

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2004 JAN 30 P 3 50

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing type over the lines. 12 FEB 4 2005

Political Action Committee

ADDRESS (number and street) 1275 Research Blvd

Spitzer, DSC Rockville MD 20850

2. FEC IDENTIFICATION NUMBER 101003193191 3. IS THIS REPORT NEW (N) OR AMENDED (A)

Table with columns for Type of Report (Quarterly, Year-End, etc.), Frequency (Monthly, etc.), and Election type (Primary, General, etc.). Includes checkboxes for various report types.

5. Covering Period 07/01/2003 through 12/31/2003

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 [Handwritten Signature] Date 07/29/2004

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2008)

Page 2

Write or Type Committee Name

Physician Insurers Association of America Political Action Committee

Report Covering the Period: From:

01 01 2003

To:

12 31 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6 (a) Cash on Hand at January 1, 2003	1513778	1513778
(b) Cash on Hand at Beginning of Reporting Period	2115625	
(c) Total Receipts (from Line 19)	107238	709085
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2222863	2222863
7 Total Disbursements (from Line 31)	80000	80000
8 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2142863	2142863
9 Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		
10 Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		

This committee has qualified as a noncandidate 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 3X (Rev. 02/2003)

Name or Type Committee Name

Physicians Insurers Association of America Political Action Committee

Report Covering the Period:

From:

07 01 2003

To:

12 31 2003

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)

75000

(ii) Unitemized

(iii) TOTAL (add

Lines 11(a)(i) and (ii))

75000

(b) Political Party Committees

(c) Other Political Committees

(such as PACs)

(d) Total Contributions (add Lines

11(a)(i), (b), and (c)) (Carry

Totals to Line 33, page 5)

75000

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)

30000

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees

17. Other Federal Receipts

(Dividends, Interest, etc.)

2238

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))

9085

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17 and 18(c))

107238

709085

20. Total Federal Receipts

(subtract Line 16(c) from Line 19)

107238

709085

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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		
(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		
24. Independent Expenditures (see Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441e(d)) (use Schedule F)	500.00	500.00
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 Contributions 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) Non-Federal 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))	800.00	800.00
32. Total Federal Disbursements (subtract Line 21(b)(ii) and Line 30(a)(ii) from Line 31)	300.00	300.00

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)	750.00	6700.00
34. Total Contribution Refunds (from Line 23(c))	000.00	000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	750.00	6700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	300.00	300.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	300.00	300.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	000.00	000.00

**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 1 OF 3
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Clardy, Gordon		Date of Receipt 07 07 2003
Mailing Address 333 S. Hope St. 8th Floor		Amount of Each Receipt this Period 1,000.00
City Los Angeles	State Zip Code CA 90071	
FEC ID number of contributing federal political committee IC		
Name of Employer CAP-Mutual Brokerage Trust	Occupation Attorney	
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. House, Gress, L.		Date of Receipt 07 07 2003
Mailing Address 150 Mt. Hope St.		Amount of Each Receipt this Period 1,000.00
City North Attleboro	State Zip Code MA 02760	
FEC ID number of contributing federal political committee IC		
Name of Employer Promutual Group	Occupation Underwriting VP.	
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. Drake, Waldene		Date of Receipt 07 09 2003
Mailing Address 333 Hope St. 8th Floor		Amount of Each Receipt this Period 1,000.00
City Los Angeles	State Zip Code CA 90071	
FEC ID number of contributing federal political committee IC		
Name of Employer CAP-MPT	Occupation Executive	
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)	3,000.00
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 **2** OF **3**

11a
 11b
 11c
 12
 13
 14
 15
 16
 17

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NAME OF COMMITTEE (In Full)

Physician Insurers Association of America PAC

Full Name (Last, First, Middle Initial)

A. McCarthy, Philip, E

Mailing Address

825 Washington Street, Suite 270

City
Norwood

State
MA
Zip Code
02062

FEC ID number of contributing federal political committee.

IC

Name of Employer

PROVIDENT

Occupation

Surgeon

Receipt For:

Primary General
 Other (specify):

Aggregate Year-to-Date

Date of Receipt

07/09/2003

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Carpenter, Bruce

Mailing Address

333 S. Hope Street, 8th Floor

City
Los Angeles

State
CA
Zip Code
90071

FEC ID number of contributing federal political committee.

IC

Name of Employer

CAP-MPT

Occupation

Attorney

Receipt For:

Primary General
 Other (specify):

Aggregate Year-to-Date

Date of Receipt

07/17/2003

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Kezarian, A. Peter, Jr.

Mailing Address

300 S. Allen Ave.

City
Pasadena

State
CA
Zip Code
91106

FEC ID number of contributing federal political committee.

IC

Name of Employer

CAP-MPT

Occupation

Vice President

Receipt For:

Primary General
 Other (specify):

Aggregate Year-to-Date

Date of Receipt

09/10/2003

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

300.00

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

Use separate schedules for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 3 OF 3
(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 PAC

A. Full Name (Last, First, Middle Initial)
Duizay, Fernando

Date of Receipt
10/23/2003

Mailing Address
Diplomate A.P.O. G. Box 59118

City State Zip Code
San Francisco CA 94159

FEC ID number of contributing federal political committee
IC

Amount of Each Receipt this Period
1,000.00

Name of Employer
MIEC Group

Occupation
OB/GYN

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date

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

Date of Receipt
12/30/2003

Mailing Address
1307 W 9th Street

City State Zip Code
Spencer IA 51301

FEC ID number of contributing federal political committee
IC

Amount of Each Receipt this Period
50.00

Name of Employer
Northwest Iowa Surgeons (MIEC)

Occupation
Surgeon

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date

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

Date of Receipt

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee
IC

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional) **1,500.00**

TOTAL This Period (last page this line number only) **7,500.00**

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 / OF /
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 - PAC

A. Full Name (Last, First, Middle Initial)
Physician Insurers Association of America (Committee)

Mailing Address
2275 Research Blvd #250

City Rockville State MD Zip Code 20850

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
07 21 2003

Amount of Each Receipt this Period
300.00

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

Mailing Address _____

City _____ State _____ Zip Code _____

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 _____

Amount of Each Receipt this Period _____

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

Mailing Address _____

City _____ State _____ Zip Code _____

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 _____

Amount of Each Receipt this Period _____

SUBTOTAL of Receipts This Page (optional) 300.00

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

**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 1
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 23a	<input type="checkbox"/> 23 23b	<input type="checkbox"/> 24 24c	<input type="checkbox"/> 25 26	<input type="checkbox"/> 26 26a	

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

A.

Full Name (Last, First, Middle Initial): Merrill Lywel

Date of Disbursement: MAY 10 2003

Mailing Address: 1040 STONEY HILL ROAD Suite 415D

City: Yardley State: P.A. Zip Code: 19067

Purpose of Disbursement: Annual Service Fee

Candidate Name: _____

Category/Type: _____

Amount of Each Disbursement This Period: 300.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

B.

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

Date of Disbursement: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Category/Type: _____

Amount of Each Disbursement This Period: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

C.

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

Date of Disbursement: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Category/Type: _____

Amount of Each Disbursement This Period: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional): 300.00

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

**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 1

<input type="checkbox"/> 21a	<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"/> 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 commercial purposes, other than using the name and address of any political committee to solicit contributions from such organization.

NAME OF COMMITTEE (in full)

Physician Insurers Association of America PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

A

Payee Project

10/11/01 11/01/2003

Mailing Address

2042 Peach Orchard Dr. Suite 316

City

Falls Church

State

VA

Zip Code

22043

Purpose of Disbursement

Contribution

Candidate Name

Deborah Frye

Category/Type

Amount of Each Disbursement this Period

500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page the five number only)


500.00

500.00

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 <i>1-30-04</i>
<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	
 PREPARER		<i>1-30-04</i> DATE PREPARED