

A. Form/Schedule : **F3XA**

Transaction ID :

This amended report reflects changes on Schedule B, Line 23. It fixes clerical errors relative to disbursements made to previous campaigns. Per a conversation with the FEC Reports Analysis Division on Monday, August 1, this amended report and memo explanation rectify and properly address the letter (dated July 28, 2011) notifying us of this error.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Professional Insurance Agents Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		88036.93
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	93387.17									
(c) Total Receipts (from Line 19)	13361.29	20402.08								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	106748.46	108439.01								
7. Total Disbursements (from Line 31)	9702.21	11392.76								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	97046.25	97046.25								
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**

Write or Type Committee Name

Professional Insurance Agents Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	7342.24	11313.36
(ii) Unitemized	6016.12	9080.03
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13358.36	20393.39
(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)	13358.36	20393.39
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.)	2.93	8.69
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 Transfer (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))	13361.29	20402.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13361.29	20402.08

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.....	202.21	392.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	202.21	392.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	9500.00	11000.00
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. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	9702.21	11392.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9702.21	11392.76

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)	13358.36	20393.39
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13358.36	20393.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	202.21	392.76
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	202.21	392.76

**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 7 / 17
	<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.	Full Name (Last, First, Middle Initial) Dan M. Armbrust	Date of Receipt MM / DD / YYYY 03 / 25 / 2011
	Mailing Address 721 First Ave N PO Box 1958	Transaction ID: C1265967
	City Fargo State ND Zip Code 58107-1958	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Dawson Insurance Agency Inc Occupation Insurance Agent Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

B.	Full Name (Last, First, Middle Initial) Norman F. Basso	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 2555 Kingston Rd, Suite 100	Transaction ID: C1265981
	City York State PA Zip Code 17402	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer E.K. McConkey & Co., Inc. Occupation Insurance Agent Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

C.	Full Name (Last, First, Middle Initial) Gareth W. Blackwell, Jr.	Date of Receipt MM / DD / YYYY 03 / 01 / 2011
	Mailing Address PO Box 340	Transaction ID: C1251189
	City Corinth State ME Zip Code 04427-0340	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Blackwell Insurance Agency Occupation Insurance Agent Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00

SUBTOTAL of Receipts This Page (optional)	850.00
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 8 / 17
(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

A. Full Name (Last, First, Middle Initial)
Werner W. Blank

Mailing Address 117 S Main - PO Box 548

City State Zip Code
Madison NE 68748-0548

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

Name of Employer: Bill Blank Agency Inc Occupation: Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 271.12

Date of Receipt: 03 / 01 / 2011
Transaction ID: C1251183
 Amount of Each Receipt this Period: 271.12

B. Full Name (Last, First, Middle Initial)
Patricia A. Borowski

Mailing Address 400 North Washington Street

City State Zip Code
Alexandria VA 22314

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

Name of Employer: Company Counsel of Executive Officers Occupation: Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 31 / 2011
Transaction ID: C1265978
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Henry E. Budnik

Mailing Address 7358 N Lincoln, Suite 160

City State Zip Code
Lincolnwood IL 60712-1797

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

Name of Employer: The Lesser Agency Occupation: Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 15 / 2011
Transaction ID: C1255978
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **771.12**

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 / 17
(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

A. Full Name (Last, First, Middle Initial)
John W. Burnette, Jr.
 Mailing Address 1423 S Anderson St
PO Box 455
 City Elwood State IN Zip Code 46036-0455
 Date of Receipt 03 / 15 / 2011
Transaction ID: C1255982
 Amount of Each Receipt this Period 271.12
 FEC ID number of contributing federal political committee. C
 Name of Employer Burnette-Dellinger Ins Agency Inc Occupation Insurance Agent
 Receipt For: 2012
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date 271.12

B. Full Name (Last, First, Middle Initial)
David W. Cassidy
 Mailing Address 376 West O'Brien Drive
 City Agana State GU Zip Code 96910-5046
 Date of Receipt 03 / 31 / 2011
Transaction ID: C1265987
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Cassidy's Associated Insurers Inc Occupation Insurance Agent
 Receipt For: 2012
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date 250.00

C. Full Name (Last, First, Middle Initial)
Richard B. Elliott
 Mailing Address PO Box 1348
 City Yakima State WA Zip Code 98907-1348
 Date of Receipt 03 / 01 / 2011
Transaction ID: C1251180
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Elliott Ins Service Inc Occupation Insurance Agent
 Receipt For: 2012
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date 500.00

SUBTOTAL of Receipts This Page (optional) ► 1021.12
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 10 / 17
(check only one)

<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

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

A.

Full Name (Last, First, Middle Initial) Doug Finn		Date of Receipt MM / DD / YYYY 03 / 15 / 2011	
Mailing Address 3261 Broad Street PO Box 2499		Transaction ID: C1255963	
City Dexter	State MI	Zip Code 48130	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Finn's J M & J Insurance Agency Inc		Occupation Insurance Agent	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Robert B. Gyle, III		Date of Receipt MM / DD / YYYY 03 / 01 / 2011	
Mailing Address 6 Milltown Rd PO Drawer G		Transaction ID: C1251193	
City New Fairfield	State CT	Zip Code 06812-4815	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer BGI Associates		Occupation Insurance Agent	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Diane J. Houston		Date of Receipt MM / DD / YYYY 03 / 28 / 2011	
Mailing Address 20 Shawnee Ave PO Box 1832		Transaction ID: C1265960	
City Zanesville	State OH	Zip Code 43701	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Houston Insurance		Occupation Insurance Agent	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 17
(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

A. Full Name (Last, First, Middle Initial)
Walter M. Johnson

Mailing Address 502 Oak St
PO Box 513

City State Zip Code
Lisbon ND 58054-4141

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

Name of Employer Occupation
Walock-Johnson Insurance Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2011

Transaction ID: C1251199

Amount of Each Receipt this Period
200.00

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

Mailing Address PO Box 368

City State Zip Code
Portland ND 58274

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

Name of Employer Occupation
Mayport Insurance & Realty Inc Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2011

Transaction ID: C1251182

Amount of Each Receipt this Period
41.67

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

Mailing Address PO Box 368

City State Zip Code
Portland ND 58274

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

Name of Employer Occupation
Mayport Insurance & Realty Inc Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2011

Transaction ID: C1265958

Amount of Each Receipt this Period
458.33

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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 12 / 17
	<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	

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

A.	Full Name (Last, First, Middle Initial) Nancy Sue Peachey		Date of Receipt MM / DD / YYYY 03 / 01 / 2011		
	Mailing Address PO Box 8644		Transaction ID: C1251197		
	City Pratt	State KS	Zip Code 67124	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Peachey Insurance Agency Inc		
Occupation Insurance Agent		Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 250.00					

B.	Full Name (Last, First, Middle Initial) James C. Percy, Jr.		Date of Receipt MM / DD / YYYY 03 / 08 / 2011		
	Mailing Address PO Box 69		Transaction ID: C1251228		
	City Blackfoot	State ID	Zip Code 83221	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Conquest Insurance Agency Inc		
Occupation Insurance Agent		Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 1000.00					

C.	Full Name (Last, First, Middle Initial) Connie E. Phillips		Date of Receipt MM / DD / YYYY 03 / 08 / 2011		
	Mailing Address 605 W Patrick St		Transaction ID: C1251208		
	City Frederick	State MD	Zip Code 21701	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Connie Phillips Insurance Inc		
Occupation Insurance Agent		Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 250.00					

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 13 / 17

(check only one)

<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

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

A.

Full Name (Last, First, Middle Initial)
Gene Rode

Mailing Address PO Box 39

City Marion State ND Zip Code 58466-0039

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

Name of Employer Dickey-Marion Insurance Occupation Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 01 / 2011

Transaction ID: C1251202

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Chuck Simpson

Mailing Address 8247 Leavenworth Rd

City Kansas City State KS Zip Code 66109

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

Name of Employer C & G Insurance Agency Occupation Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 01 / 2011

Transaction ID: C1251201

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
June Wilkinson Taylor

Mailing Address PO Box 159

City White House State TN Zip Code 37188-0159

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

Name of Employer Wilkinson Insurance Agency Occupation Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 01 / 2011

Transaction ID: C1251203

Amount of Each Receipt this Period

250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 17
	(check only one)	
<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

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

A.

Full Name (Last, First, Middle Initial) Ray E. Thomes		Date of Receipt MM / DD / YYYY 03 / 15 / 2011
Mailing Address 100 Central Ave PO Box 339		Transaction ID: C1255977
City Buffalo	State MN	Zip Code 55313-0339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Thomes Ins Agency Inc	Occupation Insurance Agent	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Harper M. Young		Date of Receipt MM / DD / YYYY 03 / 01 / 2011
Mailing Address PO Box 958		Transaction ID: C1251181
City Greenville	State MS	Zip Code 38702-0958
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer South Group Insurance Ser- vices - Green	Occupation Insurance Agent	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	7342.24

**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 15 / 17

<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

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NAME OF COMMITTEE (In Full)

Professional Insurance Agents Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sun Trust Bank

Mailing Address PO Box 85024

City
Richmond

State
VA

Zip Code
23285-5024

Purpose of Disbursement
Indiv Bank Fees - 3/11

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: D116159

Date of Disbursement

/ /

Amount of Each Disbursement this Period

202.21

SUBTOTAL of Disbursements This Page (optional)

202.21

TOTAL This Period (last page this line number only)

202.21

**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

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

<p>A. Full Name (Last, First, Middle Initial) REHBERG FOR CONGRESS</p> <p>Mailing Address PO Box 1597</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement Contribution to federal candidate</p> <p>Candidate Name Rep. Denny Rehberg</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D115538 Date of Disbursement 03 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) JOE WALSH FOR CONGRESS COMMITTEE, INC.</p> <p>Mailing Address P.O. BOX 56 830 W. ROUTE 22</p> <p>City LAKE ZURICH State IL Zip Code 60047</p> <p>Purpose of Disbursement Contribution to Federal candidate</p> <p>Candidate Name Rep. Joe Walsh</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D115793 Date of Disbursement 03 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) JUDY BIGGERT FOR CONGRESS</p> <p>Mailing Address P.O. Box 637</p> <p>City Hinsdale State IL Zip Code 60522</p> <p>Purpose of Disbursement Contribution to federal candidate</p> <p>Candidate Name Rep. Judy Biggert</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D115539 Date of Disbursement 03 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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 17 / 17

<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

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

A.

Full Name (Last, First, Middle Initial)
MICHAEL GRIMM FOR CONGRESS

Transaction ID: D115537

Date of Disbursement

Mailing Address 560 9th Street

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	1	1

City State Zip Code
Brooklyn NY 11215

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution to federal candidate

--

Category/
Type

Candidate Name
Rep. Michael G. Grimm

Office Sought: House
 Senate
 President
State: NY District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

TOTAL This Period (last page this line number only) ►

9500.00
