

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 06 01 2008 through 06 30 2008

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 07 17 2008

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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		35941.00
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	45034.03									
(c) Total Receipts (from Line 19)	3047.48	44690.76								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	48081.51	80631.76								
7. Total Disbursements (from Line 31)	2107.73	34657.98								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45973.78	45973.78								
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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	2203.41	22942.29
(i) Itemized (use Schedule A)		
(ii) Unitemized	842.50	21740.06
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3045.91	44682.35
(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)	3045.91	44682.35
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.)	1.57	8.41
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))	3047.48	44690.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3047.48	44690.76

DETAILED SUMMARY PAGE

of Disbursements

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.....	107.73	1057.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	107.73	1057.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	33600.00
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))..	2107.73	34657.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2107.73	34657.98

DETAILED SUMMARY PAGE
of Disbursements

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	3045.91	44682.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3045.91	44682.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	107.73	1057.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	107.73	1057.98

**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 / 10
	<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) John W. Burnette, Jr.	Date of Receipt MM / DD / YYYY 06 / 27 / 2008
	Mailing Address 1423 S Anderson St PO Box 455	Transaction ID: C439921
	City Elwood State IN Zip Code 46036-0455	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Burnette-Dellinger Ins Agency Inc Occupation Insurance Agent Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

B.	Full Name (Last, First, Middle Initial) Keith E. Castleberry	Date of Receipt MM / DD / YYYY 06 / 27 / 2008
	Mailing Address PO Box 710	Transaction ID: C439931
	City Atmore State AL Zip Code 36504-0710	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer The Securance Group Inc Occupation Insurance Agent Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00

C.	Full Name (Last, First, Middle Initial) Nicholas J. Fantanarosa, Sr.	Date of Receipt MM / DD / YYYY 06 / 09 / 2008
	Mailing Address 3532 E Lincoln Hwy PO Box 72219	Transaction ID: C427027
	City Thorndale State PA Zip Code 19372-0219	Amount of Each Receipt this Period 220.08
	FEC ID number of contributing federal political committee. C	
	Name of Employer Nicholas J Fantanarosa Occupation Insurance Agent Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.08

SUBTOTAL of Receipts This Page (optional)	845.08
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 / 10
(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)
Donald H. Flanders

Mailing Address P.O. Box 1346

City State Zip Code
Laconia NH 03247-1346

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

Name of Employer Occupation
Byse Agency, Inc. Insurance Agent

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2008

Transaction ID: C439929

Amount of Each Receipt this Period
250.00

B.

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: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2008

Transaction ID: C439926

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ray L. Peretti

Mailing Address PO Box 796

City State Zip Code
Renton WA 98057

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

Name of Employer Occupation
Hub Insurance Agency Insurance Agent

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2008

Transaction ID: C439928

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 / 10
(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)
Donna L. Pile

Mailing Address 152 E Reynolds Road #103

City Lexington State KY Zip Code 40517

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

Name of Employer A G Perry Insurance Agency Occupation Insurance Agent

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 06 / 27 / 2008
Transaction ID: C439922
 Amount of Each Receipt this Period 400.00

B. Full Name (Last, First, Middle Initial)
Michael Varvar

Mailing Address 16 W Elizabeth Ave
PO Box 1100

City Linden State NJ Zip Code 07036-0001

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

Name of Employer VIA Ins & Fin Svcs Occupation Insurance Agent

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1041.65

Date of Receipt 06 / 27 / 2008
Transaction ID: C439932
 Amount of Each Receipt this Period 208.33

SUBTOTAL of Receipts This Page (optional) ► 608.33

TOTAL This Period (last page this line number only) ► 2203.41

**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 9 / 10

<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-6/08

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D63085

Date of Disbursement

/ /

Amount of Each Disbursement this Period

107.73

SUBTOTAL of Disbursements This Page (optional)

107.73

TOTAL This Period (last page this line number only)

107.73

**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 10 / 10

<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) JEB FUND <hr/> Mailing Address PO BOX 40385 <hr/> City WASHINGTON State DC Zip Code 20016 <hr/> Purpose of Disbursement Contribution to Federal Candidate Candidate Name JEB FUND <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D61870 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS <hr/> Mailing Address 2021 E Dublin Granville Road <hr/> City Columbus State OH Zip Code 43229 <hr/> Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Patrick J. Tiberi <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D61871 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

2000.00