

**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)

<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) <b>A. Mr. Philip F. Winkelmann</b>		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 11132 D Street		Transaction ID: R49958
City Omaha	State NE	Zip Code 68137
FEC ID number of contributing federal political committee. <b>C</b>		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>B. Mr. Philip F. Winkelmann</b>		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 11132 D Street		Transaction ID: R49958
City Omaha	State NE	Zip Code 68137
FEC ID number of contributing federal political committee. <b>C</b>		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