

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

JUL 28 P 1:18  
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

Phyllis G. Ann... Association of Americans... Political Action Committee

ADDRESS (number and street) 12751 Rockville Rd

Check if different than previously reported. (ACC) Suite 259 Rockville MD 20851

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

000319319

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 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)

(b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) Dec 20 (M12) Jan 31 (YE)

(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 01/01/2003 through 07/30/2003

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 [Signature] Date 07/24/2003

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 (Revised 1/01)

Page 2

Write or Type Committee Name

PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC

Report Covering the Period:

From:

01 01 2003

To:

06 30 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2003	2003	15137.78
(b) Cash on Hand at Beginning of Reporting Period	15137.78	
(c) Total Receipts (from Line 19)	5918.47	5918.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	21056.25	21056.25
7. Total Disbursements (from Line 30)	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21056.25	21056.25
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

FEC Form BX (Revised 1/11)

Page 3

Write or Type Committee Name

Physician Insurers Association of America PAC

Report Covering the Period:

From:

01/01/2003

To:

06/30/2003

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Then Political Committees

(i) Itemized (use Schedule A) .....

5850.00

(ii) Unitemized .....

0.00

(iii) TOTAL (add  
Lines 11(a)(i) and (ii)) .....

5850.00

(b) Political Party Committees .....

0.00

(c) Other Political Committees  
(such as PACs) .....

0.00

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 32, page 4) .....

5850.00

12. Transfers From Affiliated/Other  
Party Committees .....

0.00

13. All Loans Received .....

0.00

14. Loan Repayments Received .....

0.00

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 36, page 4) .....

0.00

16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees .....

0.00

17. Other Federal Receipts  
(Dividends, Interest, etc.) .....

10.47

18. Transfers from Nonfederal  
Account for Joint Activity .....

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18) .....

5910.47

20. Total Federal Receipts  
(subtract Line 18 from Line 19) .....

5910.47

11030381543803

**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 .....	000	000
(ii) Non-Federal Share .....	000	000
(b) Other Federal Operating Expenditures .....	000	000
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	000	000
22. Transfers to Affiliated/Other Party Committees .....	000	000
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	000	000
24. Independent Expenditures (use Schedule E) .....	000	000
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F) .....	000	000
26. Loan Repayments Made .....	000	000
27. Loans Made .....	000	000
28. Refunds of Contributions To:		
(a) Individual/Persons Other Than Political Committees .....	000	000
(b) Political Party Committees .....	000	000
(c) Other Political Committees (such as PACs) .....	000	000
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	000	000
29. Other Disbursements .....	000	000
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) .....	000	000
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30) .....	000	000

**III. Net Contributions/Operating Expenditures**

32. Total Contributions (other than loans) (from Line 11(d), page 3) .....	585000	585000
33. Total Contribution Refunds (from Line 28(d)) .....	000	000
34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....	585000	585000
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	000	000
36. Offsets to Operating Expenditures (from Line 15, page 3) .....	000	000
37. Net Operating Expenditures (subtract Line 36 from Line 35) .....	000	000

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

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

FOR LINE NUMBER:		PAGE	OF	13
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Physician Business Association of American Medical Action Committee

Full Name (Last, First, Middle Initial)

A. Smay, Lawrence B.

Mailing Address

14000 Pegasus Hill Road

City

Germanstown

State

MD

Zip Code

20874

Date of Receipt

06 / 05 / 2002

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

250.00

Name of Employer

P.A.A.

Occupation

President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

B. Wilson, Bruce A.

Mailing Address

9523 Mineral Road

City

Silver Springs

State

MD

Zip Code

20901

Date of Receipt

03 / 05 / 2005

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

300.00

Name of Employer

P.A.A.

Occupation

Director, Gov't Relations

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

C. Dyer, Candace

Mailing Address

390 Tollgate Road

City

Norwich

State

RI

Zip Code

02880

Date of Receipt

05 / 15 / 2005

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

300.00

Name of Employer

NORCAL

Occupation

Surgeon

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional) .....

850.00

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

850.00

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

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

FOR LINE NUMBER: PAGE 2 OF 13  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (in Full)

Physician Offices Association of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richardson, Harry B.

Mailing Address

700 McDonald Ave.

City

Santa Rosa

State

CA

Zip Code

95404

FEC ID number of contributing federal political committee

C

Name of Employer

NORCAL

Occupation

Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

05 / 15 / 2008

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Lee, Mary

Mailing Address

810 Jackson Street Ste 203

City

San Francisco

State

CA

Zip Code

94133

FEC ID number of contributing federal political committee

C

Name of Employer

NIPEC

Occupation

Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

05 / 15 / 2008

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Bounie, David

Mailing Address

1001 Jacques Circle

City

Atlanta

State

GA

Zip Code

30309

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

05 / 15 / 2008

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

400.00

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

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

FOR LINE NUMBER: PAGE 3 OF 5  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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)

Musicians Franchise Association of America - Political Action Committee

Full Name (Last, First, Middle Initial)

A. GLEASON, Joanne M.D.

Mailing Address

1028 SW 10th Street

City

Topeka

State

KS

Zip Code

66604

FEC ID number of contributing federal political committee.

C

Name of Employer

KAMICO

Occupation

President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

05 / 15 / 2003

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. HOLT, MIKE

Mailing Address

404 West Parkway Place

City

Ridgeland

State

MS

Zip Code

39167

FEC ID number of contributing federal political committee.

C

Name of Employer

Medical Insurance Co of MS

Occupation

Chief Executive Officer

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

05 / 15 / 2003

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Pedro, Brad, M.D.

Mailing Address

15 Via Del Arroyo

City

Napa

State

CA

Zip Code

94559

FEC ID number of contributing federal political committee.

C

Name of Employer

MIEC

Occupation

Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

05 / 15 / 2003

Amount of Each Receipt this Period

100.00

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 19  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. WALT, DAVID, M.D.**

Mailing Address  
2015 Hawthorne Avenue

City Grand Junction State CO Zip Code 81501

FEC ID number of contributing federal political committee: C1

Name of Employer: SMI/C Occupation: Program Director, Family Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: 05 / 15 / 2003

Amount of Each Receipt this Period: 15000

Full Name (Last, First, Middle Initial)  
**B. ROSS, JUDITH, M.D.**

Mailing Address  
31 La Salle Avenue

City Piedmont State CA Zip Code 94611

FEC ID number of contributing federal political committee: C1

Name of Employer: MIEC Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: 05 / 15 / 2003

Amount of Each Receipt this Period: 10000

Full Name (Last, First, Middle Initial)  
**C. BRIDGE, FRANK, J.**

Mailing Address  
5717 Haring Court

City Metairie State LA Zip Code 70006

FEC ID number of contributing federal political committee: C1

Name of Employer: LAHICO Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: 05 / 16 / 2003

Amount of Each Receipt this Period: 10000

SUBTOTAL of Receipts This Page (optional) 35000

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



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

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

FOR LINE NUMBER: **PAGE 5 OF 13**  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/>

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NAME OF COMMITTEE (In Full)

Physician Engineers Association of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cleaver, Gene, MD

Mailing Address

12083 N. Old Stage Road

City

MT. Shasta

State

CA

Zip Code

96067

FEC ID number of contributing federal political committee.

C

Name of Employer

MIEC

Occupation

Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

05 / 16 / 2003

Amount of Each Receipt this Period

10000

Full Name (Last, First, Middle Initial)

B. McCall, Michael

Mailing Address

8 Cottage Farms Road

City

Camden

State

ME

Zip Code

04001

FEC ID number of contributing federal political committee.

C

Name of Employer

UMIC - ME

Occupation

Prof. Lecturer, Clinical Studies

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

05 / 19 / 2003

Amount of Each Receipt this Period

10000

Full Name (Last, First, Middle Initial)

C. Charles, Brian

Mailing Address

9212 E. Eva Street

City

Phoenix

State

AZ

Zip Code

85028

FEC ID number of contributing federal political committee.

C

Name of Employer

MICA

Occupation

AVP Sales & Marketing

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

05 / 19 / 2003

Amount of Each Receipt this Period

10000

SUBTOTAL of Receipts This Page (optional)

80000

TOTAL This Period (last page this line number only)

80000

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

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

FOR LINE NUMBER: PAGE 10 OF 15  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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. Kruce, J. Carol

Mailing Address

3300 Bon Air Center #259

City

Greenbrae

State

CA

Zip Code

94904

FEC ID number of contributing federal political committee.

C

Name of Employer

MIE

Occupation

Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / 27 / 2003

Amount of Each Receipt This Period

100.00

Full Name (Last, First, Middle Initial)

B. Kieren, Jack L.

Mailing Address

1942 Blanchard Way

City

Inver Grove Hts

State

MN

Zip Code

55076

FEC ID number of contributing federal political committee.

C

Name of Employer

Widows + Medical

Occupation

President / CEO

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / 27 / 2003

Amount of Each Receipt this Period

10000

Full Name (Last, First, Middle Initial)

C. Franky, Richard J.

Mailing Address

4138 Shorecrest Drive

City

Orlando

State

FL

Zip Code

32804

FEC ID number of contributing federal political committee.

C

Name of Employer

PRC

Occupation

Radiologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / 27 / 2003

Amount of Each Receipt this Period

25000

SUBTOTAL of Receipts This Page (optional) ▶

45000

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

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

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

FOR LINE NUMBER: PAGE 7 OF 13  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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)  
Physicians Investors Association of America Political Action Committee

**A. MAYER, ROBERT, MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address: 500 3rd Street PO Box 95  
City: Utica State: NY Zip Code: 13501-0095  
Date of Receipt: 05/27/2003  
Amount of Each Receipt this Period: 100.00  
FEC ID number of contributing federal political committee: C  
Name of Employer: Midwest Medical Occupation: Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date

**B. Finkelsberger, Philip**  
Full Name (Last, First, Middle Initial)  
Mailing Address: 19 Glen Drive  
City: Mill Valley State: CA Zip Code: 94941  
Date of Receipt: 05/27/2003  
Amount of Each Receipt this Period: 100.00  
FEC ID number of contributing federal political committee: C  
Name of Employer: Norcal Mutual Ins Co Occupation: Attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date

**C. Glassman, Leonard**  
Full Name (Last, First, Middle Initial)  
Mailing Address: 1350 S. Washington Street  
City: Alexandria State: VA Zip Code: 22304  
Date of Receipt: 05/27/2003  
Amount of Each Receipt this Period: 300.00  
FEC ID number of contributing federal political committee: C  
Name of Employer: NORC Occupation: Board Member  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional) 500.00  
TOTAL This Period (last page this line number only) 500.00

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

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

FOR LINE NUMBER:		PAGE 5 OF 12	
(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 type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

Physician Invoicing Association of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephens, Michael D.

Mailing Address

900 Alder Place

City

Newport Beach

State

CA

Zip Code

92660

FEC ID number of contributing federal political committee.

C

Name of Employer

NORCAL Mut Ins Co

Occupation

Hospital CEO

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

05 / 27 / 2003

Amount of Each Receipt this Period

2000

Full Name (Last, First, Middle Initial)

B. Hammer, James

Mailing Address

11 Country Club Drive

City

Fairfield

State

CA

Zip Code

94534

FEC ID number of contributing federal political committee.

C

Name of Employer

MIEC

Occupation

Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

05 / 29 / 2003

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

C. Balzano, John MD

Mailing Address

50 Deer Hills Circle

City

North Oaks

State

MN

Zip Code

55127

FEC ID number of contributing federal political committee.

C

Name of Employer

MIEC

Occupation

Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

05 / 29 / 2003

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

5000

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

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

FOR LINE NUMBER: PAGE 9 OF 13  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  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)  
 Garland James F., MD  
 Mailing Address  
 4524 N. 10th Place  
 City: Scottsdale State: AZ Zip Code: 85251  
 Name of Employer: MICA Occupation: Executive  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 03/29/2003  
 Amount of Each Receipt this Period: 500.00  
 Aggregate Year-to-Date: [ ]

B. Full Name (Last, First, Middle Initial)  
 Waldner James  
 Mailing Address  
 333 S. Hope Street 8th Floor  
 City: Los Angeles State: CA Zip Code: 90021  
 Name of Employer: CAP MFT Occupation: CEO  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 05/29/2003  
 Amount of Each Receipt this Period: 250.00  
 Aggregate Year-to-Date: [ ]

C. Full Name (Last, First, Middle Initial)  
 Callahan, W.T.  
 Mailing Address  
 2854 Tranquility Court, SE  
 City: Salem State: OR Zip Code: 97301  
 Name of Employer: Northwest Physicians Occupation: Chairman  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 06/02/2003  
 Amount of Each Receipt this Period: 1000.00  
 Aggregate Year-to-Date: [ ]

SUBTOTAL of Receipts This Page (optional) 550.00  
 TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 OF 13  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 19	<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. Karress, William E.

Mailing Address

113 Kersey Road

City

Silver Spring

State

MD

Zip Code

20903

FEC ID number of contributing federal political committee

C

Name of Employer

NORIC

Occupation

Insurance

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / 08 / 2003

Amount of Each Receipt This Period

100.00

Full Name (Last, First, Middle Initial)

B. Hier, G. Richard, MD

Mailing Address

2818 Salem Point Drive, SW

City

Rochester

State

MN

Zip Code

55902

FEC ID number of contributing federal political committee

C

Name of Employer

MNIC Group

Occupation

Board Chair

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / 02 / 2003

Amount of Each Receipt This Period

100.00

Full Name (Last, First, Middle Initial)

C. Douglas, Patricia, MD

Mailing Address

38 Ocean View Road

City

Cape Elizabeth

State

ME

Zip Code

04107

FEC ID number of contributing federal political committee

C

Name of Employer

MNIC-ME

Occupation

Administrator

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / 02 / 2003

Amount of Each Receipt This Period

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE	OF	2
<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 type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Physicians' Insurers Association of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. J. Spers, Anthony

Mailing Address

2295 Murphy Street

City

Little Crystal

State

MIN

Zip Code

55125

FEC ID number of contributing federal political committee.

C

Name of Employer

Midwest Medical

Occupation

Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / 02 / 2003

Amount of Each Receipt this Period

10000

Full Name (Last, First, Middle Initial)

B. Bradley, Richard V.

Mailing Address

#5 Lacleve Ridge

City

Lacleve

State

MO

Zip Code

63124

FEC ID number of contributing federal political committee.

C

Name of Employer

ProAssurance

Occupation

Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / 02 / 2003

Amount of Each Receipt this Period

10000

Full Name (Last, First, Middle Initial)

C. Buckley, Jerome M.D.

Mailing Address

301 Adams Street

City

Denver

State

CO

Zip Code

80204

FEC ID number of contributing federal political committee.

C

Name of Employer

COPIA

Occupation

Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / 02 / 2003

Amount of Each Receipt this Period

20000

SUBTOTAL of Receipts This Page (optional)

40000

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 OF 13  
(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 type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Fontana, Steven S. MD**

Mailing Address  
14010 Jane Way

City San Diego State CA Zip Code 95070

FEC ID number of contributing federal political committee: C

Name of Employer: NORCAL Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
06 / 09 / 2008

Amount of Each Receipt This Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Uday, Debra**

Mailing Address  
9716 Kenmore Drive

City Kenilworth State MD Zip Code 20895

FEC ID number of contributing federal political committee: C

Name of Employer: CA SAIC Occupation: VP Risk Mgt.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
04 / 02 / 2008

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Bedess, Pryllis**

Mailing Address  
301 W. Holly Street

City Phoenix State AZ Zip Code 85003

FEC ID number of contributing federal political committee: C

Name of Employer: MICA Occupation: Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
06 / 03 / 2008

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) 300.00



**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 13 OF 15	
<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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/>

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NAME OF COMMITTEE (in full)  
Physicians Insurers Association of America Political Action Committee

A. Trumbull, R. Bruce  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 1038 Fair Meadow Drive  
 City: Mason City State: IA Zip Code: 50401  
 Name of Employer: MMIC Occupation: Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 06 '05 '2003  
 Amount of Each Receipt this Period: 10000  
 Aggregate Year-to-Date:

B. Wilson, Michael  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: P.O. Box 109  
 City: Brookfield State: WI Zip Code: 53008-0209  
 Name of Employer: PIC-WI Occupation: CEO  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 06 '05 '2003  
 Amount of Each Receipt this Period: 10000  
 Aggregate Year-to-Date:

C. Samonville, Henry, III  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 1210 Webster Street  
 City: New Orleans State: LA Zip Code: 70118  
 Name of Employer: LA MVI CO Occupation: President/COO  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 06 '05 '2003  
 Amount of Each Receipt this Period: 10000  
 Aggregate Year-to-Date:

SUBTOTAL of Receipts This Page (optional) 30000  
 TOTAL This Period (last page this line number only) 385000

FEB 10 2004 10:00 AM

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 7-28-03
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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	
<i>See</i> PREPARER	7-28-03 DATE PREPARED

2025 11/17 10:28 AM 10-13-25