

**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 N. Washington Street
 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:
 Feb 20 (M2) X May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 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 (M13)
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 Election on in the State of
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
 (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)
 Election on in the State of
 Termination Report (TER) in the State of

5. Covering Period 04 01 2002 through 04 30 2002

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 R. Bray

Signature of Treasurer Electronically Filed by Kellie R. Bray Date 05 17 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
Professional Insurance Agents Political Action Committee

Report Covering the Period: From: ^h04 ^D01 ^v2002 To: ^h04 ^D30 ^v2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 2002		5720.77
(b) Cash on Hand at Beginning of Reporting Period	30622.80	
(c) Total Receipts (from Line 19)	12609.67	41802.55
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	43232.47	47523.32
7. Total Disbursements (from Line 30)	6300.35	10591.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	36932.12	36932.12
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 (Revised 1/2001)

Page 3

Write or Type Committee Name

Professional Insurance Agents Political Action Committee

Report Covering the Period: From: ^{MM}04 ^{DD}01 ^{YYYY}2002 To: ^{MM}04 ^{DD}30 ^{YYYY}2002

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)	1725.00	
(ii) Unitemized	10875.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12600.00	41785.00
(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 32, page 4)	12600.00	41785.00
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 36, page 4)	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.)	9.67	17.55
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	12609.67	41802.55
20. Total Federal Receipts (subtract Line 18 from Line 19)	12609.67	41802.55

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

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.....	300.35	591.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	300.35	591.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	10000.00
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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	6300.35	10591.20
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	6300.35	10591.20
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	12600.00	41785.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	12600.00	41785.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	300.35	591.20
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	300.35	591.20

**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 / 11	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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. Thomas Arneson

Mailing Address
P.O. Box 464
City State Zip Code
Fergus Falls MN 56538-0464

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Arneson Agency, Inc. Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000007731200002

Full Name (Last, First, Middle Initial)
B. Ms. Elizabeth Luce

Mailing Address
P.O. Box 248
City State Zip Code
Cheyenne WY 82003-0248

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Rocky Mountain Capital Agcy Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000007731300003

Full Name (Last, First, Middle Initial)
C. Mr. Phillip Hunt

Mailing Address
33A S Lake Dr PO Box 508
City State Zip Code
Prestonsburg KY 41853-1913

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 2

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hall-Clark Insurance Agency Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 10000007733000004

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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: (check only one)		PAGE 6 / 11	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
Professional Insurance Agents Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Daniel Czarniak

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2002

Mailing Address
620 Hillcrest Rd. #500

City State Zip Code
Lilburn GA 30047

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
S.G. Czarniak Insurance

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 10000007749600005

B. Full Name (Last, First, Middle Initial)
Mr. Carl Stocklin

Date of Receipt
M M / D D / Y Y Y Y
04 / 12 / 2002

Mailing Address
P.O. Box 11330

City State Zip Code
Cincinnati OH 45211-0330

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Broz Insurance Agency, Inc. Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 10000007750400008

C. Full Name (Last, First, Middle Initial)
Mr. Lewis Wilson

Date of Receipt
M M / D D / Y Y Y Y
04 / 12 / 2002

Mailing Address
P.O. Box 39

City State Zip Code
Cobleskill NY 12043-0039

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Firemark Insurance Agency, Inc. Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 10000007750800007

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: (check only one)		PAGE 7 / 11	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
Professional Insurance Agents Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Susanne Fiol

Date of Receipt
M M / D D / Y Y Y Y
04 / 25 / 2002

Mailing Address
805 Melrose Avenue

City State Zip Code
Bronx NY 10451-4439

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Susanne Fiol Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 10000007770800008

B. Full Name (Last, First, Middle Initial)
Mr. Julian Pace, II

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2002

Mailing Address
PO Box 44070

City State Zip Code
Indianapolis IN 46244-0070

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
M J Schuetz Agency Inc Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 325.00

Transaction ID: 10000007773500009

C.

SUBTOTAL of Receipts This Page (optional)	▶	375.00
TOTAL This Period (last page this line number only)	▶	1725.00

**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)

PAGE 8 / 11

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	26		27		28a		28b		28c
									29

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NAME OF COMMITTEE (In Full)
Professional Insurance Agents Political Action Committee

Full Name (Last, First, Middle Initial) A. Crestar Bank		Date of Disbursement 04 / 30 / 2002	
Mailing Address		Amount of Each Disbursement this Period 300.35	
City Washington	State DC	Zip Code	
Purpose of Disbursement INDIV-BANK FEES-4/02		Candidate Name	Category/ Type
Office Sought: House Senate President			
Disbursement For: Primary General Other (specify) ▼		Transaction ID: 10000007780300002	
State:	District:		

B.

C.

SUBTOTAL of Disbursements This Page (optional)	300.35
TOTAL This Period (last page this line number only)	300.35

**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 9/11

<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				

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NAME OF COMMITTEE (In Full)

Professional Insurance Agents Political Action Committee

<p>A. Shelley Moore Capito for Congress Comm</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 11519 City: Charleston State: WV Zip Code: 25339</p> <p>Purpose of Disbursement YTD:\$1000.00 Shelley Moore Capito, U.S.</p> <p>Candidate Name Mrs. Shelley Moore Capito</p> <p>Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: WV District: 2</p> <p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 04 / 12 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: 10000007745400003</p>
<p>B. Lucas for Congress 2002</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 1726 City: Oklahoma City State: OK Zip Code: 73101</p> <p>Purpose of Disbursement YTD:\$500.00 Frank D. Lucas, U.S. HOUSE 5</p> <p>Candidate Name Frank D. Lucas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: OK District: 5</p> <p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 04 / 12 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: 10000007745500004</p>
<p>C. Shelley Moore Capito for Congress Comm</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 11519 City: Charleston State: WV Zip Code: 25339</p> <p>Purpose of Disbursement YTD:\$1000.00 Shelley Moore Capito, U.S.</p> <p>Candidate Name Mrs. Shelley Moore Capito</p> <p>Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: WV District: 2</p> <p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 04 / 12 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: 10000007745600005</p>

SUBTOTAL of Disbursements This Page (optional) ▶ **1500.00**

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 10 / 11

<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				

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NAME OF COMMITTEE (In Full)
Professional Insurance Agents Political Action Committee

Full Name (Last, First, Middle Initial) A. Richard Baker for Congress Committee		Date of Disbursement 04 / 12 / 2002	
Mailing Address PO Box 1694 City State Zip Code Baton Rouge LA 70821-9990		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 Richard H. Baker, U.S. HOUSE		24K Category/ Type	
Candidate Name Richard H. Baker			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: LA District: 8	Transaction ID: 10000007745700008		

Full Name (Last, First, Middle Initial) B. Friends of Jack Kingston		Date of Disbursement 04 / 12 / 2002	
Mailing Address 7360 Skidaway Rd #05 City State Zip Code Savannah GA 31408		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 Jack Kingston, U.S. HOUSE 1s		24K Category/ Type	
Candidate Name Jack Kingston			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: GA District: 1	Transaction ID: 10000007745800007		

Full Name (Last, First, Middle Initial) C. The Billy Tauzin Committee		Date of Disbursement 04 / 18 / 2002	
Mailing Address 104 Hume Ave. City State Zip Code Alexandria VA 22301		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 W.J. 'Billy' Tauzin, U.S. H		24K Category/ Type	
Candidate Name W.J. 'Billy' Tauzin			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: LA District: 3	Transaction ID: 10000007752800008		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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 11 / 11

<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				

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NAME OF COMMITTEE (In Full)
Professional Insurance Agents Political Action Committee

Full Name (Last, First, Middle Initial) A. Issa for Congress		Date of Disbursement 04 / 18 / 2002	
Mailing Address P.O. Box 2776 City: Arlington State: VA Zip Code: 22202		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Darryl Issa, U.S. HOUSE 481		24K Category/ Type	
Candidate Name Mr. Darryl Issa			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000007752900009	
State: CA District: 46			

Full Name (Last, First, Middle Initial) B. Jim Gerlach For Congress Committee		Date of Disbursement 04 / 18 / 2002	
Mailing Address 911 Welsh Ayres Way City: Downingtown State: PA Zip Code: 19336		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Jim Gerlach, PA		24K Category/ Type	
Candidate Name Mr. Jim Gerlach			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000007753000010	
State: PA District:			

Full Name (Last, First, Middle Initial) C. Matheson For Congress		Date of Disbursement 04 / 18 / 2002	
Mailing Address 677 South 200 West Suite A City: Salt Lake City State: UT Zip Code: 84101		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 James D. (Jim) Matheson, U.S		24K Category/ Type	
Candidate Name James D. (Jim) Matheson			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000007753100011	
State: UT District: 2			

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	6000.00