

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

SEP 21 2 29 PM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>Professional Insurance Agents Political Action Committee</b>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>400 N. Washington Street</b>	2. FEC IDENTIFICATION NUMBER <b>C 0000 4994</b>
CITY, STATE and ZIP CODE <b>Alexandria, VA 22314</b>	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

- Monthly Report Due On:
- |                                      |  |                                      |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20                 | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20                 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20               | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input checked="" type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |

- Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>08/01/99</u> through <u>08/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 20,993.25
(b) Cash on Hand at Beginning of Reporting Period	\$ 38,551.31	
(c) Total Receipts (from Line 19)	\$ 6,594.05	\$ 100,851.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 45,145.36	\$ 121,844.41
7. Total Disbursements (from Line 30)	\$ 9,268.47	\$ 85,967.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 35,876.89	\$ 35,876.89
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 990 E Street, NW Washington, DC 20463 Tel Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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 <b>Dean R. Sackett, III</b>	
Signature of Treasurer <i>Dean R. Sackett III</i>	Date <b>9-15-99</b>

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

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**FEC FORM 3X**  
(revised 8/99)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
<b>Professional Insurance Agents Political Action Committee</b>	FROM	TO:	
	08/01/99	08/31/99	
	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	625.00	24,839.00	11(a)(i)
ii. Unitemized	5,734.00	75,943.00	11(a)(ii)
iii. Total (add i and ii) >	6,559.00	100,582.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a ii, b and c) >	6,559.00	100,582.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	35.05	269.16	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	6,594.05	100,851.16	19
20. Total Federal Receipts (subtract line 18 from line 19) >	6,594.05	100,851.16	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	218.47	1,587.52	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	218.47	1,587.52	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	9,050.00	84,380.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	9,268.47	85,967.52	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	9,268.47	85,967.52	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	6,559.00	100,582.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	6,559.00	100,582.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	218.47	1,587.52	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	218.47	1,587.52	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11 a

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Lee Titus 2 Walkkill Ave PO Box 380 Walkkill, NY 12589-0380</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Lee Titus Assoc Inc</p> <p><b>Occupation</b> Insurance Agent</p> <p>Aggregate Year-to-Date &gt; \$ 300.00</p>	<p><b>Date (month, day, year)</b> 08/12/99</p>	<p><b>Amount of Each Receipt this Period</b> 100.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Ermett S. Wyman 2010 Oak Grove Rd PO Drawer 15579 Hattiesburg, MS 39402-1480</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Brock-Wyman Insurance Inc</p> <p><b>Occupation</b> Insurance Agent</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b> 08/31/99</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Mark Lauderdale P.O. Box 991 Cushing, OK 74023-0991</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Mark Lauderdale Insurance</p> <p><b>Occupation</b> Insurance Agent</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p><b>Date (month, day, year)</b> 08/31/99</p>	<p><b>Amount of Each Receipt this Period</b> 350.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> R. Tim Reed P.O. Box 431 Wheeling, WV 26003-0055</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Outdoor Underwriters, Inc.</p> <p><b>Occupation</b> Insurance Agent</p> <p>Aggregate Year-to-Date &gt; \$ 275.00</p>	<p><b>Date (month, day, year)</b> 08/31/99</p>	<p><b>Amount of Each Receipt this Period</b> 125.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p>Aggregate Year-to-Date &gt; \$</p>	<p><b>Date (month, day, year)</b></p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p>Aggregate Year-to-Date &gt; \$</p>	<p><b>Date (month, day, year)</b></p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p>Aggregate Year-to-Date &gt; \$</p>	<p><b>Date (month, day, year)</b></p>	<p><b>Amount of Each Receipt this Period</b></p>

**SUBTOTAL of Receipts This Page (optional)** ..... 825.00

**TOTAL This Period (last page this line number only)** ..... 825.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21B

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

A. Full Name, Mailing Address and ZIP Code Crestar Bank Washington, DC	Purpose of Disbursement <b>INDY BANK FEES - 8/99</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <b>08/31/99</b>	Amount of Each Disbursement This Period <b>218.47</b>
B. 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 Disbursement This Period
C. 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 Disbursement This Period
D. 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 Disbursement This Period
E. 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 Disbursement This Period
F. 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 Disbursement This Period
G. 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 Disbursement This Period
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 Disbursement 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 Disbursement This Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**218.47**

**TOTAL** This Period (last page this line number only) .....

**218.47**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 23

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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 Disbursement This Period
Volunteers for Shimkus P.O. Box 5458 Springfield, IL 62704	John M. Shimkus, U.S. HOUSE 20th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/17/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Stupak for Congress 817 9th Ave Menominee, WI 49858	Bart Stupak, U.S. HOUSE 1st MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/17/99	500.00
C. Full Name, Mailing Address and ZIP Code Friends of Sessions Senata Committee Inc 4131 CARMICHAEL RD #A MONTGOMERY, AL 36106	Jeff Sessions, U.S. SENATE AL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002	08/17/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Next Century Fund P.O. Box 99779 Raleigh, NC 27624	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1999 Year	08/17/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Boucher for Congress P.O. Box 2000 Abingdon, VA 24212	Rick Boucher, U.S. HOUSE 9th VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/17/99	500.00
F. Full Name, Mailing Address and ZIP Code Bart Gordon for Congress Comm PO Box 2008 Murfreesboro, TN 37013	Bart Gordon, U.S. HOUSE 6th TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/17/99	1,000.00
G. Full Name, Mailing Address and ZIP Code Ewing for Congress PO Box 786 Pontiac, IL 61764	Thomas W. Ewing, U.S. HOUSE 15th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/17/99	500.00
H. Full Name, Mailing Address and ZIP Code Fowler For Congress P.O. Box 380087 Jacksonville, FL 32207	Tillie K. Fowler, U.S. HOUSE 4th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/17/99	500.00
I. Full Name, Mailing Address and ZIP Code Ed Bryant for Congress PO Box 1961 Cordova, TN 38088	Ed Bryant, U.S. HOUSE 7th TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/17/99	500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6,500.00

**TOTAL** This Period (last page this line number only) .....



Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 9-16-99
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Sei</i> PREPARER	9-21-99 DATE PREPARED

2025 RELEASE UNDER E.O. 14176