

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

DELIVERED JUL 29 1999

JUL 29 12 59 PM '99

Federal Election Commission
999 E. Street, N.W.
Washington, D.C. 20463

Dear Sir/Madam:

Attached to this letter are amendments to the last two filings (thirty-day post general and 1998 Year End Report) of the Physician Insurers Association of American Political Action Committee (PAC). The reason for these amendment pages is an inadvertent omission of a receipt for a donation from another PAC. On November 16, 1998 a contribution (\$1000.00) was received from the Cooperative of American Physicians Federal Action Committee. This receipt should have been included in our timely filing of the thirty-day post election report. As you will see, this receipt has been added to the amended Schedule A and the \$1000 amount has been added at line 11c of the amended Detailed Summary Page. This increases the cash on hand at the close of the reporting period from \$9,711.14 to \$10,711.14.

The omission described and amended above also affects the 1998 Year End Report. Therefore, an amended Detailed Summary Page and Summary Page of this report are also enclosed. The result of the amendment is a change in cash on hand at the close of the reporting period from \$9,809.86 to \$10,809.86.

Should you have any questions about these amended reports or the PAC, please call me at (301) 947-9000.

Thank you for your attention to this matter.

Sincerely,



Lawrence E. Smart

Treasurer,

Physician Insurers Association of America Political Action Committee

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Jul 29 12 59 PM '99

1. NAME OF COMMITTEE (in full)
Physician Insurers Association of America PAC

ADDRESS (number and street) Check if different than previously reported
2275 Research Boulevard, Suite 250

CITY, STATE and ZIP CODE
Rockville, Maryland 20850

2. FEC IDENTIFICATION NUMBER
C00319319

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

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


Thirtieth day report following the General Election on
November 3, 1998 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>October 1, 1998</u> through <u>November 23, 1998</u>			
6. (a)	Cash on Hand January 1, 1998		\$ 10,678.32
6. (b)	Cash on Hand at Beginning of Reporting Period	\$ 8,365.09	
6. (c)	Total Receipts (from Line 18)	\$ 2,917.61	\$ 3,057.40
6. (d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 11,282.70	\$ 13,735.72
7.	Total Disbursements (from Line 20)	\$ 571.56	\$ 3,024.58
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 10,711.14	\$ 10,711.14
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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
Lawrence E. Smarr

Signature of Treasurer  Date
7/22/99

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

--	--	--	--	--	--	--	--	--	--

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
Physician Trauers Association of America PAC	FROM	TO:
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	1,900.00	1,900.00
ii. Unitemized		
iii. Total (add i and ii) >		
b. Political Party Committees		
c. Other Political Committees (such as PACs)	1,000.00	1,000.00
d. Total Contributions (add a ii, b and c) >	2,900.00	2,900.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	17.61	157.40
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	2917.61	3057.60
20. Total Federal Receipts (subtract line 18 from line 19) >	2917.61	3057.60
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	21.56	124.58
c. Total Operating Expenditures (add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	550.00	2,900.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	571.56	3,024.58
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	571.56	3,024.58
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	-0-	-0-
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	-0-	-0-
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	21.56	124.58
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) >	21.56	124.58

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard V. Bradley, MD 5 Ladue Ridge St. Louis, MO 63124	MOMEDICO	11/02/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Ptes./CEO		
	Aggregate Year-to-Date >	\$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael D. Stephens 900 Alder Place Newport Beach, CA 92660	HOAG Memorial Hospital	11/02/98	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO		
	Aggregate Year-to-Date >	\$ 100.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eric Overland 2216 Siskiyou Blvd. Medford, OR 97504	Self	11/04/98	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician		
	Aggregate Year-to-Date >	\$ 100.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce A. Wilson 9523 Thornhill Rd. Silver Spring, MD 20901	Physician Insurers Association of America	11/26/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director Gov't. Relations		
	Aggregate Year-to-Date >	\$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cooperative of American Physicians, Federal Action Committee 333 s. Hope Street, 8th Floor Los Angeles, CA 90071		11/16/98	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	

SUBTOTAL of Receipts This Page (optional) 1,650.00

TOTAL This Period (last page this line number only) 2,900.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 7/27/99
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 sn PREPARER	 07/29/99 DATE PREPARED