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FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC) 2275 RESEARCH BOULEVARD SUITE 250 ADDRESS (number and street) Check if different than previously **ROCKVILLE** MD 20850 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A CITY A ZIPCODE A IS THIS **AMENDED** NEW C00319319 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Χ Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2006 09 30 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mike Stinson Type or Print Name of Treasurer Electronically Filed by Mike Stinson 10 19 2006 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

R	epor	t Covering the Period: From:	01 2006	To: 09 30 2006
		_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a)	Cash on Hand January 1 Y2006		27235.57
	(b)	Cash on Hand at Begining of Reporting Period	37869.86	
	(c)	Total Receipts (from Line 19)	1227.45	15417.38
	(d)	Subtotal (add lines 6(b) and		
		6(c) for Column A and Lines 6(a) and 6(c) for Column B)	39097.31	42652.95
	Tota	al Disbursements (from Line 31)	27800.00	31355.64
	Cas	sh on Hand at Close of		
		porting Period btract Line 7 from Line 6(d))	11297.31	11297.31
	Deb	ots and Obligations owed TO		
		committee (Itemize all on nedule C and/or Schedule D)	0.00	
).		ots and Obligations owed BY		
		committee (Itemize all on nedule C and/or Schedule D)	0.00	
	X	This Committee has qualified as a multicandidat	te committee. (see FEC FORM 1M)	

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) Page 3

Write or Type Committee Name

PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)

3^D0 м м 0 7 0^D1 м м 0 9 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 600.00 12800.00 (i) Itemized (use Schedule A) 0.00 0.00 (ii) Unitemized (iii) TOTAL (add 600.00 12800.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 1500.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 600.00 14300.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 300.00 300.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 327.45 817.38 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 1227.45 15417.38 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 1227.45 15417.38 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	300.00	355.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	300.00	355.64
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	27500.00	31000.00
Independent Expenditure (use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
Than Folitical Committees		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
9. Other Disbursements	0.00	0.00
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
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	27800.00	31355.64
. Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii)	07800 00	01055.04
from Line 31)	27800.00	31355.64

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	600.00	14300.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	600.00	14300.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	300.00	355.64
37.	Offsets to Operating Expenditures (from Line 15, page 3)	300.00	300.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	55.64

A. Dr. Steven Bergin

Stevens Point

Name of Employer

Primary

B. Dr. Warren F. McPherson

Murfreesboro

Name of Employer SVMIC

Primary

Receipt For:

Receipt For:

City

City

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

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

federal political committee.

Other (specify)

FEC ID number of contributing

federal political committee.

Other (specify)

Full Name (Last, First, Middle Initial)

Mailing Address 1727 Shagbark Tr.

Mailing Address 617 Linwood Avenue

General

General

W

C

TN

C

Occupation Chairman

Aggregate Year-to-Date ▼

500.00

PAGE 6/19 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 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. PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC) Date of Receipt 0 8 07 2006 State Zip Code Transaction ID: SA11A1.4657 54481-4428 Amount of Each Receipt this Period 100.00 Occupation Physician Aggregate Year-to-Date ▼ 100.00 Date of Receipt 8 0 31 2006 Transaction ID: SA11A1.4659 State Zip Code 37130 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)	•	600.00
TOTAL This Period (last page this line number only)	<u> </u>	600.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 19 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
Any information copied from such Reports and Statement or for commercial purposes, other than using the name ar	s may not be sold or used by any person and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PHYSICIAN INSURERS ASSOCIATION OF A	MERICA PAC (PHYSICIAN INSI	JRERS PAC)
Full Name (Last, First, Middle Initial) Physician Insuers Association of America Mailing Address 2275 Research Boulevard Suite 250 City State Rockville MD	'	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Occu	pation	300.00 Account Reimbursement
Receipt For: Primary Other (specify) ▼ Aggr	egate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	•	300.00
TOTAL This Period (last page this line number only)	•	300.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 19 (check only one) 11a 11b 11c 12 13 14 15 16 X 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) PHYSICIAN INSURERS ASSOCIATION	OF AME	RICA PAC (PHYSICIAN INSI	URERS PAC)
	Full Name (Last, First, Middle Initial) Merrill Lynch Mailing Address 1040 Stoney Hill Road Suite 150 City Yardley FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	State PA C Occupation Aggregate	Zip Code 19067 n e Year-to-Date ▼	Date of Receipt M M
	Other (specify)		603.07	
3.	Full Name (Last, First, Middle Initial) Merrill Lynch Mailing Address 1040 Stoney Hill Road Suite 150 City Yardley FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	State PA C Occupation Aggregate	Zip Code 19067 n e Year-to-Date ▼	Date of Receipt M M M
	Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	720.87	
C.	Merrill Lynch Mailing Address 1040 Stoney Hill Road Suite 150 City Yardley FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State PA C Occupation Aggregate	Zip Code 19067 n e Year-to-Date ▼	Date of Receipt M M M
SI	JBTOTAL of Receipts This Page (optional)			327.45
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5	CHEDULE B (FEC Form	3 X)	I lea caparata capadula(c)					FOR LINE NUMBER:					PAGE 9/19					
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	y Information copied from such Report for commercial purposes, other than us															5		
$\overline{}$	NAME OF COMMITTEE (In Full)																	
\rangle	PHYSICIAN INSURERS ASSO	CIATION OF AM	IERIO	CA PAC (F	PHYS	ICIAN	IINS	URE	RS P	AC)								
	Full Name (Last, First, Middle Initial)								Trans	actio	on ID:	SB	21B.4	179	5			
٩.	Merrill Lynch Date of Disbursement																	
			Boad 08 08 7 03 7 2006															
	Mailing Address 1040 Stoney I Suite 150	Hill Road							0 8			3	L	. 2	006			
	City	State		Zip Code					Amou	nt of	Each	Dis	burser	nent	t this F	eric	nd	
	Yardley	PA		19067						-	-		-	-				
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	President		•	ecify) 🔻	Jiai													
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TOTAL This Period (last page this line number only)	•	300.00

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\rangle	PHYSICIAN INSURERS ASSOCIATION O	F AMERICA	A PAC (PHYS	SICIA	N INS	JREI	RS PAC	C)						
١.	Full Name (Last, First, Middle Initial) BOB CORKER FOR SENATE								SB23.4	703				
	BOB CORRER FOR SENATE						Date of D		D /	Y Y	Y .	Υ		
	Mailing Address 518 GEORGIA AVE 2ND	FLOOR					0 9	1	3	. 2	0 Ď 6			
		State TN	Zip Code 37403				Amount	of Each	Disburse	emen	t this P	eriod	7	
	Purpose of Disbursement				'		L			. 1	0.000	0		
	Campaign Donation Candidate Name)11 egory/									
	ROBERT P JR CORKER				уре									
	Office Sought: House Disburser	ment For: Primary	2006 X General											
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	State: TN District: 00												_	
3.	Full Name (Last, First, Middle Initial) BOUCHARD FOR US SENATE						Fransac Date of [SB23.4	750				
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	Mailing Address 280 WEST MAPLE SUITI						0 9			, _	000			
	,	State MI	Zip Code 48009				Amount	of Each	Disburse	emen	t this P	eriod	-	
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	MICHAEL J BOUCHARD				уре									
	Office Sought: House Disburser	ment For: Primary	2006 X General											
	President	Other (speci												
	State: MI District: 00												_	
٥.	Full Name (Last, First, Middle Initial) CHARLES TAYLOR FOR CONGRESS CO	MMITTEE					Fransac Date of [SB23.4 ement	721				
	Mailing Address PO Box 2355						0 ^M 9 M	/ D 1	3 / C	Ý Ž	0 ŏ 6	Y		
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	Purpose of Disbursement Campaign Donation)11			-		_	500.0	iO .	_	
	Candidate Name			Cat	egory/									
	CHARLES H TAYLOR Office Sought: X House Disburser	ment For:	2006	Т	уре									
	Senate	Primary	X General											
	President State: NC District: 11	Other (speci	ify) 🔻											
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\rangle	PHYSICIAN INSURERS ASSOCIATION C	F AMERICA F	PAC (PHYS	SICI	A۱	I INSU	RERS I	PAC)				
Α.	Full Name (Last, First, Middle Initial) CHOCOLA FOR CONGRESS INC								isburs	emen	23.469 nt	4	
	Mailing Address PO BOX 6728	0 8) M	/ D2	21	/ Y	žoŏ	6 ^Y					
			Code 6660				Amo	unt c	f Each	Disb	ourseme		
	Purpose of Disbursement Campaign Donation			_	01							500.	00
	Candidate Name J CHRISTOPHER CHOCOLA				Typ	gory/ pe							
	Office Sought: X House Disburse Senate President State: IN District: 02	ement For: Primary Other (specify)	2006 X General										
	Full Name (Last, First, Middle Initial)						Tran	sact	ion ID	·SB	23.474	2	
B.	CHRISTOPHER SHAYS FOR CONGRESS	3 COMMITTE	E				Date	of D	isburs	emen	nt		Υ
	Mailing Address 98 East Avenue Rear Building 98 East Avenue Rear Building						0.9		2	2 8 P	<u> </u>	žοŏ	6
	,		Code 6851				Amo	unt c	f Each	Disb	ourseme		
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	Candidate Name CHRISTOPHER SHAYS				ate(Typ	gory/ be							
	Senate President	ment For: Primary Other (specify)	2006 X General										
	State: CT District: 04 Full Name (Last, First, Middle Initial)						Tran	sact	ion ID	: SB2	23.469	7	
C.	DAVID SCOTT FOR CONGRESS						_		isburs		nt		Y
	Mailing Address 162 HURT STREET NE						0.9		2	2 1		ž 0 ŏ	5
	City ATLANTA		Code 0307				Amo	unt c	f Each	Disb	ourseme		
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	Candidate Name DAVID ALBERT SCOTT					gory/ oe							
	Senate President	ement For: Primary Other (specify)	2006 X General										
	State: GA District: 13												
s	UBTOTAL of Disbursements This Page (optional)	<u></u>					Ļ		_			2000.	00
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SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	e(s) FOR LINE NUMBER: PAGE 1			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	one) 22 X 23 28a 28b	24 25 26 28c 29 30b	
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NAME OF COMMITTEE (In Full) PHYSICIAN INSURERS ASSOCIATION (
Full Name (Last, First, Middle Initial) FITZPATRICK FOR CONGRESS Mailing Address 115 N Broad Street			Transaction ID Date of Disburs		
City	State Zip Code		Amount of Each	Disbursement this Period	
Doylestown Purpose of Disbursement	PA 18901			1000.00	
Campaign Donation Candidate Name MICHAEL G FITZPATRICK		011 Category/ Type			
Office Sought: X House Senate President State: PA District: 08	ement For: 2006 Primary X General Other (specify)	.,,,,,			
Full Name (Last, First, Middle Initial) FRIENDS FOR MIKE MCGAVICK			Transaction ID Date of Disburs	ement	
Mailing Address PO BOX 9247			09 / 2	29 2006	
City SEATTLE	State Zip Code WA 98109		Amount of Each	Disbursement this Period	
Purpose of Disbursement Campaign Donation Candidate Name MICHAEL SEAN MCGAVICK		011 Category/ Type		1000.00	
	ement For: 2006 Primary X General Other (specify)	Турс			
Full Name (Last, First, Middle Initial) FRIENDS OF CONRAD BURNS - 2006			Transaction ID Date of Disburs	ement	
Mailing Address PO BOX 1596			0 9 7 6	0 7 Y 2 0 0 6 Y	
City HELENA	State Zip Code MT 59624		Amount of Each	Disbursement this Period	
Purpose of Disbursement Campaign Donations		011		1000.00	
Candidate Name CONRAD BURNS		Category/ Type			
Office Sought: House Disburs X Senate President State: MT District: 00	ement For: 2006 Primary X General Other (specify)				
SUBTOTAL of Disbursements This Page (optional)				3000.00	
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TEMPER DISPURSEMENTS	Use seperate schedule(s)		check or		DER.		[P.	AGE	13/1	9	
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or for commercial purposes, other than using the name	and address of any political co	mmi	ttee to s	olicit co	ntribu	utions fr	om such	comr	nittee		
NAME OF COMMITTEE (In Full) PHYSICIAN INSURERS ASSOCIATION O	F AMERICA PAC (PHYSIC	CIAN	N INSL	IRERS	PA(C)					
Full Name (Last, First, Middle Initial)							SB23.4	1712			
FRIENDS OF GEORGE ALLEN				N	1 M	Disburs / D	ement	Y Y	Y	Υ	
Mailing Address PO BOX 6859				0	9	2	2.5	. 2	006		
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Campaign Donation Candidate Name		01 Cate	gory/								
GEORGE ALLEN	2000	Ту	ре								
Office Sought: House Disburse X Senate President	ment For: 2006 Primary X General Other (specify) ▼										
State: VA District: 00											
Full Name (Last, First, Middle Initial) GARD FOR CONGRESS						tion ID	SB23.4	1682			
					4 ° M			Y Y	o o	Υ	
Mailing Address PO BOX 277				0	9 "	2	20	. 2	006		
•	State Zip Code WI 54305			An	nount	of Each	Disburs	emen	t this P	erio	ţ
Purpose of Disbursement Campaign Donation		01	1] L					500.0	00	╛
Candidate Name JOHN G GARD		_	gory/								
Office Sought: X House Senate President Disburse	nent For: 2006 Primary X General Other (specify)										
State: WI District: 08											
Full Name (Last, First, Middle Initial) HEATHER WILSON FOR CONGRESS						Disburs					
Mailing Address P.O. BOX 14070 P.O. BOX 14070				0	9 ^M	/ D2	27 /	Ý Ž	0 Ď 6	Y	
City	State Zip Code NM 87191			An	nount	of Each	Disburs	emen	t this P	erio	t
Purpose of Disbursement		0.4	,	1 L				, 1	0.000	00	
Campaign Donation Candidate Name HEATHER A. WILSON		01 Cate Ty	gory/								
Office Sought: X House Senate President Disburse	ment For: 2006 Primary X General Other (specify) ▼										
State: NM District: 01										_	_
SUBTOTAL of Disbursements This Page (optional) .		<u></u>	<u> </u>					2	500.0	0	
TOTAL This Period (last page this line number only)			_				• • •				\neg

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	y Information copied from such Reports and Statem for commercial purposes, other than using the name										3	
\	NAME OF COMMITTEE (In Full)	and address of any political	COIIII	intice to	SOHOIL CL	zi iti iDU	110115 110	JIII SUCII	COITIII	ee		_
\rangle	PHYSICIAN INSURERS ASSOCIATION O	F AMERICA PAC (PHYS	SICIA	AN INSI	JRERS	PAC	;) 					
`	Full Name (Last, First, Middle Initial)							SB23.4	1673			
٦.	JEFF CRANK FOR CONGRESS						Disburse		Y Y	Y	Y	
	Mailing Address 912 N CIRCLE DR STE 2	200			0	8 M	0	4 /	2	0 Ď 6		
	,	State Zip Code CO 80909			An	nount (of Each	Disburse	emen	t this P	eriod	
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	Candidate Name JEFFREY G CRANK			egory/ ype								
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	President	Other (specify)										
	State: CO District: 05											_
2	Full Name (Last, First, Middle Initial)							SB23.4	1715			
٠.	JIM GERLACH FOR CONGRESS COMMI	IIEE			_ Da		Disburse / D	ement	Y Y	Y	Υ	
	Mailing Address PO Box 87					9 "	1	4	2	0 Ď 6		
	,	State Zip Code PA 19480			An	nount	of Each	Disburse				
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	JIM GERLACH			ype								
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	Senate President	Primary X General Other (specify) ▼										
	State: PA District: 06	• · · · · · · · · · · · · · · · · · · ·										
٥.	Full Name (Last, First, Middle Initial) MARK KENNEDY 06						tion ID: Disburse	SB23.4	1706			_
	Mailian Address - DO DOV 10000					9 M	/ D	D /	Y Y	0 ŏ 6	Y	
	Mailing Address PO BOX 49333											
	,	State Zip Code MN 55449			An	nount (of Each	Disburse	-		-	
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	Candidate Name MARK RAYMOND KENNEDY		Cat	egory/ ype								
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	χ Senate	Primary X General										
	President State: MN District: 00	Other (specify)										
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\backslash	PHYSICIAN INSURERS ASSOCIATION O	F AMERIC	CA PAC (PHYS	SIC	IAN	IINSUF	RERS P	AC)					
Α.	Full Name (Last, First, Middle Initial) MIKE DEWINE FOR US SENATE								n ID:	SB23. ment	4709		
	Mailing Address PO BOX 340188						0 ^M 9	M /	^D 1	^D /	Ý Ž	οŏε	S Y
		State OH	Zip Code 43234				Amou	int of	Each	Disburs	semen	t this F	Period
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	Candidate Name RICHARD MICHAEL DEWINE			С	ateg Typ	gory/ be							
	Office Sought: House Disburse X Senate President	ment For: Primary Other (spe	2006 X General cify) ▼										
	State: OH District: 00												
В.	Full Name (Last, First, Middle Initial) NEBRASKA FAMILIES FOR PETE RICKET	TTS INC					Date		burse	SB23. ment		· V	V
	Mailing Address 11225 DAVENPORT ST	STE 108					0 7	M /	1		Ž	οŏε	5
	,	State NE	Zip Code 68154				Amou	int of	Each I	Disbur			-
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	Candidate Name PETE RICKETTS			С	ateo Typ	gory/ pe							
	χ Senate President	ment For: Primary Other (spe	2006 X General cify) V										
	State: NE District: 00 Full Name (Last, First, Middle Initial)						Trans	actio	n ID:	SB23.	4767		
C.	PRICE FOR CONGRESS						Date		burse	ment		V *	V
	Mailing Address P.O. Box 425						0 9		^D 2	5 ′	2	οŏε	5
	Roswell	State GA	Zip Code 30077				Amou	int of	Each I	Disbur	semen		
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	Candidate Name THOMAS EDMUNDS MD PRICE			С	Cate Typ	gory/ be							
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name									;
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۹.	Full Name (Last, First, Middle Initial) SHELLEY SEKULA-GIBBS FOR CONGRE Mailing Address PO BOX 890954	SS CAMPAIGN COMM	ITTE	E	Date	action ID: of Disburs			0 Ď 6	Y
	•	State Zip Code TX 77289			Amou	nt of Each	Disburse	ement	this P	eriod
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	Senate President State: TX District: 22	Primary X General Other (specify)								
3.	Full Name (Last, First, Middle Initial) STEELE FOR MARYLAND INC				Date	action ID: of Disburs	ement		Y	Y
	Mailing Address 1350 DORSEY ROAD BU				0 7		9 /		0 Ď 6	
	HÁNOVER	State Zip Code MD 21076			Amou	nt of Each	Disburse		this P	-
	Purpose of Disbursement Campaign Donation Candidate Name MICHAEL STEELE		011 Category/					J00.C		
	Office Sought: House X Senate President State: MD Disburse	ment For: 2006 Primary X General Other (specify)		⁻ уре						
Э.	Full Name (Last, First, Middle Initial) STEELE FOR MARYLAND INC				Date	action ID	ement			_
	Mailing Address 1350 DORSEY ROAD BL	JILDING A STE A			0 ^M 9	M / D 2	27	ž	0 ŏ 6	Y
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PHYSICIAN INSURERS ASSOCI	ATION OF AMERICA PAC (PHY	'SICIAN INSUI	RERS PAC)	
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.4789	
STEVE CHABOT FOR CONGRE	SS		Date of Disbursement	
Mailing Address 3339 Harrison A 3014 Harrison A	= -		09 7 29 7 2006	
City Cincinnati	State Zip Code OH 45211		Amount of Each Disbursement this Period	od
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Campaign Donation		011		
Candidate Name STEVE CHABOT		Category/ Type		
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President	Other (specify)			
State: OH District: 01				
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.4670	
3. TALENT FOR SENATE COMMIT	IEE		Date of Disbursement	
Mailing Address 9467 DIELMAN	ROCK ISLAND IND DR		$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} T \\ M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} 2 $	
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JAMES MATTHES TALENT		Category/ Type		
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χ Senate President	Primary X General			
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Full Name (Last, First, Middle Initial) THELMA DRAKE FOR CONGRESS Mailing Address P.O. Box 61480				ion ID: SE Disburseme	ent	0 0́ 6 `	
	State Zip Code VA 23466		Amount	of Each Dis	sbursemen		-
Purpose of Disbursement Campaign Donation Candidate Name THELMA D. DRAKE		011 Category/ Type				500.00)
Office Sought: X House Senate President State: VA District: 02	ment For: 2006 Primary X General Other (specify) ▼	7,1					
Full Name (Last, First, Middle Initial) TOM KEAN FOR US SENATE INC			Date of D	ion ID: SE Disburseme	ent		_
Mailing Address PO BOX 225			07	1 8 D	/ Y 2	0 0 6	
,	State Zip Code NJ 07067		Amount o	of Each Dis			
Purpose of Disbursement Campaign Donation Candidate Name THOMAS H JR KEAN		011 Category/ Type				000.00	,
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Full Name (Last, First, Middle Initial) TOM KEAN FOR US SENATE INC			Date of D	ion ID: SE Disburseme	ent		_
Mailing Address PO BOX 225			09	29	ľ ž	0 0 6	
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