

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

PROFESSIONAL INSURANCE AGENTS POLITICAL ACTION COMMITTEE (PIAPAC)

ADDRESS (number and street) 419 N LEE ST

(Check if address is changed)

ALEXANDRIA VA 22314

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) mikebe@pianet.org

Optional Second E-Mail Address
piapac@pianet.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) www.pianet.org/piapac

2. DATE 05 / 11 / 2018

3. FEC IDENTIFICATION NUMBER ▶ C C00004994

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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 BECKER, MIKE, , MR.,

Signature of Treasurer BECKER, MIKE, , MR., *[Electronically Filed]* Date 05 / 18 / 2018

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.

5. TYPE OF COMMITTEE

Candidate Committee:

- (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: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

PROFESSIONAL INSURANCE AGENTS POLITICAL ACTION COMMITTEE (PIAPAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NATIONAL ASSOCIATION OF PROFESSIONAL INSURANCE AGENTS

Mailing Address 419 N LEE ST
ALEXANDRIA VA 22314
CITY STATE ZIP CODE

Relationship: [x] Connected Organization [] Affiliated Committee [] Joint Fundraising Representative [] Leadership PAC Sponsor

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 BECKER, MIKE, , MR.,
Mailing Address 419 N LEE ST
ALEXANDRIA VA 22314
CITY STATE ZIP CODE
Title or Position TREASURER Telephone number 703 518 1365

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 of Treasurer BECKER, MIKE, , MR.,
Mailing Address 419 N LEE ST
ALEXANDRIA VA 22314
CITY STATE ZIP CODE
Title or Position TREASURER Telephone number 703 518 1365

Full Name of Designated Agent

PACHMAN, LAUREN, , ,

Mailing Address

419 N LEE ST

ALEXANDRIA

CITY

VA

STATE

22314

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

703

518

1344

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.

SUNTRUST BANK

Mailing Address

PO BOX 305183

NASHVILLE

CITY

TN

STATE

37230

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE