

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED
FEC MAIL ROOM

2002 JAN 31 P 5 11

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Physician, Insurance, Association of America
Political Action Committee

ADDRESS (number and street)

2275 Research Blvd. Suite 250

Check if different than previously reported (ACC)

Rockville MD 20850

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

000319319

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(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)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(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

07 01 2001

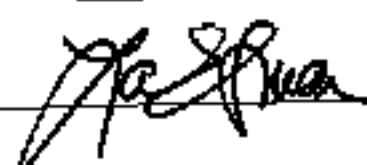
through

12 31 2001

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. Smart

Signature of Treasurer



Date

01 31 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

Office Use Only

FEC FORM 3X
(Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

Physician Insurers Association of America Political Action Committee

Report Covering the Period: From: 07 01 2001 To: 12 31 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2001	2001	1,321,899
(b) Cash on Hand at Beginning of Reporting Period	1,507,108	
(c) Total Receipts (from Line 18)	249,380	2,684,222
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1,532,046	1,590,321
7. Total Disbursements (from Line 20)	839,900	1,422,665
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1,448,056	1,448,056
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	000	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	000	

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

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

Physician Insurers Association of America Political Action Committee

Report Covering the Period: From: 07 01 2001 To: 12 31 2001

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)	1 0 0 0 0	
(ii) Unitemized	0 0 0	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	1 0 0 0 0	2 5 0 0 0 0
(b) Political Party Committees	0 0 0	0 0 0
(c) Other Political Committees (such as PACs)	0 0 0	0 0 0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	1 0 0 0 0	2 5 0 0 0 0
12. Transfers From Affiliated/Other Party Committees	0 0 0	0 0 0
13. All Loans Received	0 0 0	0 0 0
14. Loan Repayments Received	0 0 0	0 0 0
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 38, page 4)	0 0 0	0 0 0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0 0 0	0 0 0
17. Other Federal Receipts (Dividends, Interest, etc.)	1 4 9 3 8	1 8 4 2 2
18. Transfers from Nonfederal Account for Joint Activity	0 0 0	0 0 0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	2 4 9 3 8	2 6 8 4 2 2
20. Total Federal Receipts (subtract Line 16 from Line 19)	2 4 9 3 8	2 6 8 4 2 2

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0 0 0	0 0 0
(ii) Non-Federal Share	0 0 0	0 0 0
(b) Other Federal Operating Expenditures	3 3 9 9 0	4 2 2 6 5
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3 3 9 9 0	4 2 2 6 5
22. Transfers to Affiliated/Other Party Committees	0 0 0	0 0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees	5 0 0 0 0	1 8 0 0 0 0
24. Independent Expenditures (use Schedule E)	0 0 0	0 0 0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)	0 0 0	0 0 0
26. Loan Repayments Made	0 0 0	0 0 0
27. Loans Made	0 0 0	0 0 0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0 0 0	0 0 0
(b) Political Party Committees	0 0 0	0 0 0
(c) Other Political Committees (such as PACs)	0 0 0	0 0 0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0 0 0	0 0 0
29. Other Disbursements	0 0 0	0 0 0
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	8 3 9 9 0	1 4 2 2 6 5
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	8 3 9 9 0	1 4 2 2 6 5

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from Line 11(d), page 3)	1 0 0 0 0	2 5 0 0 0 0
33. Total Contribution Refunds (from Line 28(d))	0 0 0	0 0 0
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	1 0 0 0 0	2 5 0 0 0 0
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3 3 9 9 0	4 2 2 6 5
36. Offsets to Operating Expenditures (from Line 15, page 3)	0 0 0	0 0 0
37. Net Operating Expenditures (subtract Line 36 from Line 35)	3 3 9 9 0	4 2 2 6 5

**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	OF
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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 Political Action Committee

Full Name (Last, First, Middle Initial) A. Richardson, Harry B.		Date of Receipt 07 06 2001
Mailing Address 700 Macdonald Ave		Amount of Each Receipt this Period 100.00
City Santa Rosa	State Zip Code CA 95404	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

**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 1 OF 2

<input 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				

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NAME OF COMMITTEE (In Full)

Physician Insurers Association of America Political Action Committee

Full Name (Last, First, Middle Initial)

A.

Chevy Chase Bank, FSB

Mailing Address
P.O. Box 1296

City: Laurel State: MD Zip Code: 20707

Purpose of Disbursement
Bank Service Charge

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

07 / 19 / 2001

Amount of Each Disbursement this Period

136.0

Category/
Type

B.

Merrill Lynch

Mailing Address
1040 Stoney Hill Road Suite #150'

City: Yardley State: PA Zip Code: 19067

Purpose of Disbursement
Annual Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

08 / 06 / 2001

Amount of Each Disbursement this Period

300.00

Category/
Type

C.

Chevy Chase Bank, FSB

Mailing Address
P.O. Box 1296

City: Laurel State: MD Zip Code: 20707

Purpose of Disbursement
Bank Service Charge

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

08 / 17 / 2001

Amount of Each Disbursement this Period

133.10

Category/
Type

SUBTOTAL of Disbursements this Page (optional) ▶

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

3269.0

**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 2 OF 2
	<input type="checkbox"/> 21b 26	<input type="checkbox"/> 22 27	<input type="checkbox"/> 23 28a	<input type="checkbox"/> 24 28b	<input type="checkbox"/> 25 28c	<input type="checkbox"/> 29	

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of America Political Action Committee

Full Name (Last, First, Middle Initial) A. Chevy Chase Bank, FSB		Date of Disbursement 09 / 19 / 2001	
Mailing Address P.O. Box 1296		Amount of Each Disbursement this Period 1300	
City Laurel	State MD	Zip Code 20707	Category/ Type
Purpose of Disbursement Bank Service Charge			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Pat Roberts For Senate		Date of Disbursement 12 / 12 / 2001	
Mailing Address P.O. Box 433		Amount of Each Disbursement this Period 50000	
City Crest Bend	State KS	Zip Code 67530	Category/ Type
Purpose of Disbursement Political Contribution			
Candidate Name Pat Roberts			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement	
Mailing Address			
City	State	Zip Code	Category/ Type
Purpose of Disbursement			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	51300
TOTAL This Period (last page this line number only)	83990

