

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 (12S)
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 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mike Becker

Signature of Treasurer Electronically Filed by Mike Becker Date 10 14 2010

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

Office Use Only **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	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		66477.24
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	83762.72									
(c) Total Receipts (from Line 19)	6346.35	55165.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	90109.07	121642.67								
7. Total Disbursements (from Line 31)	4820.03	36353.63								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	85289.04	85289.04								
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

Write or Type Committee Name

Professional Insurance Agents Political Action Committee

Report Covering the Period: From: To:

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)	2711.77	32155.31
(ii) Unitemized	3631.77	21634.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6343.54	53789.56
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	350.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6343.54	54139.56
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.)	2.81	25.87
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))	6346.35	55165.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6346.35	55165.43

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.....	70.03	2053.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	70.03	2053.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4750.00	35300.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	-1000.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	-1000.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4820.03	36353.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4820.03	36353.63

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)	6343.54	54139.56
34. Total Contribution Refunds (from Line 28(d))	0.00	-1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6343.54	55139.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	70.03	2053.63
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	70.03	2053.63

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
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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)
Joe B. Atkins

Mailing Address 204 W Arnold Ave
PO Box 9

City State Zip Code
Arnold NE 69120-0006

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

Name of Employer Occupation
Arnold Ins Agency Inc Insurance Agent

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt
MM / DD / YYYY
09 / 13 / 2010

Transaction ID: C1108414

Amount of Each Receipt this Period
41.67

B.

Full Name (Last, First, Middle Initial)
Gareth W. Blackwell, Jr.

Mailing Address PO Box 340

City State Zip Code
Corinth ME 04427-0340

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

Name of Employer Occupation
Blackwell Insurance Agency Insurance Agent

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: C986988

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
William B. Buell, Jr.

Mailing Address 3249 Wales Ave NW

City State Zip Code
Massillon OH 44646-1893

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

Name of Employer Occupation
Buell & Associates Insurance Agent

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: C986974

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **541.67**

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 7 / 12
	<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) Mary J. Czaja	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 213 W Wisconsin Ave PO Box 321	Transaction ID: C986989
	City State Zip Code Tomahawk WI 54487-0321	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CIS Group Insurance Agent	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

B.	Full Name (Last, First, Middle Initial) Duane A. Dimattia	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address PO Box 66199	Transaction ID: C986995
	City State Zip Code Baton Rouge LA 70896	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Dimattia Agency & Associates Insurance Agent	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Frank S. Guarisco	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address PO Box 579	Transaction ID: C986976
	City State Zip Code Patterson LA 70392-0579	Amount of Each Receipt this Period 270.10
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Frank's Agency Inc Insurance Agent	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.10	

SUBTOTAL of Receipts This Page (optional)	620.10
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 / 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)
John V. Heher

Mailing Address Manor Oak Two Suite 800
1910 Cochran Road

City Pittsburgh State PA Zip Code 15220

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

Name of Employer Liberty Insurance Agency Occupation Insurance Agent

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 21 / 2010
Transaction ID: C986975
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 120 W Stevenson St
PO Box 67

City Gibsonburg State OH Zip Code 43431-0067

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

Name of Employer Securance Service Inc Occupation Insurance Agent

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 09 / 21 / 2010
Transaction ID: C986992
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 2105 Jefferson Davis Hwy

City Fredericksburg State VA Zip Code 22404-0847

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

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

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 09 / 21 / 2010
Transaction ID: C986993
 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 9 / 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

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

A.

Full Name (Last, First, Middle Initial)
Dexter N. Sattler

Mailing Address 105 Southside Shopping Ctr

City Chilton State WI Zip Code 53014-1615

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

Name of Employer The Insurance Shoppe Ltd Occupation Insurance Agent

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2010
Transaction ID: C1108435
Amount of Each Receipt this Period 300.00

B.

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

Mailing Address 18401 NW 27th Ave

City Miami State FL Zip Code 33056-2987

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

Name of Employer Annette Willis Ins Agency Inc Occupation Insurance Agent

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 21 / 2010
Transaction ID: C986994
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Harper M. Young

Mailing Address PO Box 958

City Greenville State MS Zip Code 38702-0958

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

Name of Employer South Group Insurance Services - Green Occupation Insurance Agent

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 21 / 2010
Transaction ID: C986991
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)	2711.77

**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 / 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

Transaction ID: D107989

Date of Disbursement

Mailing Address PO Box 85024

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

City Richmond State VA Zip Code 23285-5024

Amount of Each Disbursement this Period

70.03

Purpose of Disbursement
Indiv Bank Fees - 9/10

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

70.03

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

70.03

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Lucas for Congress Committee</p> <p>Mailing Address PO Box 1726</p> <p>City Oklahoma City State OK Zip Code 73101</p> <p>Purpose of Disbursement Contribution to candidate for Federal office.</p> <p>Candidate Name Rep. Frank D. Lucas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D101068 Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Keith Fimian for Congress</p> <p>Mailing Address PO Box 3131</p> <p>City Oakton State VA Zip Code 22124</p> <p>Purpose of Disbursement Contribution to candidate for Federal office.</p> <p>Candidate Name Mr. Keith Fimian</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D101153 Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI</p> <p>Mailing Address PO Box 74</p> <p>City Syracuse State NY Zip Code 13214</p> <p>Purpose of Disbursement Contribution to candidate for Federal office.</p> <p>Candidate Name Rep. Dan Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D101154 Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

<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) LOEBSACK FOR CONGRESS	Transaction ID: D101069
	Mailing Address PO Box 2720	Date of Disbursement 09 / 22 / 2010
	City Cedar Rapids State IA Zip Code 52406	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Contribution to candidate for Federal office.	Category/ Type
	Candidate Name Rep. David Loeb sack	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JEB HENSARLING	Transaction ID: D101067
	Mailing Address PO Box 820504	Date of Disbursement 09 / 22 / 2010
	City Dallas State TX Zip Code 75382	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution to candidate for Federal office.	Category/ Type
	Candidate Name Rep. Jeb Hensarling	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) STEVE AUSTRIA FOR CONGRESS	Transaction ID: D97261
	Mailing Address 20 S Limestone St Suite 390	Date of Disbursement 09 / 10 / 2010
	City Springfield State OH Zip Code 45502	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution to candidate for federal office.	Category/ Type
	Candidate Name Rep. Steve Austria	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

4750.00