Code
Magnolia	MS	39652-0432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Morrell Agency Inc	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. William Jeffrey Morrison		Date of Receipt M / D / Y Y Y Y 03 / 14 / 2005
Mailing Address 122 North Main Street		Transaction ID: R49982
City	State	Zip Code
Forest	MS	39074
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Forest Insurance Agency, Inc.	Occupation Insurance Agent	Credit Card
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Professional Insurance Agents Political Action Committee

Full Name (Last, First, Middle Initial) A. Ms. Donna L. Pile		Date of Receipt M / D / Y Y Y Y 03 / 14 / 2005
Mailing Address 152 E Reynolds Road #103		Transaction ID: R49977
City Lexington	State KY	Zip Code 40517
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer A G Perry Insurance Agency	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) B. Mr. Donald E. Suhr		Date of Receipt M / D / Y Y Y Y 03 / 28 / 2005
Mailing Address 145 North 5th Street		Transaction ID: R50057
City Seward	State NE	Zip Code 68424
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Suhr & Lichty Insurance Agency Inc	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Larry Willis		Date of Receipt M / D / Y Y Y Y 03 / 14 / 2005
Mailing Address 18401 NW 27th Avenue		Transaction ID: R49989
City Miami	State FL	Zip Code 33058
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Annette Willis Ins Agency Inc	Occupation Insurance Agent	Credit Card
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Professional Insurance Agents Political Action Committee

Full Name (Last, First, Middle Initial) A. Mr. Philip F. Winkelmann		Date of Receipt M / D / Y Y Y Y 03 / 03 / 2005
Mailing Address 11132 D Street		Transaction ID: R49958
City	State	Zip Code
Omaha	NE	68137
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Omaha Insurance Services, Inc.	Occupation Insurance Agent	Credit Card
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Philip F. Winkelmann		Date of Receipt M / D / Y Y Y Y 03 / 03 / 2005
Mailing Address 11132 D Street		Transaction ID: R49958
City	State	Zip Code
Omaha	NE	68137
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 850.00
Name of Employer Omaha Insurance Services, Inc.	Occupation Insurance Agent	Credit Card
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	6700.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 15

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)
Professional Insurance Agents Political Action Committee

Full Name (Last, First, Middle Initial) A. Sun Trust Bank		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address P.O. Box 85024		Transaction ID: R50082
City Richmond	State VA	Zip Code 23285-5024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.95
Name of Employer	Occupation Aggregate Year-to-Date ▼ 3.12	Interest
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1.95
TOTAL This Period (last page this line number only)	▶	1.95

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 15

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)
Professional Insurance Agents Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

Purpose of Disbursement
Bank Charges: 3/05

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D2169

Date of Disbursement

03 / 31 / 2005

Amount of Each Disbursement this Period

180.78

SUBTOTAL of Disbursements This Page (optional) ▶

180.78

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

180.78

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Professional Insurance Agents Political Action Committee

Full Name (Last, First, Middle Initial)
A. Cantor For Congress

Mailing Address P.O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
Contr.

Candidate Name
Eric I. Cantor

Office Sought: House Senate President
State: VA District: D7

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D2157
Date of Disbursement
03 / 16 / 2005

Amount of Each Disbursement this Period
100.00

Full Name (Last, First, Middle Initial)
B. Moore for Congress

Mailing Address PO Box 14631

City Shawnee Mission State KS Zip Code 66285

Purpose of Disbursement
Contr.

Candidate Name
Dennis Moore

Office Sought: House Senate President
State: KS District: D3

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D2155
Date of Disbursement
03 / 16 / 2005

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Santorum 2006

Mailing Address One Tower Bridge Suite 1440

City West Conshohocken State PA Zip Code 19428

Purpose of Disbursement
Contr.

Candidate Name
Rick Santorum

Office Sought: House Senate President
State: PA District:

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D2163
Date of Disbursement
03 / 25 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ► **2100.00**

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Professional Insurance Agents Political Action Committee

Full Name (Last, First, Middle Initial)
A. Steve Israel for Congress Committee

Mailing Address PO Box 777

City State Zip Code
Deer Park NY 11729

Purpose of Disbursement
Contr.

Candidate Name
Steve J. Israel

Category/
Type

Office Sought: House
Senate
President

Disbursement For: 2006
 Primary General
Other (specify) ▼

State: NY District: D2

Transaction ID: D2156
Date of Disbursement

03 / 16 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tom Davis for Congress

Mailing Address 6429 Downing Court

City State Zip Code
Annandale VA 22003

Purpose of Disbursement
Contr.

Candidate Name
Thomas M. Davis, III

Category/
Type

Office Sought: House
Senate
President

Disbursement For: 2006
 Primary General
Other (specify) ▼

State: VA District: 11

Transaction ID: D2154
Date of Disbursement

03 / 16 / 2005

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

3600.00