

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 8	
	<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. Ms. Dorothea Wesin

Mailing Address  
1640 Powers Ferry Rd #200

City: Marietta State: GA Zip Code: 30067-5491

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2002

FEC ID number of contributing federal political committee.

Name of Employer: Capitol Special Risks Occupation: Insurance Agent Check

Receipt For: 2002 Aggregate Year-to-Date ▼  
Primary  General  Other (specify) ▼ 300.00

Amount of Each Receipt this Period: 300.00

Transaction ID: R47699

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>300.00</b>