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**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.

12FE4M5

Physicians Insurance Association of America
Political Action Committee

ADDRESS (number and street)

2275 Riverside Blvd. Suite 2150

Check if different than previously reported. (ACC)

Brooklyn, NY 11208-5000

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C100319319

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)
- 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 (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 2001 through 06 30 2001

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lawrence E. Sparr

Signature of Treasurer

Date

07 27 2001

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

FEC FORM 3X
(Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

Physician Insurers Association of America Political Action Committee

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2001"/>		<input type="text" value="1321899"/>
(b) Cash on Hand at Beginning of Reporting Period	<input type="text" value="1321899"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="243484"/>	<input type="text" value="243484"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text" value="1565383"/>	<input type="text" value="1565383"/>
7. Total Disbursements (from Line 30)	<input type="text" value="58275"/>	<input type="text" value="58275"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="1507108"/>	<input type="text" value="1507108"/>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	<input type="text" value="00"/>	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	<input type="text" value="00"/>	

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

For further information contact:

Federal Election Commission
899 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

Physician Insurers Association of America Political Action Committee

Report Covering the Period: From: **01** / **01** / **2001** To: **06** / **30** / **2001**

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2 4 0 0 0 0	
(ii) Unitemized	0 0	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	2 4 0 0 0 0	2 4 0 0 0 0
(b) Political Party Committees	0 0	0 0
(c) Other Political Committees (such as PACs)	0 0	0 0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	0 0	0 0
12. Transfers From Affiliated/Other Party Committees	0 0	0 0
13. All Loans Received	0 0	0 0
14. Loan Repayments Received	0 0	0 0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 35, page 4)	0 0	0 0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0 0	0 0
17. Other Federal Receipts (Dividends, Interest, etc.)	3 4 8 4	3 4 8 4
18. Transfers from Nonfederal Account for Joint Activity	0 0	0 0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	2 4 3 4 8 4	2 4 3 4 8 4
20. Total Federal Receipts (subtract Line 18 from Line 19)	2 4 3 4 8 4	2 4 3 4 8 4

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

I. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0 0	0 0
(ii) Non-Federal Share	0 0	0 0
(b) Other Federal Operating Expenditures	8 2 7 5	8 2 7 5
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8 2 7 5	8 2 7 5
22. Transfers to Affiliated/Other Party Committees	0 0	0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees	5 0 0 0 0	5 0 0 0 0
24. Independent Expenditures (use Schedule E)	0 0	0 0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)	0 0	0 0
26. Loan Repayments Made	0 0	0 0
27. Loans Made	0 0	0 0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0 0	0 0
(b) Political Party Committees	0 0	0 0
(c) Other Political Committees (such as PACs)	0 0	0 0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0 0	0 0
29. Other Disbursements	0 0	0 0
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	5 8 2 7 5	5 8 2 7 5
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	0 0	0 0

II. Net Contributions/Operating Expenditures

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

**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 1 OF 6	
<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

Full Name (Last, First, Middle Initial) A. Henry J. Carr, Jr., MD		Date of Receipt 01 / 03 / 2001	
Mailing Address 100 Badger Court		Amount of Each Receipt this Period 100.00	
City Clinton	State NC	Zip Code 28328	
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Mutual Insurance Co		Occupation Retired - Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Fernando D. Dulay, MD		Date of Receipt 04 / 10 / 2001	
Mailing Address PO Box 591118		Amount of Each Receipt this Period 100.00	
City San Francisco	State CA	Zip Code 94159	
FEC ID number of contributing federal political committee. C			
Name of Employer None Listed		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Bruce A. Wilson		Date of Receipt 04 / 27 / 2001	
Mailing Address 9523 Thornhill Road		Amount of Each Receipt this Period 250.00	
City Silver Spring	State MD	Zip Code 20901	
FEC ID number of contributing federal political committee. C			
Name of Employer Physician Insurers Association of America		Occupation Director, Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

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: PAGE 2 OF 6	
<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 Insurers Association of America Political Action Committee

Full Name (Last, First, Middle Initial) A. Lawrence E. Smart		Date of Receipt 04 27 2001
Mailing Address 14600 Poplar Hill Road		Amount of Each Receipt this Period 250.00
City Germantown	State Zip Code MD 20874	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date
Name of Employer Physician Insurers Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	of America	

Full Name (Last, First, Middle Initial) B. Larry W. Thrower		Date of Receipt 05 30 2001
Mailing Address 7351 Lowry Boulevard, PO Box 17540TA		Amount of Each Receipt this Period 500.00
City Denver	State Zip Code CO 80217-0540	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date
Name of Employer COPIC Insurance Co.	Occupation Vice Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. R. Bruce Trimble, MD		Date of Receipt 06 06 2001
Mailing Address 1038 Fair Meadow Drive		Amount of Each Receipt this Period 100.00
City Mason City	State Zip Code IA 50401	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date
Name of Employer None Listed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 3 OF 6
<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 Insurers Association of America Political Action Committee

A. Anthony C. Jaspers, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address: 232 N. Main, PO Box 268
 City: Lake Crystal State: MN Zip Code: 56055
 FEC ID number of contributing federal political committee: C
 Name of Employer: None Listed Occupation: Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date

Date of Receipt: 06 06 2001
 Amount of Each Receipt this Period: 100.00

B. Roger Meyer, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address: 800 Third Street, PO Box 95
 City: Utica State: NE Zip Code: 68456-2851
 FEC ID number of contributing federal political committee: C
 Name of Employer: Memorial Healthcare Occupation: Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date

Date of Receipt: 06 06 2001
 Amount of Each Receipt this Period: 100.00

C. William R. Vetter, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address: 21 Riverbank Place
 City: Carmichael State: CA Zip Code: 95608
 FEC ID number of contributing federal political committee: C
 Name of Employer: NORCAL Mutual Insurance Co. Occupation: Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date

Date of Receipt: 06 06 2001
 Amount of Each Receipt this Period: 109.00

SUBTOTAL of Receipts This Page (optional) 309.00
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 4 OF 6	
<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 Insurers Association of America Political Action Committee

Full Name (Last, First, Middle Initial)
A. Andrew J. K. Smith, MD

Mailing Address
515 N. Ferndale Road

City **Wayzata** State **MN** Zip Code **55391**

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

Name of Employer **Park Nicollet Clinic** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
06 06 2001

Amount of Each Receipt this Period
5,000

Full Name (Last, First, Middle Initial)
B. Jerome Buckley, MD

Mailing Address
301 Adams Street

City **Denver** State **CO** Zip Code **80206-4420**

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

Name of Employer **COPIC Insurance Co.** Occupation **Physician Administration**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
06 06 2001

Amount of Each Receipt this Period
1,000.00

Full Name (Last, First, Middle Initial)
C. Steven S. Fountain, MD

Mailing Address
14010 June Way

City **Saratoga** State **CA** Zip Code **95070**

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

Name of Employer **NORCAL Mutual Insurance Co.** Occupation **Chairman of the Board**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
06 06 2001

Amount of Each Receipt this Period
1,000.00

SUBTOTAL of Receipts This Page (optional) **2,500.00**

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: (check only one)		PAGE 5 OF 6	
<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"/> 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. Philip R. Hinderberger		Date of Receipt 06 05 2001
Mailing Address 19 Glen Drive		Amount of Each Receipt this Period 100.00
City Mill Valley	State Zip Code CA 94941	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date
Name of Employer NORCAL Mutual Insurance Co.	Occupation Legal Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David P. Bounk		Date of Receipt 06 06 2001
Mailing Address 6801 Iroquois Circle		Amount of Each Receipt this Period 250.00
City Edina	State Zip Code MN 55439	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date
Name of Employer Midwest Medical Insurance Co.	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Joseph L. Willoughby, MD		Date of Receipt 06 12 2001
Mailing Address 1509 Hillsboro Road		Amount of Each Receipt this Period 100.00
City Franklin	State Zip Code TN 37609	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date
Name of Employer None Listed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 6 OF 6	
<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"/> 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. William J. Gallagher, MD		Date of Receipt 06 15 2001	
Mailing Address 4835 Talisman Court, South		Amount of Each Receipt this Period 1,000.00	
City Salem, OR	State OR	Zip Code 97302	
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 ▼		

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

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

SUBTOTAL of Receipts This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	2,400.00

**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 3

21a 22 23 24 25
 26 27 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)

Physician Insurers Association of America Political Action Committee

Full Name (Last, First, Middle Initial)

A.

Chevy Chase Bank, FSB

Mailing Address

PO Box 1296

City

Laurel

State

MD

Zip Code

20707

Purpose of Disbursement

Bank Service Charge

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

01 19 2001

Amount of Each Disbursement this Period

1450

B.

Chevy Chase Bank, FSB

Mailing Address

PO Box 1296

City

Laurel

State

MD

Zip Code

20707

Purpose of Disbursement

Bank Service Charge

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

02 16 2001

Amount of Each Disbursement this Period

1300

C.

Chevy Chase Bank, FSB

Mailing Address

PO Box 1296

City

Laurel

State

MD

Zip Code

20707

Purpose of Disbursement

Bank Service Charge

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

03 19 2001

Amount of Each Disbursement this Period

1300

SUBTOTAL of Disbursements This Page (optional) ▶

4050

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 2 OF 3
	<input type="checkbox"/> 21b 25	<input type="checkbox"/> 22 27	<input type="checkbox"/> 23 28a	<input type="checkbox"/> 24 28b	<input type="checkbox"/> 25 28c	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Chevy Chase Bank, FSB		Date of Disbursement 04 18 2001
Mailing Address PO Box 1296		Amount of Each Disbursement this Period 1345
City Laurel	State MD	
Purpose of Disbursement Bank Service Charge		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. Chevy Chase Bank, FSB		Date of Disbursement 05 17 2001
Mailing Address PO Box 1296		Amount of Each Disbursement this Period 1355
City Laurel	State MD	
Purpose of Disbursement Bank Service Charge		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. Chevy Chase Bank, FSB		Date of Disbursement 06 19 2001
Mailing Address PO Box 1296		Amount of Each Disbursement this Period 1525
City Laurel	State MD	
Purpose of Disbursement Bank Service Charge		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	4225
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)

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

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

Full Name (Last, First, Middle Initial) A. Friends of Clay Shaw		Date of Disbursement 06 : 12 : 2001
Mailing Address 2600 NE 14th Street, Causeway		Amount of Each Disbursement this Period 5000.00
City Pompano Beach	State FL	
Zip Code 33062		Category/ Type
Purpose of Disbursement Political Contribution		
Candidate Name Clay Shaw		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	58275

