

# 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 N. Washington St.  
Check if different than previously reported. (ACC) Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00004994  
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 Quarterly 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 (12G)  
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 03 01 2010 through 03 31 2010

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 Mike Becker

Signature of Treasurer Electronically Filed by Mike Becker Date 04 20 2010

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

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**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	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		66477.24
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	86788.07									
(c) Total Receipts (from Line 19) .....	18739.67	40962.17								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	105527.74	107439.41								
7. Total Disbursements (from Line 31) .....	7842.91	9754.58								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	97684.83	97684.83								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	12200.00	23860.20
(ii) Unitemized .....	5536.67	16094.04
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	17736.67	39954.24
(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) .....	17736.67	39954.24
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 .....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	3.00	7.93
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)) .....	18739.67	40962.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18739.67	40962.17

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	342.91	754.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	342.91	754.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	10000.00
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	-1000.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	-1000.00
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))..	7842.91	9754.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7842.91	9754.58

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 21

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 .....	17736.67	39954.24
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	-1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17736.67	40954.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	342.91	754.58
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	342.91	754.58

**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 6 / 21
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas C. Adderhold	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 3321 N Berkley Lake Rd., Ste 200 PO Box 1719	<b>Transaction ID:</b> C904206
	City State Zip Code Duluth GA 30096	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Preferred Insurance Agency Inc Occupation Insurance Agent Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas C. Adderhold	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 3321 N Berkley Lake Rd., Ste 200 PO Box 1719	<b>Transaction ID:</b> C904436
	City State Zip Code Duluth GA 30096	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Preferred Insurance Agency Inc Occupation Insurance Agent Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas V. Arneson	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address PO Box 464	<b>Transaction ID:</b> C904172
	City State Zip Code Fergus Falls MN 56537-0464	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Arneson Agency Inc Occupation Insurance Agent Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</b>
<b>TOTAL</b> 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 / 21  
(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)  
Jimmy C. Beathard  
Mailing Address PO Box 2821  
City Conroe State TX Zip Code 77305-2821  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Beathard Insurance Agency Inc Occupation Insurance Agent  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 24 / 2010  
Transaction ID: C904176  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Gareth W. Blackwell, Jr.  
Mailing Address PO Box 340  
City Corinth State ME Zip Code 04427-0340  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Blackwell Insurance Agency Occupation Insurance Agent  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 24 / 2010  
Transaction ID: C904419  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Gareth W. Blackwell, Jr.  
Mailing Address PO Box 340  
City Corinth State ME Zip Code 04427-0340  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Blackwell Insurance Agency Occupation Insurance Agent  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 24 / 2010  
Transaction ID: C896259  
Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 350.00  
**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 / 21
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Al Boenker	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 6030 Jacksboro Hwy	<b>Transaction ID:</b> C899763
	City State Zip Code Fort Worth TX 76135	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Empower Managing General Agency Occupation Insurance Agent Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Patricia A. Borowski	Date of Receipt MM / DD / YYYY 03 / 09 / 2010
	Mailing Address 400 North Washington Street	<b>Transaction ID:</b> C890076
	City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Company Counsel of Executive Officers Occupation Insurance Agent Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Patricia A. Borowski	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 400 North Washington Street	<b>Transaction ID:</b> C904429
	City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Company Counsel of Executive Officers Occupation Insurance Agent Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5400.00
<b>TOTAL</b> 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 / 21  
(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)  
Michael L. Bowman

Mailing Address 11132 O St  
PO Box 45489

City Omaha State NE Zip Code 68145

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

Name of Employer Omaha Ins Services Inc Occupation Insurance Agent

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2010  
**Transaction ID: C904179**  
 Amount of Each Receipt this Period 100.00

**B.** 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

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

Name of Employer Burnette-Dellinger Ins Agency Inc Occupation Insurance Agent

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 24 / 2010  
**Transaction ID: C904290**  
 Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Manuel R. DePascual

Mailing Address 4444 York St #100

City Metairie State LA Zip Code 70001

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

Name of Employer Alliance Insurance Agency Occupation Insurance Agent

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 24 / 2010  
**Transaction ID: C896231**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 650.00

**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 10 / 21  
(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)  
Edward J. Desaulnier

Mailing Address 16 Pomfret St

City Putnam State CT Zip Code 06260-1938

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

Name of Employer Gerardi Insurance Services Inc  
Occupation Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2010  
**Transaction ID: C904140**  
Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Jerry W. Duke

Mailing Address 3805 Crestwood Pkwy NW #140

City Duluth State GA Zip Code 30096

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

Name of Employer The PIA of Georgia, Inc.  
Occupation Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2010  
**Transaction ID: C896240**  
Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Donald H. Flanders

Mailing Address P.O. Box 1346

City Laconia State NH Zip Code 03247-1346

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

Name of Employer Byse Agency, Inc.  
Occupation Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 24 / 2010  
**Transaction ID: C904321**  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**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 / 21  
(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)  
Robert B. Gyle, III

Mailing Address 6 Milltown Rd  
PO Drawer G

City State Zip Code  
New Fairfield CT 06812-4815

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

Name of Employer BGI Associates Occupation Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2010

**Transaction ID:** C904194

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert B. Gyle, III

Mailing Address 6 Milltown Rd  
PO Drawer G

City State Zip Code  
New Fairfield CT 06812-4815

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

Name of Employer BGI Associates Occupation Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

**Transaction ID:** C899760

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
Daniel T. Haley, Jr.

Mailing Address 21-1/2 Eastern Promenade

City State Zip Code  
Portland ME 04101-4899

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

Name of Employer Daniel T Haley Jr Agency Occupation Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2010

**Transaction ID:** C904438

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **500.00**

**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 12 / 21  
(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)  
Robert W. Hansen, Jr.

Mailing Address 12002 Pacific St

City State Zip Code  
Omaha NE 68154

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

Name of Employer N P Dodge Insurance Agency Occupation Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 1 0

**Transaction ID:** C904192

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert W. Hansen, Jr.

Mailing Address 12002 Pacific St

City State Zip Code  
Omaha NE 68154

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

Name of Employer N P Dodge Insurance Agency Occupation Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 1 0

**Transaction ID:** C904428

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert W. Hansen, Jr.

Mailing Address 12002 Pacific St

City State Zip Code  
Omaha NE 68154

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

Name of Employer N P Dodge Insurance Agency Occupation Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 1 0

**Transaction ID:** C907115

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **250.00**

**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 / 21  
(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)  
Steven J. Harter

Mailing Address RR6 Box 607903

City Ava State MO Zip Code 65608

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

Name of Employer Select Risk Management Inc Occupation Insurance Agent

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 24 / 2010  
**Transaction ID: C904208**  
 Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Steven J. Harter

Mailing Address RR6 Box 607903

City Ava State MO Zip Code 65608

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

Name of Employer Select Risk Management Inc Occupation Insurance Agent

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 24 / 2010  
**Transaction ID: C896258**  
 Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
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 Securance Service Inc Occupation Insurance Agent

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 24 / 2010  
**Transaction ID: C904302**  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

**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 / 21

(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)  
Michael F. Keating

Mailing Address 10 Arapahoe Rd  
PO Box 270048

City State Zip Code  
W Hartford CT 06127-0048

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

Name of Employer Occupation  
Michael J Keating Agency Insurance Agent  
Inc

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Transaction ID: C904440

Amount of Each Receipt this Period

250.00
--------

**B.**

Full Name (Last, First, Middle Initial)  
Kurt J. Kincel, Sr.

Mailing Address 1100 Dunham Dr  
PO Box 280

City State Zip Code  
Dunmore PA 18512-0280

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

Name of Employer Occupation  
Kincel & Company Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	1	0

Transaction ID: C890080

Amount of Each Receipt this Period

250.00
--------

**C.**

Full Name (Last, First, Middle Initial)  
John G. Lee

Mailing Address 2105 Jefferson Davis Hwy

City State Zip Code  
Fredericksburg VA 22404-0847

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

Name of Employer Occupation  
Lee-Curtis Ins Service Inc Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Transaction ID: C896254

Amount of Each Receipt this Period

100.00
--------

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

600.00
--------

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

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 21  
(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)  
Stanley G. Logan, Jr.

Mailing Address PO Box 24315

City State Zip Code  
Louisville KY 40224-4315

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

Name of Employer Logan Lavelle Hunt Ins Agency LLC  
Occupation Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2010

**Transaction ID:** C896232

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth B. Luce

Mailing Address P0 Box 248

City State Zip Code  
Cheyenne WY 82003-0248

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

Name of Employer Rocky Mountain Capital Agency  
Occupation Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

**Transaction ID:** C899761

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
William N. Buddy Oliver, Jr.

Mailing Address PO Box 1623

City State Zip Code  
Jackson MS 39215

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

Name of Employer McCool-Oliver Insurance Agency  
Occupation Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2010

**Transaction ID:** C890082

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**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 16 / 21  
(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)  
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: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 24 / 2010  
**Transaction ID: C904423**  
 Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Sheila Sawyer, Sawyer

Mailing Address PO Box 250

City Wiscasset State ME Zip Code 04578

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

Name of Employer Carl MP Larrabee Agency Occupation Insurance Agent

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 24 / 2010  
**Transaction ID: C896230**  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Robert M. Spalding, Sr.

Mailing Address 101 S Main St  
PO Box 258

City Perry State MI Zip Code 48872-0258

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

Name of Employer Spalding Insurance Agency, Inc. Occupation Insurance Agent

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 24 / 2010  
**Transaction ID: C904433**  
 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 17 / 21  
(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
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
David Thornton

Mailing Address 1066 Wellington Way

City Lexington State KY Zip Code 40513-1200

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

Name of Employer: Greater Lexington Insurance Agency  
Occupation: Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 09 / 2010  
Transaction ID: C890079  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
David Thornton

Mailing Address 1066 Wellington Way

City Lexington State KY Zip Code 40513-1200

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

Name of Employer: Greater Lexington Insurance Agency  
Occupation: Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 24 / 2010  
Transaction ID: C903686  
Amount of Each Receipt this Period: 50.00

**C.**

Full Name (Last, First, Middle Initial)  
Charles Tompkins

Mailing Address 408 20th Ave SW #101

City Minot State ND Zip Code 58701-6435

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

Name of Employer: Western Agency Inc  
Occupation: Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 03 / 24 / 2010  
Transaction ID: C904171  
Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 350.00

**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 18 / 21  
(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)  
Dan Weber

Mailing Address PO Box 594

City State Zip Code  
Casselton ND 58012

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

Name of Employer Occupation  
Weber Insurance Agency Insurance Agent

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

**Transaction ID:** C904418

Amount of Each Receipt this Period  
300.00

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

Mailing Address 18401 NW 27th Ave

City State Zip Code  
Miami FL 33056-2987

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

Name of Employer Occupation  
Annette Willis Ins Agency Inc Insurance Agent

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

**Transaction ID:** C904295

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	12200.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 19 / 21	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD		Date of Receipt																					
	Mailing Address PO BOX 270701		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		3	1		2	0	1	0														
	City State Zip Code WEST HARTFORD CT 06127		<b>Transaction ID:</b> C904136																					
FEC ID number of contributing federal political committee. <b>C</b> C00347310		Amount of Each Receipt this Period 1000.00																						
Name of Employer Occupation		Aggregate Year-to-Date ▼ 1000.00																						
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1000.00

**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)

PAGE 20 / 21

<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			Transaction ID: D93979 Date of Disbursement																					
	Mailing Address PO Box 85024			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y																
0	3		3	1		2	0	1	0																
	City Richmond	State VA	Zip Code 23285-5024	Amount of Each Disbursement this Period																					
	Purpose of Disbursement Indiv Bank Fees - 3/10			<table border="1"> <tr> <td colspan="10">342.91</td> </tr> </table>			342.91																		
342.91																									
	Candidate Name			Category/ Type																					
	Office Sought:	Disbursement For:																							
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
	State: District:																								

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>342.91</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>342.91</b>

**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><b>A.</b> Full Name (Last, First, Middle Initial) Hon. Gary Nodler</p> <p>Mailing Address P.O. Box 14710</p> <p>City Springfield State MO Zip Code 65814-0717</p> <p>Purpose of Disbursement Contribution to candidate for Federal office.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D92785 <b>Date of Disbursement</b> 03 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) NRCC</p> <p>Mailing Address 320 First Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution to Federal Committee.</p> <p>Candidate Name NRCC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D93003 <b>Date of Disbursement</b> 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS</p> <p>Mailing Address 21301 POWERLINE ROAD SUITE 204</p> <p>City BOCA RATON State FL Zip Code 33433</p> <p>Purpose of Disbursement Contribution to candidate for Federal office.</p> <p>Candidate Name Rep. Ron Klein</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D92783 <b>Date of Disbursement</b> 03 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

7500.00

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

7500.00