

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> Professional Insurance Agents Political Action Committee	RECEIVED FEDERAL ELECTION COMMISSION OCT 17 30 1998
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 400 N. Washington Street	
CITY, STATE and ZIP CODE Alexandria, VA 22314	
<b>2. REGISTRATION NUMBER</b> C 0000 4884	
<b>3.</b> <input type="checkbox"/> This committee has qualified as a multi-candidate committee. (see FEC FORM 1M) <input checked="" type="checkbox"/>	

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?     YES     NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>09/01/98</u> through <u>09/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 4,304.37
(b) Cash on Hand at Beginning of Reporting Period	\$ 11,304.48	
(c) Total Receipts (from Line 19)	\$ 6,040.29	\$ 113,482.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 17,352.77	\$ 117,787.36
7. Total Disbursements (from Line 20)	\$ 14,073.04	\$ 114,507.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3,279.73	\$ 3,279.73
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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  
Dean R. Sackett, III

Signature of Treasurer  
*Dean R. Sackett III*

Date  
10-19-98

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

**FEC FORM 3X**

(revised 8/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
Professional Insurance Agents Political Action Committee	08/01/88	08/30/88	
	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
I. Itemized (use Schedule A)	1,045.00	30,151.00	11(a)(i)
II. Unitemized	4,985.00	83,065.48	11(a)(ii)
III. Total (add I and II) >	6,030.00	113,216.48	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a III, b and c) >	6,030.00	113,216.48	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	18.29	266.51	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	6,048.29	113,482.99	19
20. Total Federal Receipts (subtract line 18 from line 19) >	6,048.29	113,482.99	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
I. Federal Share	0.00	0.00	21(a)(i)
II. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	73.04	997.63	21(b)
c. Total Operating Expenditures (add a I, a II, and b) >	73.04	997.63	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	14,000.00	113,050.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	460.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	460.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	14,073.04	114,507.63	30
31. Total Federal Disbursements (subtract line 21 a II from line 30) >	14,073.04	114,507.63	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	6,030.00	113,216.48	32
33. Total Contribution Refunds (from line 28d)	0.00	460.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	6,030.00	112,756.48	34
35. Total Federal Operating Expenditures (add 21 a I and 21 b) >	73.04	997.63	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	73.04	997.63	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11 B 1

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, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John G. Riley P.O. Box 4078 Salisbury, NC 28145-4078	Central Carolina Insurance Agency, Inc.	09/02/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 650.00	
John C Alexander 105 N Vermilion St PO Box 387 Potosi, IL 61865-0387	Alexander Insurance Agency Inc	09/03/98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 275.00	
Albert Aparicio Jr. PO Box 95 Metairie, LA 70004-0095	Aparicio, Walker & Seeling, Inc.	09/03/98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 550.00	
Stephen E. Watkins Jr. PO Box 360 South Hill, VA 23970-0360	Watkins Insurance Agency Inc	09/03/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 575.00	
Arthur I. Moll 4042 South Fairway Drive, Box The Hideout Lake Ariel, PA 18435	Arthur I Moll, Inc.	09/03/98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,025.00	
Kenneth Asheim P.O. Box 87 Pierre, SD 57501-0087	Anheim & Associates	09/03/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 551.00	
Gordon L. Miller 7905 West Appleton Ave Milwaukee, WI 53218-4580	Mid-Towne Insurance Center, Inc.	09/03/98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 275.00	

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE	OF
2	3
FOR LINE NUMBER	
11, B, 1	

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**NAME OF COMMITTEE (In Full)**

Professional Insurance Agents Political Action Committee

<b>A. Full Name, Mailing Address and ZIP Code</b> Richard A. Natalizio P.O. Box 510187 New Berlin, WI 53151-0187	Name of Employer <b>RNI Company, Inc.</b>	Date (month, day, year) 09/03/98	Amount of Each Receipt this Period  25.00
	Occupation	Aggregate Year-to-Date > \$ 225.00	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>B. Full Name, Mailing Address and ZIP Code</b> Buddy Oliver P.O. Box 1623 Jackson, MS 39215-1623	Name of Employer <b>McCool-Oliver Ins Agency Inc</b>	Date (month, day, year) 09/03/98	Amount of Each Receipt this Period  25.00
	Occupation	Aggregate Year-to-Date > \$ 300.00	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>C. Full Name, Mailing Address and ZIP Code</b> Craig Parker 202 South 8th Street Preonia, MS 66736-1910	Name of Employer <b>Parker Insurance Agency Inc</b>	Date (month, day, year) 09/03/98	Amount of Each Receipt this Period  25.00
	Occupation	Aggregate Year-to-Date > \$ 275.00	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>D. Full Name, Mailing Address and ZIP Code</b> Greg Standridge P.O. Box 1284 Russellville, AR 72811-1284	Name of Employer	Date (month, day, year) 09/03/98	Amount of Each Receipt this Period  50.00
	Occupation	Aggregate Year-to-Date > \$ 400.00	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>E. Full Name, Mailing Address and ZIP Code</b> Harper N. Young P.O. Box 958 Greenville, MS 38702-0958	Name of Employer <b>Mississippi Insurance Services, Inc.</b>	Date (month, day, year) 09/03/98	Amount of Each Receipt this Period  25.00
	Occupation	Aggregate Year-to-Date > \$ 325.00	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>F. Full Name, Mailing Address and ZIP Code</b> Buddy Oliver P.O. Box 1623 Jackson, MS 39215-1623	Name of Employer <b>McCool-Oliver Ins Agency Inc</b>	Date (month, day, year) 09/03/98	Amount of Each Receipt this Period  10.00
	Occupation	Aggregate Year-to-Date > \$ 310.00	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>G. Full Name, Mailing Address and ZIP Code</b> Arthur I. Moll 4042 South Fairway Drive, Box The Hidesout Lake Ariel, PA 18436	Name of Employer <b>Arthur I Moll, Inc.</b>	Date (month, day, year) 09/03/98	Amount of Each Receipt this Period  10.00
	Occupation	Aggregate Year-to-Date > \$ 1,035.00	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

**SUBTOTAL of Receipts This Page (optional)** ..... 170.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 3  
FOR LINE NUMBER 11

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**NAME OF COMMITTEE (In Full)**

Professional Insurance Agents Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susanne Fiol 805 Melrose Avenue Bronx, NY 10451-4439	Susanne Fiol	09/11/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marshall Rubenstein 276 Duffy Avenue Hicksville, NY 11801-3605	Margold Agency, Inc.	09/14/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert E. Livingston 100 Ninth Street West Columbia, SC 29169-6776	Livingston Insurance Agency	09/14/98	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 275.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert P. Carter PO Box 3237 Soughkeepsie, NY 12603-0237	Robert Carter Agency	09/15/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

**SUBTOTAL** of Receipts This Page (optional) ..... 525.00

**TOTAL** This Period (last page this line number only) ..... 1,045.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 1

218

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**NAME OF COMMITTEE (in Full)**

Professional Insurance Agents Political Action Committee

A. Full Name, Mailing Address and ZIP Code Crestar Bank Washington, DC	Purpose of Disbursement INDIVIDUAL BANK FEES-SEPT '98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/30/98	Amount of Each Disbursement This Period 73.04
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....	73.04
TOTAL This Period (last page this line number only) .....	73.04

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sweeney for Congress 6126 11th Rd Arlington, VA 22205	Sweeney, U.S. HOUSE 22nd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/03/98	500.00
B. Full Name, Mailing Address and ZIP Code Bart Gordon for Congress Comm PO Box 2008 Murfreesboro, TN 37013	Purpose of Disbursement Bart Gordon, U.S. HOUSE 6th TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/03/98	500.00
C. Full Name, Mailing Address and ZIP Code Fitzgerald for Senate 50 N Brookway Suite 4-5 Palatine, IL 60067	Purpose of Disbursement Fitzgerald, U.S. SENATE IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/03/98	1,000.00
D. Full Name, Mailing Address and ZIP Code Brian Bilbray for Congress 4451 Brookfield Corp Dr #100 Chantilly, VA 20151	Purpose of Disbursement Brian P. Bilbray, U.S. HOUSE 49th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/03/98	500.00
E. Full Name, Mailing Address and ZIP Code Bob Barr for Congress 1217 N. Vernon St Arlington, VA 22201	Purpose of Disbursement Bob Barr, U.S. HOUSE 7th GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/03/98	500.00
F. Full Name, Mailing Address and ZIP Code Friends of Conrad Burns P.O. Box 70397 Washington, DC 20024	Purpose of Disbursement Burns, U.S. SENATE MT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/03/98	1,500.00
G. Full Name, Mailing Address and ZIP Code Friends of Roy Blunt P.O. Box 278 Strafford, MO 65757	Purpose of Disbursement Roy Blunt, U.S. HOUSE 7th MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/03/98	500.00
H. Full Name, Mailing Address and ZIP Code Matt Fong for U.S. Senate Committee 425 Second St., NE Washington, DC 20002	Purpose of Disbursement Fong, U.S. SENATE CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/03/98	1,000.00
I. Full Name, Mailing Address and ZIP Code Voinovich for Senate 8 E Broad St, 8th floor Columbus, OH 43215	Purpose of Disbursement Voinovich, U.S. SENATE OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/03/98	1,000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7,000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**

Professional Insurance Agents Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Molly Bordonaro for Congress 5319 SW Westgate Dr, Ste 12 Portland, OR 972219933	Bordonaro, U.S. HOUSE 1st OR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/15/98	500.00
B. Full Name, Mailing Address and ZIP Code Stupak for Congress 817 9th Ave Manominee, MI 49858	Purpose of Disbursement Bart Stupak, U.S. HOUSE 1st MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/15/98	500.00
C. Full Name, Mailing Address and ZIP Code Campbell Victory Fund Po Box 480166 Denver, CO 80248	Purpose of Disbursement Ben Nighthorse Campbell, U.S. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/15/98	1,000.00
D. Full Name, Mailing Address and ZIP Code Friends of Ron Packard PO Box 1549 Carlsbad, CA 92008	Purpose of Disbursement Ron Packard, U.S. HOUSE 48th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/15/98	1,000.00
E. Full Name, Mailing Address and ZIP Code Team Emerson PO Box 822 Cape Girardeau, MO 63702	Purpose of Disbursement Jo Ann Emerson, U.S. HOUSE 8th MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/15/98	1,000.00
F. Full Name, Mailing Address and ZIP Code Sherrod Brown for Congress 111 Edgfield Drive Elyria, OH 44035	Purpose of Disbursement Sherrod Brown, U.S. HOUSE 13th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/15/98	500.00
G. Full Name, Mailing Address and ZIP Code Kay Granger for Congress Committee 910 Houston St., Ste 105C Fort Worth, TX 76102	Purpose of Disbursement Kay Granger, U.S. HOUSE 12th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/15/98	500.00
H. Full Name, Mailing Address and ZIP Code Delbert Roseman for Congress 2675 River Ridge Jackson, MS 39216	Purpose of Disbursement Roseman, U.S. HOUSE 4th MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/15/98	500.00
I. Full Name, Mailing Address and ZIP Code Friends of Sherwood Boehlert 1212 N Vernon St Arlington, VA 22201	Purpose of Disbursement Sherwood Boehlert, U.S. HOUSE 23rd NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/23/98	500.00

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

6,000.00

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3  
FOR LINE NUMBER

73

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**NAME OF COMMITTEE (In Full)**

Professional Insurance Agents Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Dave Weldon PO Box 96B Melbourne, FL 32902	Dave Weldon, U.S. HOUSE 15th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/23/98	500.00
B. Full Name, Mailing Address and ZIP Code Toomey for Congress P.O. Box 2776 Arlington, VA 22202	Toomey, U.S. HOUSE 15th RA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/23/98	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

1,000.00

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

14,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 10/21/98
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>RLL</i> PREPARER	10/23/98 DATE PREPARED