

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

7004 OCT 15 2004

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: if typing, type over the line.

12FE4MS

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

CITY

STATE

ZIP CODE

000319319

8. 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)

Apr 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 2004

through

09 30 2004

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

Bruce A. Wilson

Signature of Treasurer

Bruce A. Wilson

Date

10 14 2004

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

Office Use Only							
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FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 2X (Rev. 02/2003)

Page 2

Write or Type Committee Name:

Physician Insurers Association of America PAC

Report Covering the Period: From: 07 ' 01 ' 2004 To: 04 ' 30 ' 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2004</u>		<u>21,428.43</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>27,283.42</u>	
(c) Total Receipts (from Line 18).....	<u>30,742</u>	<u>10,142.42</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>27,591.25</u>	<u>31,591.25</u>
7. Total Disbursements (from Line 24).....	<u>9,800.00</u>	<u>13,800.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>17,791.25</u>	<u>17,791.25</u>
9. Debt and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D).....		
10. Debt and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D).....		

This committee has qualified as a multicandidate committee. (see FEC FORM 114)

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 (Rev. 02/2003)

Write or Type Committee Name

Physician Insurers Association of America PAC

Report Covering the Period:

From:

07 01 2004

to

09 30 2004

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):		
(ii) Unitemized		
(iii) TOTAL (add		
Lines 11(a)(i) and (ii))		
(b) Political Party Committees		
(c) Other Political Committees		
(such as PACs)		
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 39, page 5)		
12. Transfers From Affiliated/Other		
Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees		
17. Other Federal Receipts		
(Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))		
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)		

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	300.00	300.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	300.00	300.00
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	9,500.00	13,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share		
(ii) "Levies" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9,800.00	13,800.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	9,800.00	13,800.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2008)

Page 5

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)		985000
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		985000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	30000	30000
37. Offset to Operating Expenditures (from Line 15, page 2)	30000	30000
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

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

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

FOR USE NUMBER: (check only one)		PAGE / OF /	
<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 checked="" 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

Full Name (Last, First, Middle Initial)
A. **Physician Insurers Assoc. of America (Connecticut)**

Date of Receipt
08 12 2004

Mailing Address
2275 Research Blvd Ste 250
City: **Rockville** State: **MD** Zip Code: **20850**

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.
C

Name of Employer
Occupation

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)
B.

Date of Receipt
.....

Mailing Address
City State Zip Code

Amount of Each Receipt this Period
.....

FEC ID number of contributing federal political committee.
C

Name of Employer
Occupation

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Date of Receipt
.....

Mailing Address
City State Zip Code

Amount of Each Receipt this Period
.....

FEC ID number of contributing federal political committee.
C

Name of Employer
Occupation

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (Use page line number only)	300.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER (check only one)

PAGE OF 5

<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"/> 30a

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NAME OF COMMITTEE (in Full)
Physician Insurers Association of America PAC

A. Esser for Congress

Full Name (Last, First, Middle Initial): **Esser for Congress**

Mailing Address: **P.O. Box 14701**

City: **Belleme** State: **WA** Zip Code: **98008**

Purpose of Disbursement: **Campaign Contribution**

Candidate Name: **LUKE ESSER**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **WA** District: **8**

Date of Disbursement: **09/03/2004**

Amount of Each Disbursement This Period: **25000**

B. John Thune for U.S. Senate

Full Name (Last, First, Middle Initial): **John Thune for U.S. Senate**

Mailing Address: **701 Constitution Ave., NW #900-W**

City: **Washington** State: **DC** Zip Code: **20001**

Purpose of Disbursement: **Campaign Contribution**

Candidate Name: **John Thune**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **SD** District:

Date of Disbursement: **09/28/2004**

Amount of Each Disbursement This Period: **100000**

C. Rick Renzi for Congress

Full Name (Last, First, Middle Initial): **Rick Renzi for Congress**

Mailing Address: **P.O. Box 2716**

City: **Arlington** State: **VA** Zip Code: **22202**

Purpose of Disbursement: **Campaign Contribution**

Candidate Name: **Rick Renzi**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **AZ** District: **1**

Date of Disbursement: **09/28/2004**

Amount of Each Disbursement This Period: **160000**

SUBTOTAL of Disbursements This Page (optional): **225000**

TOTAL This Period (last page this line number only): **225000**

**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 3	
<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"/> 29c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 comparable purposes, other than using the name and address of any political committee in solicit contributions from such committee.

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

A. Pomeroy for Congress

Full Name (Last, First, Middle Initial): Pomeroy for Congress

Mailing Address: P.O. Box 75214

City: Washington State Zip Code: DC 20013-5214

Purpose of Disbursement: Campaign Contribution

Candidate Name: Earl Pomeroy

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: MD District: At-Large

Date of Disbursement: 09 28 2004

Amount of Each Disbursement this Period: 500.00

B. Foxx for Congress

Full Name (Last, First, Middle Initial): Foxx for Congress

Mailing Address: 11403 Highway 105

City: Banner Elk State Zip Code: NC 2881004

Purpose of Disbursement: Campaign Contribution

Candidate Name: Virginia Foxx

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: NC District: 5

Date of Disbursement: 09 28 2004

Amount of Each Disbursement this Period: 500.00

C. Friends of Mike Ferguson

Full Name (Last, First, Middle Initial): Friends of Mike Ferguson

Mailing Address: P.O. Box 225

City: Colonia State Zip Code: NJ 070167

Purpose of Disbursement: Campaign Contribution

Candidate Name: Mike Ferguson

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: NJ District: 7

Date of Disbursement: 09 28 2004

Amount of Each Disbursement this Period: 500.00

AGGREGATE of Disbursements This Page (optional): 150000

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 5

<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"/> 30

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NAME OF COMMITTEE (in Full)
Physician Insurers Association of America PAC

A. **The Richard Burr Committee** Date of Disbursement: **09 30 2004**

Mailing Address: **P.O. Box 5928**

City: **Winston-Salem, NC** State: **NC** Zip Code: **27113**

Purpose of Disbursement: **Campaign Contributions** Amount of Each Disbursement this Period: **1000.00**

Candidate Name: **Richard Burr** Category/Type:

Office Sought: House Disbursement For: Primary General
 Senate Other (specify)
 President Other (specify)
 District:

State: **NC**

B. **Pickering for Congress** Date of Disbursement: **09 30 2004**

Mailing Address: **P.O. Box 4297**

City: **Brandon, MS** State: **MS** Zip Code: **39042**

Purpose of Disbursement: **Campaign Contribution** Amount of Each Disbursement this Period: **500.00**

Candidate Name: **Charles "Chip" Pickering, Jr.** Category/Type:

Office Sought: House Disbursement For: Primary General
 Senate Other (specify)
 President Other (specify)
 District: **3**

State: **MS**

C. **Jim Feldkamp for Congress** Date of Disbursement: **09 30 2004**

Mailing Address: **500 SE Cass Ave., Ste. 200**

City: **Roseburg, OR** State: **OR** Zip Code: **97470**

Purpose of Disbursement: **Campaign Contribution** Amount of Each Disbursement this Period: **250.00**

Candidate Name: **Jim Feldkamp** Category/Type:

Office Sought: House Disbursement For: Primary General
 Senate Other (specify)
 President Other (specify)
 District: **4**

State: **OR**

SUBTOTAL of Disbursements This Page (optional): **1750.00**

TOTAL This Period (last page has line number only): **1750.00**

**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 5	
<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"/> 29c	<input type="checkbox"/> 29e	<input type="checkbox"/> 30a

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NAME OF COMMITTEE (in Full)
Physician Inquiries Association of America PAC

A. Coburn for Senate Committee Date of Disbursement: 09 30 2004

Mailing Address: PO Box 977

City: Muskogee State: OK Zip Code: 74402

Purpose of Disbursement: Campaign Contribution Amount of Each Disbursement this Period: 1,000.00

Candidate Name: Tom Coburn Category Type: _____

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: OK District: _____

B. The Sensenbrenner Committee Date of Disbursement: 09 30 2004

Mailing Address: 1207 Prince Street #7

City: Alexandria State: VA Zip Code: 22314

Purpose of Disbursement: Campaign Contribution Amount of Each Disbursement this Period: 1,000.00

Candidate Name: F. James Sensenbrenner, Jr. Category Type: _____

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: VA District: 5

C. Georgians for Isakson Date of Disbursement: 09 30 2004

Mailing Address: PO Box 71955

City: Marietta State: GA Zip Code: 30007

Purpose of Disbursement: Campaign Contribution Amount of Each Disbursement this Period: 1,000.00

Candidate Name: Johnny Isakson Category Type: _____

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: GA District: _____

SUBTOTAL of Disbursements This Page (optional): 3,000.00

TOTAL this Period (last page this line number only): _____

**SCHEDULE B (FEC Form SX)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 6

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

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NAME OF COMMITTEE (in Full):
Physician Insurers Association of America - Ptc

A.

Full Name (Last, First, Middle Initial):
Hall for Congress Committee

Dating Address:
104 North San Jacinto

City: **Rockwall** State: **TX** Zip Code: **75087**

Purpose of Disbursement:
Campaign Contribution

Candidate Name:
Ralph Hall

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **TX** District: **9**

Date of Disbursement:
01 30 2004

Amount of Each Disbursement this Period:
1,000.00

Category/Type:

B.

Full Name (Last, First, Middle Initial):

Dating Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: District:

Date of Disbursement:

Amount of Each Disbursement this Period:

Category/Type:

C.

Full Name (Last, First, Middle Initial):

Dating Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: District:

Date of Disbursement:

Amount of Each Disbursement this Period:

Category/Type:

SUBTOTAL of Disbursements This Page (optional): **100,000**

TOTAL This Period (last page this line number only): **950,000**

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

PAGE / OF /

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of America PAC

A.

Full Name (Last, First, Middle Initial): **Merrill Lynch**

Mailing Address: **1040 Stronghill Rd, Suite #150**

City: **Yardley** State: **PA** Zip Code: **19087**

Purpose of Disbursement: **Annual Service Fee**

Candidate Name: _____

Office Sought: House Senate President

State: _____ District: _____

Disbursement For: Primary General Other (specify) _____

Date of Disbursement: **02 / 12 / 2004**

Amount of Each Disbursement This Period: **300.00**

Category/Type: _____

B.

Full Name (Last, First, Middle Initial): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Office Sought: House Senate President

State: _____ District: _____

Disbursement For: Primary General Other (specify) _____

Date of Disbursement: _____

Amount of Each Disbursement This Period: _____

Category/Type: _____

C.

Full Name (Last, First, Middle Initial): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Office Sought: House Senate President

State: _____ District: _____

Disbursement For: Primary General Other (specify) _____

Date of Disbursement: _____

Amount of Each Disbursement This Period: _____

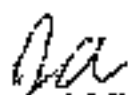
Category/Type: _____

SUBTOTAL of Disbursements This Page (optional) **300.00**

TOTAL This Period (last page this line number only) **300.00**

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 10-15-04
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (5/2004)	10-15-04 DATE PREPARED