

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 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** 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 2007 through 06 30 2007

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 Mr. Mike Stinson
Signature of Treasurer Electronically Filed by Mr. Mike Stinson Date 07 13 2007

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		9403.98
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	9403.98									
(c) Total Receipts (from Line 19)	9443.76	9443.76								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	18847.74	18847.74								
7. Total Disbursements (from Line 31)	133.00	133.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18714.74	18714.74								
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 POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	9225.00	9225.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9225.00	9225.00
(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)	9225.00	9225.00
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.)	218.76	218.76
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))	9443.76	9443.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9443.76	9443.76

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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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.....	133.00	133.00
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))..	133.00	133.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	133.00	133.00

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)	9225.00	9225.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9225.00	9225.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 / 24
	<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 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
 Mr. Victor T. Adamo

Mailing Address 1573 Woodbridge Place

City State Zip Code
 Vestavia Hills AL 35216

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

Name of Employer Occupation
 ProAssurance Corp. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 9 / 2 0 0 7

Transaction ID: SA11A1.4174

Amount of Each Receipt this Period
 500.00

Contribution

B. Full Name (Last, First, Middle Initial)
 Mr. Donald H. Alexander

Mailing Address 2301 21st Avenue South

City State Zip Code
 Nashville TN 37027

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

Name of Employer Occupation
 TN Medical Association Association Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.4110

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
 Mr. Edward J. Amsler

Mailing Address 28 Sturgess Commons

City State Zip Code
 Westport CT 06880

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

Name of Employer Occupation
 MLMIC VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.4154

Amount of Each Receipt this Period
 500.00

Contribution

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 7 / 24
	<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 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Ms. Cynthia J. Belcher		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 6316 Jasmine Drive		Transaction ID: SA11A1.4145	
City State Zip Code Huntington Beach CA 92648	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CAP-MPT	Occupation SVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

B. Full Name (Last, First, Middle Initial) Mr. Robert P. Boren		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7	
Mailing Address 1611 S. Martha Ct.		Transaction ID: SA11A1.4192	
City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer State Volunteer Mutual In- s. Co	Occupation EVP & CFO		
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) Mr. David P. Bounk		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address 6801 Iroquois Circle		Transaction ID: SA11A1.4186	
City State Zip Code Edina MN 55439	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Midwest Med. Ins. Co.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 24
	<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 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
 Mr. James F. Carland, III

Mailing Address 2602 E. Thomas Run

City State Zip Code
 Phoenix AZ 85016

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

Name of Employer Occupation
 MICA Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.4200

Amount of Each Receipt this Period
 200.00

Contribution

B. Full Name (Last, First, Middle Initial)
 Mr. Theodore J. Clarke

Mailing Address 25149 Us Highway 40

City State Zip Code
 Golden CO 80401

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

Name of Employer Occupation
 COPIC Insurance Co. Chairman/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.4184

Amount of Each Receipt this Period
 100.00

Contribution

C. Full Name (Last, First, Middle Initial)
 Mr. David A. Csikos

Mailing Address 1700 Bent Creek Blvd
 P. O. Box 2080

City State Zip Code
 Mechanicsburg PA 17055

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

Name of Employer Occupation
 Medical Group of Windber Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 9 / 2 0 0 7

Transaction ID: SA11A1.4172

Amount of Each Receipt this Period
 100.00

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 9 / 24
	<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 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Patricia Dailey

Mailing Address 15 Creekwood Way

City Hillsborough State CA Zip Code 94010

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

Name of Employer Anesthesia Care Medical Group
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2007

Transaction ID: SA11A1.4099

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. M. Walt Davis

Mailing Address 143 E. Citation Lane

City Tempe State AZ Zip Code 85284

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

Name of Employer Mutual Ins. Co. of Arizona
Occupation Insurance Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2007

Transaction ID: SA11A1.4122

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Ms Waldene Drake

Mailing Address 5409 Barrett Cir.

City Buena Park State CA Zip Code 90621

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

Name of Employer CAP-MPT
Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2007

Transaction ID: SA11A1.4158

Amount of Each Receipt this Period
50.00

Contribution

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 10 / 24
	<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 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Ms Candace L. Dyer

Mailing Address 38 Beach Avenue

City Warwick State RI Zip Code 02889

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

Name of Employer West Bay Surgeon Association Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
06 / 20 / 2007

Transaction ID: SA11A1.4104

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr. James O. Gemmer

Mailing Address 11 Country Club Drive

City Fairfield State CA Zip Code 99534

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

Name of Employer Retired Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
05 / 29 / 2007

Transaction ID: SA11A1.4119

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert C. Gibbs

Mailing Address 611 Quail Creek Road

City Parsons State KS Zip Code 67357

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

Name of Employer Robert Charles Gibbs, MD, LLC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
06 / 28 / 2007

Transaction ID: SA11A1.4134

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	500.00
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 / 24
	<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 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Jimmie A. Gleason

Mailing Address 1010 SW Exmoor Lane

City State Zip Code
Topeka KS 66604

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

Name of Employer Occupation
Kammco Chairman Emeritus

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2007

Transaction ID: SA11A1.4147

Amount of Each Receipt this Period
200.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Ray J. Groves

Mailing Address 1566 Ponus Ridge

City State Zip Code
New Canaan CT 06840

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

Name of Employer Occupation
Retired CEO & Chair

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2007

Transaction ID: SA11A1.4204

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Phillip R. Hinderberger, Esq.

Mailing Address 19 Glen Dr.

City State Zip Code
Mill Valley CA 94941

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

Name of Employer Occupation
Norcal Mutual Insurance Co. Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2007

Transaction ID: SA11A1.4138

Amount of Each Receipt this Period
100.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 24
	<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 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
 Mr. Jeffrey M. Holden

Mailing Address 606 Forest Ave.

City State Zip Code
 Glen Ellyn IL 60137

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

Name of Employer Occupation
 ISMIE COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 26 / 2007

Transaction ID: SA11A1.4210

Amount of Each Receipt this Period
 500.00

Contribution

B. Full Name (Last, First, Middle Initial)
 Mr. Carl T. Hook

Mailing Address 1916 Whispering Pines

City State Zip Code
 Norman OK 73072

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

Name of Employer Occupation
 PLICO MD/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 05 / 2007

Transaction ID: SA11A1.4198

Amount of Each Receipt this Period
 300.00

Contribution

C. Full Name (Last, First, Middle Initial)
 Mr. Michael D. Houpt

Mailing Address 88 Bozeman Paine Cr

City State Zip Code
 Madison MS 39110

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

Name of Employer Occupation
 Med. Assurance Co. of MS Insurance Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 50.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 03 / 2007

Transaction ID: SA11A1.4202

Amount of Each Receipt this Period
 50.00

Contribution

SUBTOTAL of Receipts This Page (optional)	850.00
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 / 24
	<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 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Mr. John T. Hutchens		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 5025 Bissonet Drive		Transaction ID: SA11A1.4216	
City State Zip Code Metairie LA 70003	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer LAMMICO	Occupation CPA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

Full Name (Last, First, Middle Initial) B. Ms Kimberley Jaques		Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2007	
Mailing Address 2275 Research Blvd., Ste. 250		Transaction ID: SA11A1.4166	
City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer PIAA	Occupation Director, Meeting & Education		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

Full Name (Last, First, Middle Initial) C. Mr. Anthony C. Jaspers		Date of Receipt M M / D D / Y Y Y Y 04 / 09 / 2007	
Mailing Address 232 N. Main Street		Transaction ID: SA11A1.4194	
City State Zip Code Lake Crystal MN 56055	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Mankoto Clinic	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) ▶	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 14 / 24
	<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 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Mr. James Gibb Johnson		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 54 E. Paricway N.		Transaction ID: SA11A1.4208	
City State Zip Code Memphis TN 38104	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Retired	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

Full Name (Last, First, Middle Initial) B. Mr. A. Peter Kezirian, Jr.		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 383 S. Hope Street, 8th Floor		Transaction ID: SA11A1.4156	
City State Zip Code Los Angeles CA 90071	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CAP-MPT	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) C. Mr. Kenneth Ludwig		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 6133 N. River Rd ste. 650		Transaction ID: SA11A1.4126	
City State Zip Code Rosemont IL 60018	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer OMSNIC	Occupation Insurance Executive		
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) ▶	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 15 / 24
	<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 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Mr. Michael L. McCall		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 8 Cottage Farms Road		Transaction ID: SA11A1.4162	
City Cumberland	State MD	Zip Code 04021	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Medical Mutual Ins. Co. of ME	Occupation Insurance Executive	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. Mr. Warren F. McPherson		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address 1727 Sharqbark Trail		Transaction ID: SA11A1.4206	
City Murfreesboro	State TN	Zip Code 37130	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Retired	Occupation MD	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. William L. Medd		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address P.O. Box 126		Transaction ID: SA11A1.4178	
City Norway	State ME	Zip Code 04268	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Oxford Hills Internal Medicine	Occupation MD	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	700.00
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 16 / 24
	<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 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
 Mr. Dale A. Neikirk

Mailing Address P.O. Box 1838

City State Zip Code
 Oklahoma City OK 73101

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

Name of Employer Occupation
 PLICO Insurance Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 05 / 09 / 2007

Transaction ID: SA11A1.4180

Amount of Each Receipt this Period
 250.00

Contribution

B. Full Name (Last, First, Middle Initial)
 Mr. Gordon T. Ownby, Esq.

Mailing Address 3715 Los Olivos Lane

City State Zip Code
 La Crescente CA 91214

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

Name of Employer Occupation
 Mutual Protection Trust Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 05 / 11 / 2007

Transaction ID: SA11A1.4160

Amount of Each Receipt this Period
 100.00

Contribution

C. Full Name (Last, First, Middle Initial)
 Mr. Mukesh T. Parekh

Mailing Address 5722 Parkland Ave., #240

City State Zip Code
 Oklahoma City OK 73112

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

Name of Employer Occupation
 Self MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 03 / 27 / 2007

Transaction ID: SA11A1.4218

Amount of Each Receipt this Period
 100.00

Contribution

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 24
	<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 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Terry L. Poling

Mailing Address #11 N. Sandalwood

City State Zip Code
Wichita KS 67230

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2007

Transaction ID: SA11A1.4130

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Ms Katharine Stoddard Pope

Mailing Address 19 Sturdivant Rd.

City State Zip Code
Cumberland FSDE ME 04110

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

Name of Employer Spectrum Medical Group Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2007

Transaction ID: SA11A1.4143

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr. Harry B. Richardson, Jr.

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 Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2007

Transaction ID: SA11A1.4102

Amount of Each Receipt this Period
100.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 24
	<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 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
 Mr. Donald W. Robertson

Mailing Address 333 South Hope St., 8th FL

City State Zip Code
Los Angeles CA 90071

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

Name of Employer Occupation
 CAP-MPT Health Care Admin.

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

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 14 / 2007

Transaction ID: SA11A1.4128

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
 Mr. James J. Salz

Mailing Address 12561 Promontory Rd.

City State Zip Code
Los Angeles CA 90049

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

Name of Employer Occupation
 Self Ophthalmologist

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

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 14 / 2007

Transaction ID: SA11A1.4141

Amount of Each Receipt this Period
100.00

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

Mailing Address 4008 Lakecove LP SE

City State Zip Code
Olympia WA 98501

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

Name of Employer Occupation
 Self MD

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 / 26 / 2007

Transaction ID: SA11A1.4214

Amount of Each Receipt this Period
100.00

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 19 / 24
	<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 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Jaan E. Sidorov		Date of Receipt MM / DD / YYYY 05 / 02 / 2007
Mailing Address 413 Village Way		Transaction ID: SA11A1.4164
City Harrisburg	State PA	Zip Code 17112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer PMSLIC	Occupation Board Chair	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) B. Mr. Lawrence E. Smarr		Date of Receipt MM / DD / YYYY 05 / 02 / 2007
Mailing Address 14600 Poplar Hill Rock		Transaction ID: SA11A1.4182
City Germantown	State MD	Zip Code 20874
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PIAA	Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Thomas H. Stearns		Date of Receipt MM / DD / YYYY 04 / 20 / 2007
Mailing Address 7331 Nolensville Rd		Transaction ID: SA11A1.4190
City Nolensville	State TN	Zip Code 37135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer SVMIC	Occupation VP, Medical Pract. Serv.	Contribution
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)	▶	450.00
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 20 / 24
	<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 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Ms Victoria J. Sterling

Mailing Address 1827 W. Berwyn

City State Zip Code
Chicago IL 60640

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

Name of Employer Occupation
OMSNIC Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2007

Transaction ID: SA11A1.4108

Amount of Each Receipt this Period
300.00

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

Mailing Address 3006 Bryan St.

City State Zip Code
Alexandria VA 22302

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

Name of Employer Occupation
PIAA Director of Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2007

Transaction ID: SA11A1.4212

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Ms Annette B. Szady

Mailing Address 3463 Turnberry Drive

City State Zip Code
Chambersburg PA 17201

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

Name of Employer Occupation
PMSLIC Ins. Co. CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2007

Transaction ID: SA11A1.4188

Amount of Each Receipt this Period
100.00

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 21 / 24
	<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 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Mr. Chris Teigland Mailing Address 700 Hungerford Place City State Zip Code Charlotte NC 28207 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7 Transaction ID: SA11A1.4152 Amount of Each Receipt this Period 100.00 Contribution
Name of Employer Occupation Medical Mutual of NC Physician Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 100.00		

B. Full Name (Last, First, Middle Initial) Mr. Tom D. Throckmorton Mailing Address 1823 Highway Blvd City State Zip Code Spencer IA 51301 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 7 Transaction ID: SA11A1.4196 Amount of Each Receipt this Period 100.00 Contribution
Name of Employer Occupation Northwest Iowa Surgeons Surgeon Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 100.00		

C. Full Name (Last, First, Middle Initial) Ms Debra K. Udey Mailing Address 9716 Kenmore Drive City State Zip Code Kensington MD 20895 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7 Transaction ID: SA11A1.4106 Amount of Each Receipt this Period 100.00 Contribution
Name of Employer Occupation Omsnic VP, RM Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 100.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 24
	<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 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Mr. William R. Vetter		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2007	
Mailing Address 21 Riverbank Place		Transaction ID: SA11A1.4136	
City State Zip Code Carmichael CA 95608	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N.C.C.A.	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

B. Full Name (Last, First, Middle Initial) Paul Rocky Weber		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2007	
Mailing Address 2888 Long Beach Blvd, #165		Transaction ID: SA11A1.4229	
City State Zip Code Long Beach CA 90806	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00		

C. Full Name (Last, First, Middle Initial) Mr. Paul Weber		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2007	
Mailing Address 4386 26th Street		Transaction ID: SA11A1.4132	
City State Zip Code San Francisco CA 94131	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer OMIC	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	625.00
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 23 / 24		
	<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

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NAME OF COMMITTEE (In Full)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. James L. Weidner

Mailing Address 333 S. Hope Street, 8th FL

City State Zip Code
Los Angeles CA 91105

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

Name of Employer Occupation
CAP-MPT CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2007

Transaction ID: SA11A1.4170

Amount of Each Receipt this Period
200.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Glenn H. Weissman

Mailing Address 51 N. 5th Avenue, #202

City State Zip Code
Arcadia CA 91006

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

Name of Employer Occupation
CAP-MPT MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2007

Transaction ID: SA11A1.4168

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. J. Michael Wormley

Mailing Address 210 S. Grand Ave., #214

City State Zip Code
Glendora CA 91741

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

Name of Employer Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2007

Transaction ID: SA11A1.4150

Amount of Each Receipt this Period
100.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	400.00
TOTAL This Period (last page this line number only)	▶	9225.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 24 / 24	
	(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"/> 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 POLITICAL ACTION COMMITTEE

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

Mailing Address 1040 Stoney Hill Road, Ste. 1050

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 ▼
218.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	7

Transaction ID: SA17.4232

Amount of Each Receipt this Period
218.76

Interest

SUBTOTAL of Receipts This Page (optional)	▶	218.76
TOTAL This Period (last page this line number only)	▶	218.76