



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**PROFESSIONAL INSURANCE AGENTS POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="98015.02"/>	<input type="text" value="98015.02"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="94104.89"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="12589.01"/>	<input type="text" value="52986.70"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="106693.90"/>	<input type="text" value="151001.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2178.83"/>	<input type="text" value="46486.65"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="104515.07"/>	<input type="text" value="104515.07"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

Write or Type Committee Name

**PROFESSIONAL INSURANCE AGENTS POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8515.42	32227.23
(ii) Unitemized .....	4071.95	17893.37
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12587.37	50120.60
(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) .....	12587.37	50120.60
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	2850.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.64	16.10
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 Transfers (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))..... ▶	12589.01	52986.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12589.01	52986.70

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	44700.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	178.83	1786.65
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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 Activity (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)) ..	2178.83	46486.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2178.83	46486.65

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	12587.37	50120.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12587.37	50120.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Mr. Richard A. Clements**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 206 W Judge Perez Dr  
 City Chalmette State LA Zip Code 70043-4902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clements Insurance Services LLC Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 09 / 12 / 2014  
**Transaction ID : 6412255**  
 Amount of Each Receipt this Period 600.00

**B. Mr. Anthony Kammas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19913 32nd Ave  
 City Flushing State NY Zip Code 11358-1205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Skyline Risk Mgmt Inc Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 12 / 2014  
**Transaction ID : 6412269**  
 Amount of Each Receipt this Period 250.00

**C. Mr. John C. Parsons II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address The Galleries of Syracuse #704 PO Box 3890  
 City Syracuse State NY Zip Code 13220-3890  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Parsons & Associates Inc Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2014  
**Transaction ID : 6412274**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PROFESSIONAL INSURANCE AGENTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Mr. Wayne White**

Mailing Address PO Box 860

City State Zip Code  
Bryant AR 72089-0860

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Eagle Management Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 6412291**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Jon Hjelmstad**

Mailing Address 2084 4th Ave NE

City State Zip Code  
Thompson ND 58278-9394

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hjelmstad Insurance Agency Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 6412318**

Amount of Each Receipt this Period  
225.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Jon Hjelmstad**

Mailing Address 2084 4th Ave NE

City State Zip Code  
Thompson ND 58278-9394

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hjelmstad Insurance Agency Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 6412319**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	775.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 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**

**A. Mr. Gareth W. Blackwell Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 340  
 City State Zip Code  
 Corinth ME 04427-0340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Blackwell Insurance Agency President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2014  
**Transaction ID : 6447015**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Gregory Sather**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3600 Holly Lane N #90  
 City State Zip Code  
 Plymouth MN 55447-1286  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PIA of Minnesota Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2014  
**Transaction ID : 6447024**  
 Amount of Each Receipt this Period  
 100.00

**c. Ms. Cathy Klasi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 920 S 107th Ave., Suite 305  
 City State Zip Code  
 Omaha NE 68114-4720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PIA Association for Nebraska & Iowa Association Executive  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2014  
**Transaction ID : 6447025**  
 Amount of Each Receipt this Period  
 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PROFESSIONAL INSURANCE AGENTS POLITICAL ACTION COMMITTEE**

**A. Mr. Matthew C. Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 892 National Rd  
 City Bridgeport State OH Zip Code 43912-1444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MC Thomas Ins Agency Inc Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : 6449095**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. John J. VanDenbossche**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16401 E Nine Mile Rd PO Box 418  
 City Eastpointe State MI Zip Code 48021-0418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Davis Vandebossche Agency Inc Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : 6449096**  
 Amount of Each Receipt this Period  
 250.00

**c. Ms. Cathy Klasi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 920 S 107th Ave., Suite 305  
 City Omaha State NE Zip Code 68114-4720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PIA Association for Nebraska & Iowa Occupation Association Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : 6449101**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PROFESSIONAL INSURANCE AGENTS POLITICAL ACTION COMMITTEE**

**A. Mr. Robert W. Hansen Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12002 Pacific St  
 City Omaha State NE Zip Code 68154-3507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N P Dodge Insurance Agency Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 09 / 25 / 2014  
**Transaction ID : 6449107**  
 Amount of Each Receipt this Period  
 150.00

**B. Mr. Robert W. Hansen Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12002 Pacific St  
 City Omaha State NE Zip Code 68154-3507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N P Dodge Insurance Agency Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 09 / 25 / 2014  
**Transaction ID : 6449114**  
 Amount of Each Receipt this Period  
 100.00

**C. Mr. Donald Scott Liebert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 172 Main St  
 City Nanuet State NY Zip Code 10954-3373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CLG Insurance Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 09 / 25 / 2014  
**Transaction ID : 6449118**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Mr. Thomas H. Deml**  
Full Name (Last, First, Middle Initial)

Mailing Address 107 First St SE #100

City Little Falls State MN Zip Code 56345-3074

FEC ID number of contributing federal political committee. **C**

Name of Employer Deml Insurance Agency Inc Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : 6449121**

Amount of Each Receipt this Period  
**50.00**

**B. Mr. David Gorman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3200 S. Lancaster Rd., #152-A

City Dallas State TX Zip Code 75216-8801

FEC ID number of contributing federal political committee. **C**

Name of Employer Americo Direct Insurance Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : 6449127**

Amount of Each Receipt this Period  
**125.00**

**C. Mr. David Gorman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3200 S. Lancaster Rd., #152-A

City Dallas State TX Zip Code 75216-8801

FEC ID number of contributing federal political committee. **C**

Name of Employer Americo Direct Insurance Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : 6449128**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **225.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PROFESSIONAL INSURANCE AGENTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mr. Richard A. Clements</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2014 <b>Transaction ID : 6449130</b>
Mailing Address 206 W Judge Perez Dr		Amount of Each Receipt this Period 225.00
City Chalmette	State LA	
Zip Code 70043-4902		Aggregate Year-to-Date ▼ 1800.00
FEC ID number of contributing federal political committee. C		
Name of Employer Clements Insurance Services LLC	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Mr. Richard Sager</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : 6460801</b>
Mailing Address PO Box 933		Amount of Each Receipt this Period 250.00
City Devils Lake	State ND	
Zip Code 58301-0933		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Richard Sager Crop Insurance	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Mr. Dan M. Armbrust</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : 6460803</b>
Mailing Address 721 First Ave N PO Box 1958		Amount of Each Receipt this Period 250.00
City Fargo	State ND	
Zip Code 58107-1958		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Dawson Insurance Agency Inc	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	725.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PROFESSIONAL INSURANCE AGENTS POLITICAL ACTION COMMITTEE**

**A. Mr. Richard Lee Lottes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 407  
 City St Genevieve State MO Zip Code 63670-0407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lakenan Insurance Agency Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 6461902**  
 Amount of Each Receipt this Period  
 120.14

**B. Ms. Barbara Mauceri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 Amherst St  
 City Brooklyn State NY Zip Code 11235-4101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JEM Brokerage LLC Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 6461904**  
 Amount of Each Receipt this Period  
 110.00

**C. Mr. Werner W. Blank**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 117 S Main - PO Box 548  
 City Madison State NE Zip Code 68748-0548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bill Blank Agency Inc Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 6461908**  
 Amount of Each Receipt this Period  
 270.14

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.28
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PROFESSIONAL INSURANCE AGENTS POLITICAL ACTION COMMITTEE**

**A. Mr. Paul R. Silva**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 559  
 City Provincetown State MA Zip Code 02657-0559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benson Young & Downs Ins Agcy Inc Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 6461910**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Mark Rostowske**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 608  
 City Stoughton State WI Zip Code 53589-0608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer R & S Insurance Agency Inc Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 6461940**  
 Amount of Each Receipt this Period  
 100.00

**C. Mr. Perry Dryden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 109  
 City Norwalk State OH Zip Code 44857-0109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Battles Insurance Agency Inc Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 6461976**  
 Amount of Each Receipt this Period  
 120.14

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	470.14
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 19
<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**

**A. Mr. Donald E. Suhr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 145 N 5th St  
 PO Box 326  
 City Seward State NE Zip Code 68434-2146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Suhr & Lichty Insurance Agency Inc Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : 6461977**  
 Amount of Each Receipt this Period 500.00

**B. Mr. Craig Reynolds**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 Main St - PO Box 850  
 City New Town State ND Zip Code 58763-0850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Reynolds Insurance Agency Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : 6461978**  
 Amount of Each Receipt this Period 500.00

**C. Mr. Russell Greenhalgh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 43384  
 City Birmingham State AL Zip Code 35243-0384  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Greenhalgh Insurance Inc Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : 6461979**  
 Amount of Each Receipt this Period 225.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1225.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. Mr. Russell Greenhalgh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 43384  
 City Birmingham State AL Zip Code 35243-0384  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Greenhalgh Insurance Inc Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 6462020**  
 Amount of Each Receipt this Period  
 275.00

**B. Mr. Richard A. Savino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 68 Main Street  
 City Warwick State NY Zip Code 10990-1329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Warwick Resource Group LLC Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 6462021**  
 Amount of Each Receipt this Period  
 325.00

**C. Ms. Tina M. Wood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 188  
 City Joplin State MT Zip Code 59531-0188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wood Enterprises Ins Serv Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 6462030**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PROFESSIONAL INSURANCE AGENTS POLITICAL ACTION COMMITTEE**

**A. Mr. Carter A. Peterson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 W 3rd St - Box 100  
 City Wayne State NE Zip Code 68787-1914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northeast Nebraska Ins Agency Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 6462032**  
 Amount of Each Receipt this Period  
 1000.00

**B. Mr. Robert S. Klinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19785 Crystal Rock Drive Suite 301  
 City Germantown State MD Zip Code 20874-4732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Klinger & Associates Inc Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 6462035**  
 Amount of Each Receipt this Period  
 100.00

**C. Mr. Don Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 Dawson St.  
 City Sault Sainte Marie State MI Zip Code 49783-2106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Don Wilson Insurance Agency, Inc. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 6462038**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8515.42

**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)

<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. COLLINS FOR SENATOR**

Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Susan Collins**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: ME District:

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

**Transaction ID : 6448626**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Poliquin For Congress**

Mailing Address PO Box 50

City Oakland State ME Zip Code 04963

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Bruce Poliquin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

**Transaction ID : 6448629**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

2000.00

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

2000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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. Sun Trust Bank**

Mailing Address PO Box 85024

City Richmond State VA Zip Code 23285-5024

Purpose of Disbursement  
Indiv Bank Fees-9/14

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

**Transaction ID : 6510644**

Amount of Each Disbursement this Period

178.83

Indiv Bank Fees-9/14

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

178.83

178.83