

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
PROFESSIONAL INSURANCE AGENTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)
Check if different than previously reported. (ACC) Alexandria VA 22314

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 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 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 Mr. Mike Becker

Signature of Treasurer Mr. Mike Becker [Electronically Filed] Date / /

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 (Rev. 02/2003)

Write or Type Committee Name

PROFESSIONAL INSURANCE AGENTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		106492.83
(b) Cash on Hand at Beginning of Reporting Period.....	101393.88	
(c) Total Receipts (from Line 19)	6392.40	8027.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	107786.28	114520.78
7. Total Disbursements (from Line 31).....	6239.37	12973.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	101546.91	101546.91
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 (Rev. 06/2004)

Write or Type Committee Name

PROFESSIONAL INSURANCE AGENTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

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).....	5435.00	6515.00
(ii) Unitemized	945.00	1490.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	6380.00	8005.00
(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 33, page 5)	6380.00	8005.00
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 37, page 5).....	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.).....	12.40	22.95
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	6392.40	8027.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6392.40	8027.95

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	239.37	373.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	239.37	373.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	12600.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6239.37	12973.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6239.37	12973.87

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	6380.00	8005.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6380.00	8005.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	239.37	373.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	239.37	373.87

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

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

FOR LINE NUMBER: PAGE 6 OF 12
(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. Daniel M. Henery

Mailing Address 120 W Stevenson St
PO Box 67

City Gibsonburg State OH Zip Code 43431-0067

FEC ID number of contributing federal political committee. **C**

Name of Employer Security Service Inc Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
490.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2015
Transaction ID : 6770958

Amount of Each Receipt this Period
490.00

Full Name (Last, First, Middle Initial)
B. Mr. Michael R. Just

Mailing Address PO Box 468

City Hazen State ND Zip Code 58545-0468

FEC ID number of contributing federal political committee. **C**

Name of Employer Stroup Insurance Inc Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2015
Transaction ID : 6770960

Amount of Each Receipt this Period
295.00

Full Name (Last, First, Middle Initial)
C. Mr. Dan Weber

Mailing Address PO Box 594

City Casselton State ND Zip Code 58012-0594

FEC ID number of contributing federal political committee. **C**

Name of Employer Weber Insurance Agency Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2015
Transaction ID : 6770962

Amount of Each Receipt this Period
390.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1175.00

TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 12
(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

A. Ms. Amy Winter
 Full Name (Last, First, Middle Initial)
 Mailing Address 645 West Fir Avenue
 City State Zip Code
 Fergus Falls MN 56537-1348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Midwest Insurance Agency, Inc.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2015
Transaction ID : 6770967
 Amount of Each Receipt this Period
 245.00

B. Ms. Patricia A. Borowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 North Washington Street
 City State Zip Code
 Alexandria VA 22314-2367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Company Counsel of Executive Officers Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2015
Transaction ID : 6788964
 Amount of Each Receipt this Period
 250.00

C. Mr. Ronald G. Bixby
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box D
 City State Zip Code
 Ludlow VT 5149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ludlow Insurance Agency Inc
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2015
Transaction ID : 6788966
 Amount of Each Receipt this Period
 390.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 885.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 12
	<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

A. Ms. Patricia A. Borowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 North Washington Street
 City Alexandria State VA Zip Code 22314-2367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Company Counsel of Executive Officers Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 02 / 11 / 2015
Transaction ID : 6789476
 Amount of Each Receipt this Period 195.00

B. Mr. Richard B. Elliott
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1348
 City Yakima State WA Zip Code 98907-1348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Elliott Ins Service Inc Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 23 / 2015
Transaction ID : 6808435
 Amount of Each Receipt this Period 250.00

C. Ms. Elizabeth B. Luce
 Full Name (Last, First, Middle Initial)
 Mailing Address P0 Box 248
 City Cheyenne State WY Zip Code 82003-0248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rocky Mountain Capital Agency Occupation President & Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 23 / 2015
Transaction ID : 6808436
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1445.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 12
(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. Christopher Mills

Mailing Address 4525 Harding Road, Ste 244

City State Zip Code
 Nashville TN 37205-2374

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Mills Insurance Agency Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2015
Transaction ID : 6808437

Amount of Each Receipt this Period
 215.00

Full Name (Last, First, Middle Initial)
B. Mr. Wayne White

Mailing Address PO Box 860

City State Zip Code
 Bryant AR 72089-0860

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Eagle Management Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 295.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2015
Transaction ID : 6808439

Amount of Each Receipt this Period
 295.00

Full Name (Last, First, Middle Initial)
C. Mr. Steve Peay

Mailing Address PO Box 17800
 5900 Poplar Avenue, Suite 100 (381

City State Zip Code
 Memphis TN 38187-0800

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Boyle Insurance Agency Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2015
Transaction ID : 6808440

Amount of Each Receipt this Period
 390.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Mr. Gareth W. Blackwell Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 340
 City State Zip Code
 Corinth ME 04427-0340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blackwell Insurance Agency President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2015
Transaction ID : 6808441
 Amount of Each Receipt this Period
 390.00

B. Jessica Cottingham
 Full Name (Last, First, Middle Initial)
 Mailing Address PO box 1046
 City State Zip Code
 Underwood ND 58576-1046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cottingham INsurance Agency
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2015
Transaction ID : 6808446
 Amount of Each Receipt this Period
 250.00

C. Mr. Joseph R. Plaetz
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 125
 City State Zip Code
 Lucan MN 56255-0125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Granite Rock Insurance Agency
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : 6813996
 Amount of Each Receipt this Period
 390.00

SUBTOTAL of Receipts This Page (optional).....▶	1030.00
TOTAL This Period (last page this line number only).....▶	5435.00

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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. Sun Trust Bank

Mailing Address PO Box 85024

City Richmond State VA Zip Code 23285-5024

Purpose of Disbursement
Indiv Bank Fees - 2/15

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6885414

Amount of Each Disbursement this Period

Indiv Bank Fees - 2/15

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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)

<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	<input type="checkbox"/> 30b

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. Friends Of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City State Zip Code
New York NY 10016

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Charles Schumer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 12 / 2015

Transaction ID : 6789536

Amount of Each Disbursement this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

B. PETE KING FOR CONGRESS COMMITTEE

Mailing Address POST OFFICE BOX 1428

City State Zip Code
SEAFORD NY 11783

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Peter T. King

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 25 / 2015

Transaction ID : 6813162

Amount of Each Disbursement this Period

5000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

TOTAL This Period (last page this line number only)..... ▶

6000.00