

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 10 01 2009 through 10 31 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 11 19 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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

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	67608.97									
(c) Total Receipts (from Line 19)	5741.35	50116.24								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	73350.32	100824.40								
7. Total Disbursements (from Line 31)	6863.01	34337.09								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	66487.31	66487.31								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Professional Insurance Agents Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

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)	3710.00	26450.00
(ii) Unitemized	2029.00	22645.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5739.00	49095.00
(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)	5739.00	49095.00
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	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2.35	21.24
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))	5741.35	50116.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5741.35	50116.24

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.....	363.01	1737.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	363.01	1737.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	32450.00
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))..	6863.01	34337.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6863.01	34337.09

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	5739.00	49095.00
34. Total Contribution Refunds (from Line 28(d))	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5739.00	48945.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	363.01	1737.09
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	363.01	1737.09

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 19
(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

<p>A. Full Name (Last, First, Middle Initial) Richard Biggs</p> <p>Mailing Address PO Box 189</p> <p>City State Zip Code Vancouver WA 98666</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Biggs Insurance Services Occupation: Insurance Agent</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 9</p> <p>Transaction ID: C793828</p> <p>Amount of Each Receipt this Period 200.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Gareth W. Blackwell, Jr.</p> <p>Mailing Address PO Box 340</p> <p>City State Zip Code Corinth ME 04427-0340</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Blackwell Insurance Agency Occupation: Insurance Agent</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 800.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 9</p> <p>Transaction ID: C793813</p> <p>Amount of Each Receipt this Period 100.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Mike Bowman</p> <p>Mailing Address 11132 O St PO Box 45489</p> <p>City State Zip Code Omaha NE 68137-2336</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Omaha Ins Services Inc Occupation: Insurance Agent</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 480.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 9</p> <p>Transaction ID: C793623</p> <p>Amount of Each Receipt this Period 20.00</p>
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SUBTOTAL of Receipts This Page (optional)	320.00
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 / 19
(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)
Richard A. Clements

Mailing Address 206 W Judge Perez Dr

City State Zip Code
Chalmette LA 70043-4902

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

Name of Employer Occupation
Clements Insurance Services LLC Insurance Agent

Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: C793621

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
John C. Crain

Mailing Address 13 E Wall St

City State Zip Code
Ft Scott KS 66701-1427

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

Name of Employer Occupation
Crain Insurance Agency Inc 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
1 0 / 1 6 / 2 0 0 9

Transaction ID: C793823

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
John C. Crain

Mailing Address 13 E Wall St

City State Zip Code
Ft Scott KS 66701-1427

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

Name of Employer Occupation
Crain Insurance Agency Inc 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
1 0 / 1 6 / 2 0 0 9

Transaction ID: C793824

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

300.00

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 / 19
	<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	

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

A.	Full Name (Last, First, Middle Initial) Anthony Curti, Curti	Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 385 Summit Drive	Transaction ID: C793615
	City State Zip Code Waterford MI 48328	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Focus Insurance Agency, LLC Occupation Insurance Agent Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

B.	Full Name (Last, First, Middle Initial) Jerry W. Duke	Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 3805 Crestwood Pkwy NW #140	Transaction ID: C793836
	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 The PIA of Georgia, 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 ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) Doug Finn	Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 3261 Broad Street PO Box 2499	Transaction ID: C793614
	City State Zip Code Dexter MI 48130	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Finn's J M & J Insurance Agency Inc Occupation Insurance Agent Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	200.00
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 9 / 19
(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)
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 ▼ 600.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: C793611
 Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Sergio D. Gonzalez

Mailing Address 9995 Sunset Dr #102

City Miami State FL Zip Code 33173

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

Name of Employer: SG & Associates Insurance Brokers Inc. Occupation: Insurance Agent

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: C799312
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Cindy L. Hansen

Mailing Address 1108 Madison Plaza #103

City Chesapeake State VA Zip Code 23320-5166

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

Name of Employer: Chesapeake Insurance Services Occupation: Insurance Agent/Producer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: C799315
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 / 19
(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)
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 Occupation
N P Dodge Insurance Agency 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
1 0 / 1 6 / 2 0 0 9

Transaction ID: C793622

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Daniel M. Henery

Mailing Address 120 W Stevenson St
PO Box 67

City State Zip Code
Gibsonburg OH 43431-0067

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

Name of Employer Occupation
Securance Service Inc Insurance Agent

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: C793609

Amount of Each Receipt this Period
50.00

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 ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: C793831

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **200.00**

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 / 19
(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)
Elizabeth B. Luce

Mailing Address P0 Box 248

City Cheyenne State WY Zip Code 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 ▼ 275.00

Date of Receipt 10 / 16 / 2009

Transaction ID: C793818

Amount of Each Receipt this Period 100.00

B.

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

Mailing Address P0 Box 248

City Cheyenne State WY Zip Code 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 ▼ 275.00

Date of Receipt 10 / 30 / 2009

Transaction ID: C799313

Amount of Each Receipt this Period 75.00

C.

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

Mailing Address PO Box 368

City Portland State ND Zip Code 58274

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

Name of Employer Mayport Insurance & Realty Inc Occupation Insurance Agent

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt 10 / 16 / 2009

Transaction ID: C793613

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 275.00

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 / 19
(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)
James V. Mullins

Mailing Address PO Box 1010

City Richlands State VA Zip Code 24641-1010

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

Name of Employer Huffman Insurance Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 31 / 2009
Transaction ID: C799317
 Amount of Each Receipt this Period: 150.00

B.

Full Name (Last, First, Middle Initial)
W.N. Buddy Oliver, Jr.

Mailing Address PO Box 1623

City Jackson State MS Zip Code 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 ▼ 350.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: C793820
 Amount of Each Receipt this Period: 250.00

C.

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

Mailing Address PO Box 796

City Renton State WA Zip Code 98057

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

Name of Employer Hub Insurance Agency Occupation Insurance Agent

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: C793603
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 19
(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)
Carter A. Peterson

Mailing Address 111 W 3rd St - Box 100

City State Zip Code
Wayne NE 68787

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

Name of Employer Northeast Nebraska Ins Agency Occupation Insurance Agent

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: C793604

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Keith Savino

Mailing Address 1 Trellis Ct

City State Zip Code
Mahwah NJ 07430-2283

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

Name of Employer WRG Occupation 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 Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: C793825

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Keith Savino

Mailing Address 1 Trellis Ct

City State Zip Code
Mahwah NJ 07430-2283

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

Name of Employer WRG Occupation 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 Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: C793826

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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 / 19
(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)
Larry S. Schafer, Schafer

Mailing Address 1124 Monroe St
PO Box 358

City Carleton State MI Zip Code 48117-0358

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

Name of Employer Schafer Agency Inc Occupation Insurance Agent

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2009
Transaction ID: C800863
 Amount of Each Receipt this Period 50.00

B. 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 ▼ 350.00

Date of Receipt 10 / 16 / 2009
Transaction ID: C793833
 Amount of Each Receipt this Period 100.00

C. 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 ▼ 1175.00

Date of Receipt 10 / 16 / 2009
Transaction ID: C793837
 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ► 275.00

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 15 / 19

(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)

June Wilkinson Taylor

Mailing Address PO Box 159

City State Zip Code
White House TN 37188-0159

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

Name of Employer Occupation
Wilkinson Insurance Agency Insurance Agent

Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
410.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	9

Transaction ID: C793819

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

June Wilkinson Taylor

Mailing Address PO Box 159

City State Zip Code
White House TN 37188-0159

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

Name of Employer Occupation
Wilkinson Insurance Agency Insurance Agent

Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
410.00

Date of Receipt

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

Transaction ID: C799311

Amount of Each Receipt this Period

40.00

C.

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 Occupation
Siphers/Thomas Insurance & Financial S Insurance Agent

Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	9

Transaction ID: C793617

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

240.00

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 16 / 19
	(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) Dan Weber		Date of Receipt MM / DD / YYYY 10 / 16 / 2009
Mailing Address PO Box 594		Transaction ID: C793817
City Casselton	State ND	Zip Code 58012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Weber Insurance 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 ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Wayne Wehr		Date of Receipt MM / DD / YYYY 10 / 16 / 2009
Mailing Address 700 Bishop St., Suite 1400		Transaction ID: C793822
City Honolulu	State HI	Zip Code 96813-3705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Servco Ins Svcs/American Ins 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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line number only)	3710.00

**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 17 / 19

<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: D90194
Date of Disbursement

Mailing Address PO Box 85024

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

City Richmond State VA Zip Code 23285-5024

Amount of Each Disbursement this Period

363.01

Purpose of Disbursement
Indiv-Bank Fees - 10/09

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

363.01

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

363.01

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

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)
EARL POMEROY FOR CONGRESS

Mailing Address P.O. Box 9336

City State Zip Code
Fargo ND 58106

Purpose of Disbursement
Contribution to Candidate for Federal Office

Category/
Type

Candidate Name
Rep. Earl Pomeroy

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: ND District: 00

Transaction ID: D89384

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
ADLER FOR CONGRESS

Mailing Address 14 KNIGHTSWOOD DRIVE

City State Zip Code
MARLTON NJ 08053

Purpose of Disbursement
Contribution to candidate for Federal Office

Category/
Type

Candidate Name
Rep. John H. Adler

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: NJ District: 03

Transaction ID: D89532

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
SCOTT GARRETT FOR CONGRESS

Mailing Address P.O. Box 905

City State Zip Code
Newton NJ 07860

Purpose of Disbursement
Contribution to candidate for federal office

Category/
Type

Candidate Name
Rep. Scott Garrett

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: NJ District: 05

Transaction ID: D89531

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 19

<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) NELSON 2006 <hr/> Mailing Address PO BOX 8666 <hr/> City OMAHA State NE Zip Code 68108 <hr/> Purpose of Disbursement Contribution to Candidate running for Federal Office <hr/> Candidate Name Sen. Ben Nelson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Category/ Type	Transaction ID: D89530 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1000.00
	B. Full Name (Last, First, Middle Initial) MONTANANS FOR TESTER <hr/> Mailing Address PO BOX 1135 <hr/> City HELENA State MT Zip Code 59624 <hr/> Purpose of Disbursement Contribution to candidate for Federal Office <hr/> Candidate Name Sen. Jon Tester <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

6500.00