

**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 |

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 (Last, First, Middle Initial)
Mr. Daniel Czarniak

Mailing Address
620 Hillcrest Rd. #500

City State Zip Code
Lilburn GA 30047

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

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

Mailing Address
P.O. Box 11330

City State Zip Code
Cincinnati OH 45211-0330

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

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

Mailing Address
P.O. Box 39

City State Zip Code
Cobleskill NY 12043-0039

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

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) ▶