

# 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 09 01 2009 through 09 30 2009

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 10 20 2009

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 **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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		50708.16
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	63289.66									
(c) Total Receipts (from Line 19) .....	4452.14	44374.89								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	67741.80	95083.05								
7. Total Disbursements (from Line 31) .....	132.83	27474.08								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	67608.97	67608.97								
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

Write or Type Committee Name

Professional Insurance Agents Political Action Committee

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	2950.00	22740.00
(ii) Unitemized .....	500.00	20616.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3450.00	43356.00
(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) .....	3450.00	43356.00
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 .....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	2.14	18.89
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)) .....	4452.14	44374.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4452.14	44374.89

## 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.....	132.83	1374.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	132.83	1374.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	25950.00
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	150.00
(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	150.00
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))..	132.83	27474.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	132.83	27474.08

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	3450.00	43356.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3450.00	43206.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	132.83	1374.08
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	132.83	1374.08

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 12

(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

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)  
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: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2009

Transaction ID: C790799

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael J. Bowman

Mailing Address PO Box 157

City State Zip Code  
Osakis MN 56360

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

Name of Employer  
Hendricks Insurance Agency Inc

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  
09 / 14 / 2009

Transaction ID: C778559

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Anthony Curti, Curti

Mailing Address 385 Summit Drive

City State Zip Code  
Waterford MI 48328

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

Name of Employer  
Focus Insurance Agency, LLC

Occupation  
Insurance Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2009

Transaction ID: C790803

Amount of Each Receipt this Period

150.00

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

550.00

**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 / 12  
(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)  
Duane Dimattia

Mailing Address PO Box 66199

City State Zip Code  
Baton Rouge LA 70896

FEC ID number of contributing federal political committee. C

Name of Employer: Dimattia Agency & Associates  
Occupation: Insurance Agent

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt MM / DD / YYYY  
09 / 14 / 2009

**Transaction ID:** C778555

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 State Zip Code  
Duluth GA 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 ▼ 350.00

Date of Receipt MM / DD / YYYY  
09 / 14 / 2009

**Transaction ID:** C778554

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Doug Finn

Mailing Address 3261 Broad Street  
PO Box 2499

City State Zip Code  
Dexter MI 48130

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: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID:** C790802

Amount of Each Receipt this Period 150.00

**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: (check only one)	PAGE 8 / 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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Donald H. Flanders	Date of Receipt MM / DD / YYYY 09 / 14 / 2009
	Mailing Address P.O. Box 1346	<b>Transaction ID:</b> C778561
	City State Zip Code Laconia NH 03247-1346	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Byse Agency, Inc.	Occupation Insurance Agent
	Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Gene Galligan	Date of Receipt MM / DD / YYYY 09 / 21 / 2009
	Mailing Address 1605 Lamy Lane #A	<b>Transaction ID:</b> C781840
	City State Zip Code Monroe LA 71201-3796	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Gene Galligan Ins Agency Inc	Occupation Insurance Agent
	Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Gregory Sather	Date of Receipt MM / DD / YYYY 09 / 14 / 2009
	Mailing Address 3600 Holly Lane N #90	<b>Transaction ID:</b> C778560
	City State Zip Code Plymouth MN 55447	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer PIA of Minnesota	Occupation Insurance Agent
	Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</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 9 / 12  
(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)  
Robert C. Shanley

Mailing Address 395 New Haven Avenue

City Milford State CT Zip Code 06460-6649

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

Name of Employer Nicholson Associates Inc 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 9 / 1 4 / 2 0 0 9

**Transaction ID:** C778553

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Jon D. Spalding

Mailing Address 101 S Main St  
PO Box 258

City Perry State MI Zip Code 48872

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 ▼ 1050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 1 4 / 2 0 0 9

**Transaction ID:** C778552

Amount of Each Receipt this Period  
150.00

**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  
 M M / D D / Y Y Y Y Y  
 0 9 / 1 4 / 2 0 0 9

**Transaction ID:** C778556

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

**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 / 12  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Fred Thomas

Mailing Address 212 Main St

City State Zip Code  
Stevensville MT 59870-2111

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

Name of Employer Siphers/Thomas Insurance & Financial S Occupation 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	9		1	4		2	0	0	9

**Transaction ID:** C778558

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Susan D. Worthington

Mailing Address PO Box 799

City State Zip Code  
Sundance WY 82729-0799

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

Name of Employer Association of Wyoming Ins Agents Occupation 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	9		3	0		2	0	0	9

**Transaction ID:** C790801

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2950.00</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 12
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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) CITIZENS FOR BUNNING		Date of Receipt
	Mailing Address 1717 DIXIE HIGHWAY SUITE 180		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 10 / 2009
	City	State	Zip Code
	FT WRIGHT	KY	41011
	FEC ID number of contributing federal political committee.		Transaction ID: C778605
	Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text"/> 1000.00	
Receipt For: 2010		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 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 12 / 12

<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-9/09

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D89409

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

132.83

SUBTOTAL of Disbursements This Page (optional) ▶

132.83

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

132.83