

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
PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)

ADDRESS (number and street) 2275 RESEARCH BOULEVARD SUITE 250
 Check if different than previously reported. (ACC)
ROCKVILLE MD 20850

2. **FEC IDENTIFICATION NUMBER** C00319319
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 01 01 2006 through 03 31 2006

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 Stinson

Signature of Treasurer Electronically Filed by Mike Stinson Date 04 13 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
 PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		27235.57
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	27235.57									
(c) Total Receipts (from Line 19)	4548.60	4548.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	31784.17	31784.17								
7. Total Disbursements (from Line 31)	2055.64	2055.64								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29728.53	29728.53								
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

PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	4350.00	4350.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4350.00	4350.00
(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)	4350.00	4350.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	198.60	198.60
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))	4548.60	4548.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4548.60	4548.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	55.64	55.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	55.64	55.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
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))..	2055.64	2055.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	2055.64	2055.64

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	4350.00	4350.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4350.00	4350.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	55.64	55.64
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	55.64	55.64

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<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	

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)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)

A. Full Name (Last, First, Middle Initial) Richard Bagby		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006	
Mailing Address 4138 Shorecrest Drive		Transaction ID: SA11A1.4318	
City State Zip Code Orlando FL 32804	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	PAC Contribution		
Name of Employer Self Occupation Physician	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) David Bounk		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006	
Mailing Address 6801 Iroquois Circle		Transaction ID: SA11A1.4320	
City State Zip Code Edina MN 55439	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	PAC Contribution		
Name of Employer MMIC-MN Occupation President/CEO	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Dr. James Campbell		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006	
Mailing Address 543 Aurora Place		Transaction ID: SA11A1.4327	
City State Zip Code Redding CA 96001	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	PAC Contribution		
Name of Employer MIEC Occupation Board Member	Aggregate Year-to-Date ▼ 50.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 16
	<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)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)

A. Full Name (Last, First, Middle Initial) Dr. Kent Carr Mailing Address 4123 Oakwood Lane City State Zip Code West Des Moines IA 50265 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006 Transaction ID: SA11A1.4330 Amount of Each Receipt this Period 50.00 PAC Contribution
Name of Employer Mercey Clinics, Inc. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 50.00		

B. Full Name (Last, First, Middle Initial) Dr. Gene Cleaver Mailing Address 1208 B North Old Stage Road City State Zip Code Mount Shasta CA 96067 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006 Transaction ID: SA11A1.4329 Amount of Each Receipt this Period 100.00 PAC Contribution
Name of Employer MIEC Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00		

C. Full Name (Last, First, Middle Initial) Dr. Patricia Dailey Mailing Address 15 Creekwood Way City State Zip Code Hillsborough CA 94010-6913 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006 Transaction ID: SA11A1.4302 Amount of Each Receipt this Period 100.00 PAC Contribution
Name of Employer NORCAL Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00		

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 16
	<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)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)

A. Full Name (Last, First, Middle Initial)
Walt Davis

Mailing Address 143 E. Citation Lane

City State Zip Code
Tempe AZ 85284

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

Name of Employer Occupation
MICA Insurance Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2006

Transaction ID: SA11A1.4336

Amount of Each Receipt this Period
100.00

PAC Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Candace Dyer

Mailing Address 38 Beacon Ave

City State Zip Code
Worwick RI 02889

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

Name of Employer Occupation
Westbay Surgical Assoc. General Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2006

Transaction ID: SA11A1.4323

Amount of Each Receipt this Period
100.00

PAC Contribution

C. Full Name (Last, First, Middle Initial)
Paul R. Gabel

Mailing Address 4145 Laguna Ave

City State Zip Code
Oakland CA 94602

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

Name of Employer Occupation
NORCAL Mutual Ins. Co. Claims VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2006

Transaction ID: SA11A1.4334

Amount of Each Receipt this Period
100.00

PAC Contribution

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 16
	<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)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)

A. Full Name (Last, First, Middle Initial) Philip Hinderberger		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 19 Glen Drive		Transaction ID: SA11A1.4308	
City State Zip Code Mill Valley CA 94941	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	PAC Contribution		
Name of Employer Occupation NORCAL Lawyer	Aggregate Year-to-Date ▼ 100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Jeffrey Holden		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2006	
Mailing Address 606 Forest Avenue		Transaction ID: SA11A1.4337	
City State Zip Code Glen Ellyn IL 60137	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	PAC Contribution		
Name of Employer Occupation ISMIE COO	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Dr. Carl Hook		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006	
Mailing Address PO Box 1838		Transaction ID: SA11A1.4312	
City State Zip Code Oklahoma City OK 73101	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	PAC Contribution		
Name of Employer Occupation PLICO President & CEO	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 16
	<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)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)

Full Name (Last, First, Middle Initial) A. Dr. Stanley K. Keating		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006
Mailing Address 35 Brettonwood Drive		Transaction ID: SA11A1.4321
City State Zip Code Simsbury CT 06070	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer Self Occupation Physician	Aggregate Year-to-Date ▼ 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kenneth Ludwig		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006
Mailing Address 6133 N. River Road Suite 650		Transaction ID: SA11A1.4315
City State Zip Code Rosemont IL 60018	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer OMSNIC Occupation President & CEO	Aggregate Year-to-Date ▼ 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Joe R McFarlane, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 400 NIX Medical Center 414 Navarro		Transaction ID: SA11A1.4306
City State Zip Code San Antonion TX 78205	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer Ophthalmology Associates Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 16
	<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)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)

A. Full Name (Last, First, Middle Initial)
 D. Joseph Olson

Mailing Address 4401 Oak Pointe Drive

City State Zip Code
 Brighton MI 48116

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

Name of Employer Occupation
 Amerisure Insurance Co. Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 23 / 2006

Transaction ID: SA11A1.4313

Amount of Each Receipt this Period
 250.00

PAC Contribution

B. Full Name (Last, First, Middle Initial)
 Dr. Mukesh T. Parekh

Mailing Address 5622 N. Portland #240

City State Zip Code
 Oklahoma City OK 73112

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

Name of Employer Occupation
 PLICO Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 27 / 2006

Transaction ID: SA11A1.4309

Amount of Each Receipt this Period
 100.00

PAC Contribution

C. Full Name (Last, First, Middle Initial)
 Dr. Richard K. Parker

Mailing Address 68 South Garfield Street

City State Zip Code
 Denver CO 80209

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

Name of Employer Occupation
 Self Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 27 / 2006

Transaction ID: SA11A1.4310

Amount of Each Receipt this Period
 300.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 16
	<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)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)

A. Full Name (Last, First, Middle Initial)
 Dr. Harry B. Richardson

Mailing Address 700 McDonald Avenue

City State Zip Code
 Santa Rosa CA 95404

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

Name of Employer Occupation
 NORCAL Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 100.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 23 / 2006

Transaction ID: SA11A1.4317

Amount of Each Receipt this Period
 100.00

PAC Contribution

B. Full Name (Last, First, Middle Initial)
 Dr. Lee E Schoeffler

Mailing Address 7171 S. Tale Suite 103

City State Zip Code
 Tulsa OK 74136

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

Name of Employer Occupation
 Self Doctor

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2006

Transaction ID: SA11A1.4304

Amount of Each Receipt this Period
 200.00

PAC Contribution

C. Full Name (Last, First, Middle Initial)
 Dr. Richard Seaman

Mailing Address 4008 Lakecove Lp SE

City State Zip Code
 Olympia WA 98500-7040

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

Name of Employer Occupation
 Physicians Insurance, AMC Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 100.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 23 / 2006

Transaction ID: SA11A1.4326

Amount of Each Receipt this Period
 100.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 16
	<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)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)

A. Full Name (Last, First, Middle Initial)
Dr. Guy T. Selander

Mailing Address 1731 University Blvd. South

City State Zip Code
Jacksonville FL 32216

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

Name of Employer
Jacksonville Family Practice

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2006

Transaction ID: SA11A1.4332

Amount of Each Receipt this Period
100.00

PAC Contribution

B. Full Name (Last, First, Middle Initial)
Lawrence E. Smarr

Mailing Address 16400 Poplar Hill Road

City State Zip Code
Germantown MD 20874

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

Name of Employer
PIAA

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2006

Transaction ID: SA11A1.4339

Amount of Each Receipt this Period
250.00

PAC Contribution

C. Full Name (Last, First, Middle Initial)
Mike Stinson

Mailing Address 2-A Groves Avenue

City State Zip Code
Alexandria VA 22305

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

Name of Employer
PIAA

Occupation
Government Relations Rep.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2006

Transaction ID: SA11A1.4338

Amount of Each Receipt this Period
250.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 16	
	(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"/> 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)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)

A. Full Name (Last, First, Middle Initial)
 William Vetter

Mailing Address 21 Riverbank Place

City State Zip Code
 Carmichael CA 95608

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
 NORCAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 100.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 23 / 2006

Transaction ID: SA11A1.4325

Amount of Each Receipt this Period
 100.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	4350.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 16	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)

A. Full Name (Last, First, Middle Initial)
 Merrill Lynch

Mailing Address 1040 Stoney Hill Road
 Suite 150

City State Zip Code
 Yardley PA 19067

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 198.60

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2006

Transaction ID: SA17.4351

Amount of Each Receipt this Period
 198.60

Dividends

SUBTOTAL of Receipts This Page (optional)	▶	198.60
TOTAL This Period (last page this line number only)	▶	198.60

**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)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)

Full Name (Last, First, Middle Initial) A. HENRY R CUELLAR		Transaction ID: SB23.4345 Date of Disbursement 03 / 03 / 2006
Mailing Address 1519 Washington Street 2nd Floor Suite 200		Amount of Each Disbursement this Period 500.00
City LAREDO State TX Zip Code 78042	Purpose of Disbursement Campaign Contribution Candidate Name TEXANS FOR HENRY CUELLAR CONGRESSIONAL Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. THOMAS EDMUNDS MD PRICE		Transaction ID: SB23.4342 Date of Disbursement 02 / 15 / 2006
Mailing Address 295 BROADMEADOW COVE		Amount of Each Disbursement this Period 1000.00
City ROSWELL State GA Zip Code 30075	Purpose of Disbursement Campaign Contribution Candidate Name PRICE FOR CONGRESS Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. RICHARD G. RENZI		Transaction ID: SB23.4348 Date of Disbursement 03 / 07 / 2006
Mailing Address 2063 Raintree Drive		Amount of Each Disbursement this Period 500.00
City Flgastaff State AZ Zip Code 86004	Purpose of Disbursement Campaign Contribution Candidate Name RICK RENZI FOR CONGRESS Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	2000.00