

**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 North Washington St
Check if different than previously reported. (ACC) Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00004994
CITY **STATE** **ZIP CODE**
3. **IS THIS REPORT** **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT (Choose One)**
(a) Quarterly Reports:
Feb 20 (M2) 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) (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)
Termination Report (TER) Election on in the State of

5. Covering Period 02 01 2003 through 02 28 2003

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 Ms. Kellie Bray
Signature of Treasurer Electronically Filed by Ms. Kellie Bray Date 03 19 2003

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: ^h02 ^D01 ^v2003 To: ^h02 ^D28 ^v2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 2003		8948.95
(b) Cash on Hand at Beginning of Reporting Period	9183.48	
(c) Total Receipts (from Line 19)	5551.17	5802.32
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	14734.65	14751.27
7. Total Disbursements (from Line 30)	55.79	72.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14678.86	14678.86
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: ^W02 ^D01 ^Y2003 To: ^W02 ^D28 ^Y2003

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)	4400.00	
(ii) Unitemized	1150.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5550.00	5800.00
(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)	5550.00	5800.00
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.)	1.17	2.32
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)	5551.17	5802.32
20. Total Federal Receipts (subtract Line 18 from Line 19)	5551.17	5802.32

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.....	55.79	72.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	55.79	72.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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)..... ▶	55.79	72.41
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	55.79	72.41
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	5800.00	5800.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	5800.00	5800.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	55.79	72.41
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	55.79	72.41

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

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

FOR LINE NUMBER: PAGE 5 / 13

(check only one)

11a 11b 11c 12
 13 14 15 16 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. Mr. Thomas V. Ameson

Mailing Address

108 West Lincoln Avenue

City

State

Zip Code

Fergus Falls

MN

56537

Date of Receipt

N M / D E / Y Y Y Y
02 / 21 / 2003

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Ameson Agency, Inc.

Occupation

Credit Card

Receipt For: 2004

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: R47632

Full Name (Last, First, Middle Initial)

B. Ms. Branda Case

Mailing Address

PO Box 430

City

State

Zip Code

Slidell

LA

70459-0430

Date of Receipt

N M / D E / Y Y Y Y
02 / 11 / 2003

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Lowry-Durham Insurance

Occupation

Check

Receipt For: 2004

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: R47817

Full Name (Last, First, Middle Initial)

C. Ms. Elizabeth B. Luce

Mailing Address

500 West 27th Street

City

State

Zip Code

Cheyenne

WY

82001

Date of Receipt

N M / D E / Y Y Y Y
02 / 21 / 2003

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Rocky Mountain Capital Agency

Occupation

Credit Card

Receipt For: 2004

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: R47837

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 13

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

A. Full Name (Last, First, Middle Initial)
Mr. Larry McGillis

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2003

Mailing Address
713 Parke Avenue

City State Zip Code
Portland ND 58274

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Credit Card
Mayport Insurance & Realty, Inc.

Receipt For: 2004 Aggregate Year-to-Date ▼
X Primary General 500.00
Other (specify) ▼

Transaction ID: R47830

B. Full Name (Last, First, Middle Initial)
Mr. Kari Morrell

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2003

Mailing Address
275 E Bay St PO Box 432

City State Zip Code
Magnolia MS 39652-0432

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Check
Morrell Agency Inc

Receipt For: 2004 Aggregate Year-to-Date ▼
X Primary General 250.00
Other (specify) ▼

Transaction ID: R47823

C. Full Name (Last, First, Middle Initial)
Mr. Kari Morrell

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2003

Mailing Address
275 E Bay St PO Box 432

City State Zip Code
Magnolia MS 39652-0432

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Check
Morrell Agency Inc

Receipt For: 2004 Aggregate Year-to-Date ▼
X Primary General 250.00
Other (specify) ▼

Transaction ID: R47853

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 / 13	
	<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. W. N. Oliver, Jr.

Mailing Address
1045 Flynt Drive Suite C-1
City State Zip Code
Flowood MS 39208

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer The Insurance Mart Occupation Credit Card

Receipt For: 2004 Aggregate Year-to-Date ▼
X Primary General 500.00
Other (specify) ▼

Transaction ID: R47829

B. Full Name (Last, First, Middle Initial)
Mr. W. N. Oliver, Jr.

Mailing Address
1045 Flynt Drive Suite C-1
City State Zip Code
Flowood MS 39208

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer The Insurance Mart Occupation Credit Card

Receipt For: 2004 Aggregate Year-to-Date ▼
X Primary General 500.00
Other (specify) ▼

Transaction ID: R47845

C. Full Name (Last, First, Middle Initial)
Mr. Glen R. Page

Mailing Address
1394 Dexter Lane
City State Zip Code
Cordova TN 38018

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Page, Cheffin & Riggins Insurance Occupation Credit Card

Receipt For: 2004 Aggregate Year-to-Date ▼
X Primary General 250.00
Other (specify) ▼

Transaction ID: R47827

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 8 / 13

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. Full Name (Last, First, Middle Initial)
Mr. Robert P. Page

Mailing Address
7518 Main Street

City State Zip Code
Houma LA 70361

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Charles Page & Sons Ins Agency

Check

Receipt For: 2004 Aggregate Year-to-Date ▼
X Primary General 500.00
Other (specify) ▼

Transaction ID: R47821

B. Full Name (Last, First, Middle Initial)
Mr. Clark Sizem

Mailing Address
3205 Northeast 78th St #104

City State Zip Code
Vancouver WA 98665

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2003

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PIA of WA/PA

Credit Card

Receipt For: 2004 Aggregate Year-to-Date ▼
X Primary General 300.00
Other (specify) ▼

Transaction ID: R47834

C. Full Name (Last, First, Middle Initial)
Mr. Clark Sizem

Mailing Address
3205 Northeast 78th St #104

City State Zip Code
Vancouver WA 98665

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2003

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PIA of WA/PA

Credit Card

Receipt For: 2004 Aggregate Year-to-Date ▼
X Primary General 300.00
Other (specify) ▼

Transaction ID: R47835

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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: PAGE 9 / 13

(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

Full Name (Last, First, Middle Initial)
A. Mr. Robert M. Spalding, Sr.

Mailing Address
101 South Main Street

City State Zip Code
Perry MI 48872

Date of Receipt
M M / D D / Y Y Y Y
02 / 11 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Spalding Insurance Agency, Inc.

Check

Receipt For: 2004 Aggregate Year-to-Date ▼
X Primary General 750.00
Other (specify) ▼

Transaction ID: R47815

Full Name (Last, First, Middle Initial)
B. Mr. Robert M. Spalding, Sr.

Mailing Address
101 South Main Street

City State Zip Code
Perry MI 48872

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Spalding Insurance Agency, Inc.

Credit Card

Receipt For: 2004 Aggregate Year-to-Date ▼
X Primary General 750.00
Other (specify) ▼

Transaction ID: R47839

Full Name (Last, First, Middle Initial)
C. Mr. John Walton

Mailing Address
PO Box 280

City State Zip Code
Florence MS 39075-0280

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Walton Insurance Agency Inc Insurance Agency Owner/Principal

Credit Card

Receipt For: 2004 Aggregate Year-to-Date ▼
X Primary General 250.00
Other (specify) ▼

Transaction ID: R47831

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 10 / 13	
	<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. Stephen E. Watkins, Jr.

Mailing Address
133 N. Mecklenburg Avenue

City State Zip Code
South Hill VA 23070

Date of Receipt
M M / D D / Y Y Y Y
02 / 11 / 2003

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Watkins Insurance Agency Inc

Check

Receipt For: 2004 Aggregate Year-to-Date ▼
X Primary General 350.00
Other (specify) ▼

Transaction ID: R47816

B. Full Name (Last, First, Middle Initial)
Mr. Stephen E. Watkins, Jr.

Mailing Address
133 N. Mecklenburg Avenue

City State Zip Code
South Hill VA 23070

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Watkins Insurance Agency Inc

Credit Card

Receipt For: 2004 Aggregate Year-to-Date ▼
X Primary General 350.00
Other (specify) ▼

Transaction ID: R47833

C.

SUBTOTAL of Receipts This Page (optional)	▶	350.00
TOTAL This Period (last page this line number only)	▶	4400.00

**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 11 / 13
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Individual

Mailing Address
P.O. Box 85024
City Richmond State VA Zip Code 23285-5024

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2008

Amount of Each Receipt this Period
1.17

FEC ID number of contributing federal political committee.

Name of Employer Sun Trust Bank Occupation Interest

Receipt For: 2008 Aggregate Year-to-Date ▼
Primary General
X Other (specify) ▼ 2.32

Transaction ID: R47675

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	1.17
TOTAL This Period (last page this line number only)	▶	1.17

**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 12 / 13

<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

<p>Full Name (Last, First, Middle Initial)</p> <p>A. Sun Trust Bank</p> <p>Mailing Address</p> <p>P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285-5024</p> <p>Purpose of Disbursement Bank Charges</p> <p>Candidate Name</p>		<p>Date of Disbursement</p> <p>02 / 26 / 2003</p> <p>Amount of Each Disbursement this Period</p> <p>55.79</p> <p>Bank Charges</p> <p>Transaction ID: D1647</p>
<p>Office Sought: House Senate President</p> <p>State: District:</p>	<p>Disbursement For: 2003</p> <p>Primary General</p> <p>X Other (specify) Other</p>	<p>Category/Type</p>

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	55.79
TOTAL This Period (last page this line number only)	▶	55.79

**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)

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<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. Renzi For Congress		Date of Disbursement 02 / 13 / 2003	
Mailing Address 122 E. Route 66 Suite 2 City: Flagstaff State: AZ Zip Code: 86001 PO Box 219		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: Richard Renzi (AZ-1-R)		Contribution: Richard Renzi (AZ-1-R)	
Candidate Name Rick Renzi (AZ-1-R)			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 1		Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	
		Transaction ID: D1628	

Full Name (Last, First, Middle Initial) B. Ted Stevens For Senate		Date of Disbursement 02 / 28 / 2003	
Mailing Address 505 Capital Ct NE #200 City: Washington State: DC Zip Code: 20002		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement Returned Check #2662 dated 06/04/2001 to		Returned Check #2662 dated 06/04/2001 for Ted Stevens (AK-1-R).	
Candidate Name Ted Stevens (AK-1-R)			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 1		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	
		Transaction ID: D1648	

C.

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00