

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

APR 29 1 57 PM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Professional Insurance Agents Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 400 N. Washington Street	2. FEC IDENTIFICATION NUMBER C-0000-4884
CITY, STATE and ZIP CODE Alexandria, VA 22314	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 checked="" type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input 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>03/01/99</u> through <u>03/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 20,889.25
(b) Cash on Hand at Beginning of Reporting Period	\$ 17,136.79	
(c) Total Receipts (from Line 19)	\$ 26,609.70	\$ 31,347.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 43,741.49	\$ 52,341.08
7. Total Disbursements (from Line 30)	\$ 11,814.48	\$ 20,414.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 31,927.01	\$ 31,927.01
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 889 E Street, NW Washington, DC 20463 Toll 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
Dean R. Sackett, III

Signature of Treasurer
Dean R. Sackett III

Date
4/20/99

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

FEC FORM 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE Professional Insurance Agents Political Action Committee	REPORT COVERING PERIOD		
	FROM 02/01/90	TO 03/31/90	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	14,125.00	15,375.00	11(a)(i)
ii. Unitemized	12,455.00	15,995.00	11(a)(ii)
iii. Total (add i and ii) >	26,580.00	31,280.00	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 iii, b and c) >	26,580.00	31,280.00	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.)	25.70	67.81	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) >	26,605.70	31,347.81	19
20. Total Federal Receipts (subtract line 18 from line 19) >	26,605.70	31,347.81	20
II. Disbursements			
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	34.46	134.05	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	34.46	134.05	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	11,780.00	20,280.00	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) >	11,814.46	20,414.05	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	11,814.46	20,414.05	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	26,580.00	31,280.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	26,580.00	31,280.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	34.46	134.05	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	34.46	134.05	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 5
FOR LINE NUMBER 11 of

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
W. Scott Miller P.O. Box 88 Pennington, NJ 08534-0088 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Pennington Insurance Services, Inc. Occupation: Insurance Agent Aggregate Year-to-Date > \$ 250.00	03/05/99	250.00
B. Full Name, Mailing Address and ZIP Code Keith Castleberry P.O. Box 710 Atmore, AL 36504-0710 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Maxwell, Haley & Castleberry Occupation: Insurance Agent Aggregate Year-to-Date > \$ 275.00	03/11/99	276.00
C. Full Name, Mailing Address and ZIP Code C. S. Jakes Jr. 417 Main Street PO Box 38 Boswell, PA 15631-1118 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Jakes Ins & Financial Service Occupation: Insurance Agent Aggregate Year-to-Date > \$ 350.00	03/18/99	360.00
D. Full Name, Mailing Address and ZIP Code Don C. Lakvold 104 2nd Ave E Scobey, MT 59263-0680 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Lakvold & Assoc Inc Occupation: Insurance Agent Aggregate Year-to-Date > \$ 250.00	03/23/99	250.00
E. Full Name, Mailing Address and ZIP Code William J. Dea Grosskillers 424 Hanover St Manchester, NH 03104-5101 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Paradis Insurance Agency Inc Occupation: Insurance Agent Aggregate Year-to-Date > \$ 250.00	03/23/99	250.00
F. Full Name, Mailing Address and ZIP Code Ronald B. Lemaster 930 Main Street PO Box 425 South Shore, KY 41175-0425 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Ron Lemaster Insurance Inc Occupation: Insurance Agent Aggregate Year-to-Date > \$ 250.00	03/24/99	250.00
G. Full Name, Mailing Address and ZIP Code Ernest Houston 19 Shawnee Avenue PO Box 1832 Zanesville, OH 43702-1832 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Houston Ins Agency Inc Occupation: Insurance Agent Aggregate Year-to-Date > \$ 250.00	03/24/99	250.00

SUBTOTAL of Receipts This Page (optional)	1,875.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)

Professional Insurance Agents Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John C. Alexander P.O. Box 88 Danville, IL 61834-0088	Heartland Insurance Agency	03/25/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew H. Anderson 12001 Long Beach Blvd Beach Haven, NJ 08008-6270	G Anderson Agency	03/25/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harper M. Young P.O. Box 958 Greenville, MS 38702-0958	Mississippi Insurance Services, Inc.	03/29/99	800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 800.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey E. Frick 380 Stevens Ave Ste 116 Solana Beach, CA 92075-2063	Murris & Frick Ins Agency	03/29/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ray Frankel 3 Wing Drive, Suite 101 Cedar Knolls, NJ 07927-1012	Frankel Insurance Agency	03/30/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lewis L. Wilson P.O. Box 38 Cobleskill, NY 12043-0038	Firemark Insurance Agency, Inc.	03/30/99	3,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 3,500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas M. Healy PO Box 880 Havre, MT 59601-0880	Solem Ins Agency	03/30/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional)

5,700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)

Professional Insurance Agents Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code Rodney B. Laavitt P.O. Box 15350 Las Vegas, NV 89114-5350</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Laavitt Insurance Agency</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 03/30/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Robert B. Gyle III P.O. Box 1826 New Fairfield, CT 06812-1826</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer ALCO Insurance Inc</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/30/99</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Ray L. Feretti P.O. Box 796 Renton, WA 98057-0796</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Hub Insurance Agency</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 275.00</p>	<p>Date (month, day, year) 03/30/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Larry Willis 18401 NW 27th Avenue Miami, FL 33056-8102</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Annette Willis Ins Agcy Inc</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/30/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Steven J. Harter RR 5 Box 438 Ava, MO 65808-9108</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Select Risk Management Inc</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 03/30/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Keith Castleberry P.O. Box 710 Atmore, AL 36504-0710</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Maxwell, Haley & Castleberry</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 425.00</p>	<p>Date (month, day, year) 03/30/99</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Sharon K. Heaton P.O. Box 381 Pontiac, IL 61764-0381</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Heaton Agency Inc</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 03/31/99</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional) **2,050.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 4 OF 5
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

Professional Insurance Agents Political Action Committee

A. Full Name, Mailing Address and ZIP Code Albert Aparicio Jr. P.O. Box 95 Metairie, LA 70004-0095	Name of Employer Aparicio, Walker & Seeling, Inc.	Date (month, day, year) 03/31/99	Amount of Each Receipt this Period 250.00
	Occupation Insurance Agent Aggregate Year-to-Date \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Larry McGillis P.O. Box 358 Portland, ND 58274-0368	Name of Employer Mayport Insurance & Realty, Inc.	Date (month, day, year) 03/31/99	Amount of Each Receipt this Period 250.00
	Occupation Insurance Agent Aggregate Year-to-Date \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Gordon L. Miller 12750 W North Ave Brookfield, WI 53005-4607	Name of Employer Mid-Towne Insurance Center, Inc.	Date (month, day, year) 03/31/99	Amount of Each Receipt this Period 250.00
	Occupation Insurance Agent Aggregate Year-to-Date \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Eugene E. Sberna P.O. Box 5001; 1154 Winwood Dr Lake Forest, IL 60046-5001	Name of Employer Sberna & Associates Insurance Agency, Inc.	Date (month, day, year) 03/31/99	Amount of Each Receipt this Period 250.00
	Occupation Insurance Agent Aggregate Year-to-Date \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code John G. Riley P.O. Box 4078 Salisbury, NC 28145-4078	Name of Employer Central Carolina Insurance Agency, Inc.	Date (month, day, year) 03/31/99	Amount of Each Receipt this Period 250.00
	Occupation Insurance Agent Aggregate Year-to-Date \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Elizabeth B. Luca P.O. Box 248 Cheyenne, WY 82003-0248	Name of Employer Rocky Mountain Capital Agcy	Date (month, day, year) 03/31/99	Amount of Each Receipt this Period 600.00
	Occupation Insurance Agent Aggregate Year-to-Date \$ 575.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Robert C. Shanley P.O. Box 2803 New Haven, CT 06535-0603	Name of Employer Hamilton Klarman Shanley Inc	Date (month, day, year) 03/31/99	Amount of Each Receipt this Period 250.00
	Occupation Insurance Agent Aggregate Year-to-Date \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 2,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Professional Insurance Agents Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald E. Suhr P.O. Box 328 Seward, NE 68434-0328 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Suhr-Lichty Insurance Agency Inc Occupation: Insurance Agent Aggregate Year-to-Date > \$ 500.00	03/31/99	900.00
John N. Watson P.O. Box 2427 Great Falls, MT 59403-2427 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	First American Insurance Agency, Inc. Occupation: Insurance Agent Aggregate Year-to-Date > \$ 250.00	03/31/99	250.00
Kathleen F. Silvia P.O. Box 430 Centerville, MA 02632-0430 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Fair Insurance Agency, Inc. Occupation: Insurance Agent Aggregate Year-to-Date > \$ 250.00	03/31/99	250.00
Stephen E. Watkins Jr. P.O. Box 360 South Hill, VA 23070-0360 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Watkins Insurance Agency Inc Occupation: Insurance Agent Aggregate Year-to-Date > \$ 575.00	03/31/99	500.00
Harper M. Young P.O. Box 958 Greenville, MS 38702-0958 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Mississippi Insurance Services, Inc. Occupation: Insurance Agent Aggregate Year-to-Date > \$ 1,050.00	03/31/99	250.00
Donald H. Flanders P.O. Box 1346 Laconia, NH 03247-1346 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Byse Agency, Inc. Occupation: Insurance Agent Aggregate Year-to-Date > \$ 250.00	03/31/99	250.00
Thomas V. Arneson PO Box 464 Fergus Falls, MN 56538-0464 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Arneson Agency, Inc. Occupation: Insurance Agent Aggregate Year-to-Date > \$ 500.00	03/31/99	500.00

SUBTOTAL of Receipts This Page (optional) 2,500.00

TOTAL This Period (last page this line number only) 14,125.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER

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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
Friends of Ron Packard PO Box 1649 Carlsbad, CA 92008	Ron Packard, U.S. HOUSE 48th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/11/99	600.00
B. Full Name, Mailing Address and ZIP Code Volunteers for Shimkus P.O. Box 6468 Springfield, IL 62704	Purpose of Disbursement 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	03/11/99	500.00
C. Full Name, Mailing Address and ZIP Code Friends of Roy Blunt P.O. Box 278 Strafford, MO 65757	Purpose of Disbursement Roy Blunt, U.S. HOUSE 7th MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/11/99	500.00
D. Full Name, Mailing Address and ZIP Code Knollenberg for Congress Committee 27877 Orchard Lake Rd Farmington Hills, MI 48334	Purpose of Disbursement Joe Knollenberg, U.S. HOUSE 11th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/11/99	500.00
E. Full Name, Mailing Address and ZIP Code NRCC 320 First St SE Washington, DC 20003	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 Year	03/11/99	2,000.00
F. Full Name, Mailing Address and ZIP Code Dean Sackett 400 N Washington St Alexandria, VA 22314	Purpose of Disbursement Sackett exp rpt - In-Kind Mary Bono 2-28-98 event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/11/99	1,900.00 (In-Kind)
G. Full Name, Mailing Address and ZIP Code Mary Bono Committee PO Box 2776 Arlington, VA 22202	Purpose of Disbursement Sackett exp rpt - In-Kind Mary Bono 2-28-98 event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/11/99	1,900.00 (Memo In-Kind)
H. Full Name, Mailing Address and ZIP Code Pat Roberts for U.S. Senate P.O. Box 433 Great Bend, KS 67531	Purpose of Disbursement Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002	03/11/99	-500.00
I. Full Name, Mailing Address and ZIP Code Freedom Project 111 G St, SE Washington, DC 20003	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1999 Year	03/16/99	500.00

SUBTOTAL of Disbursements This Page (optional)

6,900.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 22

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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
Committee for the Preservation of Capitalism P.O. Box 22814 Alexandria, VA 22304	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	03/16/99	500.00
B. Full Name, Mailing Address and ZIP Code Leadership PAC 2000 616 King St #420 Alexandria, VA 22314	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1999 Year	03/16/99	500.00
C. Full Name, Mailing Address and ZIP Code Rick Hill for Congress PO Box 1256 Helena, MT 59624	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/18/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Carol Powers Photography 1429 Waterfront Rd Reston, VA 20194	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/16/99	380.00 (In-Kind)
E. Full Name, Mailing Address and ZIP Code Heather Wilson for Congress 5400 San Mateo, Ste G Albuquerque, NM 87109	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/16/99	380.00 (Memo In-Kind)
F. Full Name, Mailing Address and ZIP Code Bill Nelson for U.S. Senate P.O. Box 10962 Tallahassee, FL 32302	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/31/99	1,000.00
G. Full Name, Mailing Address and ZIP Code Capuano for Congress Committee 880 Broadway Somerville, MA 02144	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/31/99	500.00
H. Full Name, Mailing Address and ZIP Code Freedom Project 111 C St, SE Washington, DC 20003	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1999 Year	03/31/99	2,000.00
I. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

5,880.00

TOTAL This Period (last page this line number only)

11,700.00

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 4-26-99
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<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
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 <i>JMN</i> PREPARER	 4-29-99 DATE PREPARED