

**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)

X Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

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

02

01

2005

through

02

28

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

03

18

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

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Professional Insurance Agents Political Action Committee

Report Covering the Period: From: ^M02 [:]01 ^Y2005 To: ^M02 [:]28 ^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	5025.76	
(c) Total Receipts (from Line 19)	14375.69	18626.17
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	19401.45	22684.33
<hr/>		
7. Total Disbursements (from Line 31)	5116.20	8399.08
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14285.25	14285.25
<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: ^M02 ^D01 ^Y2005 To: ^M02 ^D28 ^Y2005

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)	7400.00	10250.00
(ii) Unitemized	6975.00	8375.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	14375.00	18625.00
(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)	14375.00	18625.00
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.)	0.69	1.17
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))	14375.69	18626.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14375.69	18626.17

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	116.20	149.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	116.20	149.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	8250.00
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))..	5116.20	8399.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	5116.20	8399.08

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)	14375.00	18625.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14375.00	18625.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	116.20	149.08
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	116.20	149.08

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

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

FOR LINE NUMBER: PAGE 6 / 10

(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. Terry R. Adams		Date of Receipt M / D / Y 02 / 16 / 2005
Mailing Address 383 E. Main Street		Transaction ID: R49768
City Ashland	State OR	Zip Code 97520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Reinholdt & O'Hara Ins	Occupation Insurance Agent	Credit Card
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Andrew H. Anderson		Date of Receipt M / D / Y 02 / 17 / 2005
Mailing Address 12001 Long Beach Blvd		Transaction ID: R49768
City Beach Haven	State NJ	Zip Code 08008-6270
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Anderson Agency	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Thomas V. Ameson		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 109 West Lincoln Avenue		Transaction ID: R49864
City Fergus Falls	State MN	Zip Code 56537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ameson 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)	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 / 10

(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. Mr. Thomas V. Ameson		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 109 West Lincoln Avenue		Transaction ID: R49865
City Fergus Falls	State MN	Zip Code 56537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ameson Agency, Inc.	Occupation Insurance Agent	Credit Card
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Harley Dale Blaha		Date of Receipt M / D / Y 02 / 16 / 2005
Mailing Address 1122 Brackenridge Ave PO Box A		Transaction ID: R49772
City Brackenridge	State PA	Zip Code 15014-1504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Attery Loyd & Lindquist Inc	Occupation Insurance Agent	Credit Card
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ms. Patricia A. Borowak		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 400 N Washington St		Transaction ID: R49736
City Alexandria	State VA	Zip Code 22314-2312
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PIA National	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8/10
(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. Glen Carr		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 8250 Far Hills Ave		Transaction ID: R49913
City Dayton	State OH	Zip Code 45459-1827
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Glen Carr Insurance Agency Inc	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Sergio D. Gonzalez		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 9995 Sunset Drive, Suite 102		Transaction ID: R49907
City Miami	State FL	Zip Code 33173
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SG & Associates Insurance Brokers	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Robert B. Gyle, III		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 88 Route 37 Fieldstone Plaza		Transaction ID: R49738
City New Fairfield	State CT	Zip Code 06812
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Carnis Inc	Occupation Insurance Agent	Credit Card
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
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 / 10

(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. Mr. Robert B. Gyle, III		Date of Receipt M / D / Y 02 / 16 / 2005
Mailing Address 88 Route 37 Fieldstone Plaza		Transaction ID: R49771
City New Fairfield	State CT	Zip Code 06812
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Carnis Inc	Occupation Insurance Agent	Credit Card
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Mr. Daniel T. Haley, Jr.		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 21-1/2 Eastern Promenade		Transaction ID: R49911
City Portland	State ME	Zip Code 04101-4801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Daniel T Haley Jr Agency	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. John V. Heher		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 1701 McFarland Rd		Transaction ID: R49880
City Pittsburgh	State PA	Zip Code 15210-1812
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Liberty Insurance Agency	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 10

(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. Mr. Kevin Kitredge		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 181B Front Street		Transaction ID: R49867
City Fort Benton	State MT	Zip Code 59442
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Pioneer Insurance Agency Inc.	Occupation Insurance Agent	Credit Card
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Thomas Eldrad Lee, III		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 2105 Jefferson Davis Hwy		Transaction ID: R49737
City Fredericksburg	State VA	Zip Code 22401-5247
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Lee-Curtis Ins Service 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. Thomas Eldrad Lee, III		Date of Receipt M / D / Y 02 / 17 / 2005
Mailing Address 2105 Jefferson Davis Hwy		Transaction ID: R49778
City Fredericksburg	State VA	Zip Code 22401-5247
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Lee-Curtis Ins Service Inc	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 11 / 19
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 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. Elizabeth B. Luce		Date of Receipt M / D / Y Y Y Y 02 / 16 / 2005
Mailing Address 500 West 27th Street		Transaction ID: R49769
City	State	Zip Code
Cheyenne	WY	82001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Rocky Mountain Capital Agency	Occupation Insurance Agent	Credit Card
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Ms. Elizabeth B. Luce		Date of Receipt M / D / Y Y Y Y 02 / 25 / 2005
Mailing Address 500 West 27th Street		Transaction ID: R49875
City	State	Zip Code
Cheyenne	WY	82001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Rocky Mountain Capital Agency	Occupation Insurance Agent	Credit Card
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Mr. William T. Mitchell		Date of Receipt M / D / Y Y Y Y 02 / 25 / 2005
Mailing Address 1500 Florida Blvd SW		Transaction ID: R49876
City	State	Zip Code
Denham Springs	LA	70728-4642
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mitchell Insurance Services Inc	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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FOR LINE NUMBER: PAGE 12 / 19
(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. Erik Nicolaysen		Date of Receipt M / D / Y 02 / 17 / 2005
Mailing Address PD Box 108		Transaction ID: R49792
City Chappaqua	State NY	Zip Code 10514-0108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Nicolaysen Agency Inc	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Brian E. O'Meara		Date of Receipt M / D / Y 02 / 18 / 2005
Mailing Address 81 S Main St		Transaction ID: R49773
City W Hartford	State CT	Zip Code 06107-2403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer O'Meara Companies Inc	Occupation Insurance Agent	Credit Card
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. W. N. Oliver, Jr.		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 1045 Flynt Drive Suite C-1		Transaction ID: R49746
City Flowood	State MS	Zip Code 39208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer McCool Oliver Insurance, Inc.	Occupation Insurance Agent	Credit Card
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	900.00
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 13 / 19

(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. Mr. W. N. Oliver, Jr.		Date of Receipt M / D / Y 02 / 17 / 2005
Mailing Address 1045 Flynt Drive Suite C-1		Transaction ID: R49790
City Flowood	State MS	Zip Code 39208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer McCool Oliver Insurance, Inc.	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Glen R. Page		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 1394 Dexter Lane		Transaction ID: R49874
City Cordova	State TN	Zip Code 38018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Page, Cheffin & Riggins Insurance	Occupation Insurance Agent	Credit Card
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Ray L. Perett		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 1102 Bronson Way North		Transaction ID: R49739
City Renton	State WA	Zip Code 98055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hub Insurance Agency	Occupation Insurance Agent	Credit Card
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	600.00
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 14 / 19
(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. Stephen P. Puntasecca		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 3 Valley St PO Box 636		Transaction ID: R49873
City Hawthorne	State NJ	Zip Code 07506-2017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Charles F Heldt Inc	Occupation Insurance Agent	Credit Card
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. John G. Riley		Date of Receipt M / D / Y 02 / 18 / 2005
Mailing Address 317 Jake Alexander Blvd. South		Transaction ID: R49770
City Salisbury	State NC	Zip Code 28147
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Central Carolina Ins Agen- cy Inc	Occupation Insurance Agent	Credit Card
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Timothy D. Schaefer		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 13208 Executive Park Terrace		Transaction ID: R49883
City Germantown	State MD	Zip Code 20874-2641
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Schaefer Insurance Serv- ices	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 15 / 18
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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. Stephen E. Watkins, Jr.		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 133 N. Mecklenburg Avenue		Transaction ID: R49878
City	State	Zip Code
South Hill	VA	23070
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Watkins Insurance Agency Inc	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	7400.00

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

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

FOR LINE NUMBER: PAGE 16 / 19
(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 02 / 28 / 2005
Mailing Address P.O. Box 85024		Transaction ID: R50024
City Richmond	State VA	Zip Code 23285-5024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.69
Name of Employer	Occupation Aggregate Year-to-Date ▼ 1.17	Interest
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	0.69
TOTAL This Period (last page this line number only)	▶	0.69

**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 17 / 19

<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: 02/05

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D216D

Date of Disbursement

02 / 28 / 2005

Amount of Each Disbursement this Period

116.20

SUBTOTAL of Disbursements This Page (optional) ▶

116.20

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

116.20

**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 18 / 19

<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. Leadership PAC

Mailing Address 675 North Washington St
Suite 41D

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contr. Leadership PAC 2006 (VA-O)

Candidate Name

Office Sought: House Disbursement For: 2006
Senate X Primary General
President Other (specify) ▼

State: District

Category/
Type

Transaction ID: D2144

Date of Disbursement

02 / 23 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Max Bums for Congress

Mailing Address 5417 Newington Highway

City Sylvania State GA Zip Code 30467

Purpose of Disbursement
Contr.

Candidate Name

Max Bums

Office Sought: x House Disbursement For:
Senate Primary General
President Other (specify) ▼

State: GA District 12

Category/
Type

Transaction ID: D2141

Date of Disbursement

02 / 23 / 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Nelson for U S Senate

Mailing Address PO Box 54D154

City Omaha State NE Zip Code 68154

Purpose of Disbursement
Contr.

Candidate Name

E. Benjamin Nelson

Office Sought: House Disbursement For: 2006
x Senate X Primary General
President Other (specify) ▼

State: NE District

Category/
Type

Transaction ID: D2146

Date of Disbursement

02 / 23 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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 19 / 19

<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. Renzi For Congress

Mailing Address 122 E. Route 66 Suite 2
PO Box 219

City State Zip Code
Flagstaff AZ 86001

Purpose of Disbursement
Contr.

Candidate Name
Rick Renzi

Office Sought: House
Senate
President
State: AZ District: D1

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D2142

Date of Disbursement

02 / 23 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

5000.00