10/06/2006 10:46

Image# 26950529524

# FORM 3X

#### **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full)  USE FEC MAILING LABEL OR TYPE OR PRINT  ON TYPE OR PRINT  Over the lines  PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)	
PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)	
ADDRESS (number and street)  2275 RESEARCH BOULEVARD SUITE 250	
Check if different than previously POCKVILE MD	
reported. (ACC)  ROCKVILLE  reported. (ACC)  ROCKVILLE	
2. FEC IDENTIFICATION NUMBER V CITY A STATE ZIPCODE A	
C00319319  3. IS THIS X NEW (N) OR (A)	
	O (M11) Election Only)
(a) Quarterly Reports:  Due On:  Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 2 (Non-type of Charles)	0 (M12) Election Only)
April 15 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 3	(YE)
Quarterly Report(Q1)	f (12R)
Quarterly Report(Q2)  PRE-Election Report for the: Convention (12C)  Special (12G)	
X Quarterly Report(Q3)  January 31 in the	-
Quarterly Report(YE) Election on State of	
Report(Non-election (d) 30-Day	al (30S)
Termination Report (TER) in the State of	
5. Covering Period 0 7 0 1 2 0 0 6 through 0 9 3 0 2 0 0 6	
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 Mike Stinson	
Signature of Treasurer Electronically Filed by Mike Stinson Date 1 0 0 6 2 0 0 6	
NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437	g.
Office Use Only	

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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

Rep	oort Covering the Period: From:	01 2006	To: 0 9 3 0 Y Y Y
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a	a) Cash on Hand January 1		27235.57
(b	Cash on Hand at Begining of Reporting Period	37819.86	
(0	c) Total Receipts (from Line 19)	1227.45	15367.38
(c	d) Subtotal (add lines 6(b) and		
•	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	39047.31	42602.95
T	otal Disbursements (from Line 31)	27800.00	31355.64
С	ash on Hand at Close of		
	eporting Period subtract Line 7 from Line 6(d))	11247.31	11247.31
D	ebts and Obligations owed TO		
	ne committee (Itemize all on chedule C and/or Schedule D)	0.00	
). D	ebts and Obligations owed BY		
	ne committee (Itemize all on chedule C and/or Schedule D)	0.00	
X	This Committee has qualified as a multicandidate	e 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<sup>D</sup>0 м м 0 7 0<sup>D</sup>1 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 12750.00 (i) Itemized (use Schedule A) .......... 0.00 0.00 (ii) Unitemized ..... (iii) TOTAL (add 600.00 12750.00 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 14250.00 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 15367.38 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 1227.45 15367.38 (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
21.	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
3.	Contributions to		
	Federal Candidates/Committeesand Other Political Committees	27500.00	31000.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
	(use Schedule F)	0.00	0.00
3.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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
	$\square$		
1.	Total Disbursements (add Lines 21(c), 22,	07000 00	01055.0
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	27800.00	31355.64
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	27900 00	21255 6
	from Line 31)	27800.00	31355.64

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Opera Expenditures	ting COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans from Line 11(d), page 3)	· I	14250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	000 00	14250.00
<ol> <li>Total Federal Operating Expenditure (add Line 21(a)(i) and Line 21(b))</li> </ol>	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

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

Other (specify)

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. NAME OF COMMITTEE (In Full) PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC) Full Name (Last, First, Middle Initial) Date of Receipt A. Dr. Steven Bergin Mailing Address 617 Linwood Avenue 0 8 07 2006 City State Zip Code Transaction ID: SA11A1.4657 Stevens Point W 54481-4428 Amount of Each Receipt this Period FEC ID number of contributing 100.00 C federal political committee. Name of Employer Occupation Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 100.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Warren F. McPherson Date of Receipt Mailing Address 1727 Shagbark Tr. 8 0 31 2006 City Transaction ID: SA11A1.4659 State Zip Code Murfreesboro TN 37130 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer SVMIC Occupation Chairman Receipt For: Aggregate Year-to-Date ▼ Primary General

500.00

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

PAGE 7/19 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 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. NAME OF COMMITTEE (In Full) PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC) Full Name (Last, First, Middle Initial) Physician Insuers Association of America Date of Receipt Mailing Address 2275 Research Boulevard 8 0 04 2006 Suite 250 City Zip Code State Transaction ID: SA15.4800 Rockville MD 20850 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Account Reimbursement Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify)

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

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 19
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17
Any information copied from such Reports and State or for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PHYSICIAN INSURERS ASSOCIATION	N OF AME	RICA PAC (PHYSICIAN INSI	URERS PAC)
Full Name (Last, First, Middle Initial)  A. Merrill Lynch			Date of Receipt
Mailing Address 1040 Stoney Hill Road Suite 150	Chata	7:n Oode	07 31 2006
City <u>Yardley</u>	State PA	Zip Code 19067	Transaction ID: SA17.4802  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		113.14
Name of Employer	Occupatio	n	Interest
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 603.07	
Full Name (Last, First, Middle Initial)  Merrill Lynch			Date of Receipt
Mailing Address 1040 Stoney Hill Road Suite 150			08 / 31 / Y Y Y Y Y Y
City	State PA	Zip Code	Transaction ID: SA17.4803
		19067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		117.80
Name of Employer	Occupatio	n	miterest
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		720.87	
Full Name (Last, First, Middle Initial)  C. Merrill Lynch			Date of Receipt
Mailing Address 1040 Stoney Hill Road Suite 150			09 / 29 / 2006
City	State	Zip Code	Transaction ID: SA17.4804
<u>Yardley</u>	PA	19067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		96.51
Name of Employer	Occupatio	n	Interest
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 817.38	
SUBTOTAL of Receipts This Page (optional)			327.45
TOTAL This Period (last page this line number o	nlv)		327.45

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5(	CHEDULE B (FEC F	orm 3X)	e seperate schedule(	s)	-	—		UMBE	R:			PAG	ìΕ	9/19	)	
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	y Information copied from such for commercial purposes, other														3	
$\rangle$	NAME OF COMMITTEE (In PHYSICIAN INSURERS	,	MERICA PAC (PH	YSICI	AN	INSU	IRE	RS P	AC)							
۱.	Full Name (Last, First, Middle Merrill Lynch						Transaction ID: SB21B.4795 Date of Disbursement  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				Y					
	Mailing Address 1040 S Suite 15	oney Hill Road 60						0 8		Ų,	J			0 0 0		
	City Yardley	State PA	Zip Code 19067					Amou	nt of	Each [	Disb	ursem			-	d
	Purpose of Disbursement Account Fee				001								, (	300.0	00	
	Candidate Name				atego Type	•										
	Office Sought: House Senate Presid			ıl												
	State: District:															

		200.00
SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	300.00
TOTAL This Period (last page this line number only)	•	300.00

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ıſ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	[	21b	$\stackrel{\cdot}{\Box}$ 2	2 [	23	24		25	П	26
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	for commercial purposes, other than using the nam										,	
$\overline{\ }$	NAME OF COMMITTEE (In Full)											
/	PHYSICIAN INSURERS ASSOCIATION C	OF AMERICA PAC (PHY	'SICIA	AN INSI	JRER	S PA	C)					
	Full Name (Last, First, Middle Initial)							SB23.4	703			
٦.	BOB CORKER FOR SENATE					ate of	Disburse		γ · γ	Υ .	Υ	
	Mailing Address 518 GEORGIA AVE 2NE	) FLOOR				0 9	1	3 /	2	0 Ó 6		
	City	State Zip Code TN 37403			А	mount	of Each	Disburse	emen	t this F	erio	t
	CHATANOOGA Purpose of Disbursement	TN 37403			- [				1	000.0	0	
	Campaign Donation		]   (	011	"	_					-	
	Candidate Name ROBERT P JR CORKER			tegory/ Type								
	Office Sought: House Disburse	ement For: 2006	•									
	X Senate President	Primary X General										
	State: TN District: 00	Other (specify) ▼										
	Full Name (Last, First, Middle Initial)				т	ransac	tion ID:	SB23.4	750			
3.	BOUCHARD FOR US SENATE				D	ate of	Disburse	ement	, 00			
	Mailing Address 280 WEST MAPLE SUIT	ΓE 202			1 [	0 9	<sup>/</sup> 2	7 /	ž	0 ŏ 6	Y	
	011	Otal. 7'- O-1-					<b>.</b>	D: 1				
	City BIRMINGHAM	State Zip Code MI 48009			A	mount	of Each	Disburse	emen	t this F	'erio	
	Purpose of Disbursement				7 L				. 1	0.000	00	
	Campaign Donation Candidate Name			011 tegory/								
	MICHAEL J BOUCHARD		1	Гуре								
	9	ement For: 2006	•									
	X Senate President	Primary X General Other (specify)										
	State: MI District: 00	canon (oposiny)										
`	Full Name (Last, First, Middle Initial)							SB23.4	721			
<b>,</b>	CHARLES TAYLOR FOR CONGRESS CO	JIMIMITTEE				ate of	Disburse	D / '	γ · Υ	Y	Υ	
	Mailing Address PO Box 2355 PO Box 2355				L	0 9	1	3	2	0 Ď 6		
	City Asheville	State Zip Code NC 28802			Α	mount	of Each	Disburse	emen	t this F	erio	t
	Purpose of Disbursement Campaign Donation			011	7 L				_	500.0	00	
	Candidate Name	_	011 tegory/									
	CHARLES H TAYLOR			уре								
	Office Sought: X House Disburse Senate	ement For: 2006  Primary X General										
	President	Other (specify)										
	State: NC District: 11											
S	UBTOTAL of Disbursements This Page (optional)			▶					2	500.0	0	
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т	OTAL This Period (last page this line number only)	)		•								

SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check only			PAGE	11 / 19	9
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full) PHYSICIAN INSURERS ASSOCIATION OF	, · ·				Such com		
Full Name (Last, First, Middle Initial)  CHOCOLA FOR CONGRESS INC  Mailing Address PO BOX 6728				ion ID: S isbursem		¥ 2 0 0 6	Y
,	state Zip Code N 46660		Amount o	f Each Di	sburseme	nt this Po	eriod
Purpose of Disbursement Campaign Donation Candidate Name J CHRISTOPHER CHOCOLA		011 Category/ Type				500.0	0
Office Sought:    X   House   Disburser     Senate   President     State: IN District: 02	nent For: 2006 Primary X General Other (specify) ▼						
Full Name (Last, First, Middle Initial)  CHRISTOPHER SHAYS FOR CONGRESS	COMMITTEE			isbursem			Y
Mailing Address 98 East Avenue Rear Buil 98 East Avenue Rear Buil	ding		09 28 2006				
,	State Zip Code CT 06851		Amount o	of Each Di	sburseme	nt this Po	-
Campaign Donation Candidate Name CHRISTOPHER SHAYS		011 Category/ Type					
Office Sought:  X House Senate President State: CT District: 04	nent For: 2006 Primary X General Other (specify) ▼						
Full Name (Last, First, Middle Initial)  DAVID SCOTT FOR CONGRESS			Date of D	isbursem			_
Mailing Address 162 HURT STREET NE			0 9	21	/ Y 2	ž 0 ŏ 6	Y
AŤLANTA	itate Zip Code GA 30307		Amount o	of Each Di	sburseme		-
Purpose of Disbursement Campaign Donation Candidate Name		011				500.0	U
DAVID ALBERT SCOTT		Category/ Type					
Office Sought:    X   House   Disburser	nent For: 2006 Primary X General Other (specify)						
SUBTOTAL of Disbursements This Page (optional)		<u> </u>			2	2000.0	0
TOTAL This Period (last page this line number only)							

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check only		AGE 12/19
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 28a 28b 28c	25 26 29 30b
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n				
NAME OF COMMITTEE (In Full) PHYSICIAN INSURERS ASSOCIATION	· · · · · · · · · · · · · · · · · · ·			Committee
Full Name (Last, First, Middle Initial) FITZPATRICK FOR CONGRESS  Mailing Address 115 N Broad Street			Transaction ID: SB23.4 Date of Disbursement	753 Y 2006
City Doylestown	State Zip Code PA 18901		Amount of Each Disburse	
Purpose of Disbursement Campaign Donation Candidate Name MICHAEL G FITZPATRICK Office Sought: X House Disbu	sement For: 2006	011 Category/ Type		1000.00
Senate President State: PA District: 08  Full Name (Last, First, Middle Initial)	Primary X General Other (specify) ▼		- U - D - O - D - O - O - O - O - O - O - O	
FRIENDS FOR MIKE MCGAVICK			Transaction ID: SB23.4 Date of Disbursement	2 0 0 6
Mailing Address PO BOX 9247  City	State Zip Code		0 9 2 9  Amount of Each Disburse	
SEATTLE Purpose of Disbursement	WA 98109		Amount of Each Disburse	1000.00
Campaign Donation  Candidate Name  MICHAEL SEAN MCGAVICK		011 Category/ Type		
Office Sought:    House   Disbu    X Senate   President    State: WA District: 00	sement For: 2006 Primary X General Other (specify)			
Full Name (Last, First, Middle Initial) FRIENDS OF CONRAD BURNS - 2006			Transaction ID: SB23.4 Date of Disbursement	
Mailing Address PO BOX 1596			09	Ž 0 Ö 6 Š
City HELENA	State Zip Code MT 59624		Amount of Each Disburse	
Purpose of Disbursement Campaign Donations Candidate Name	[	011		1000.00
Candidate Name CONRAD BURNS		Category/ Type		
Office Sought:    House   Disbute     X Senate     President     State: MT District: 00	sement For: 2006 Primary X General Other (specify)			
SUBTOTAL of Disbursements This Page (option	l)	<b>&gt;</b>		3000.00
TOTAL This Period (last page this line number o	у)			

TEMPER DISPURSEMENTS	Use seperate schedule(s)		heck or		DER.		[ P.	AGE	13/1	<del>9</del>	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22		23 28b	24 28c	Н	25 29	П	26 30b
Any Information copied from such Reports and Statem			person	for the	purp	ose of s	olicating	contri	butions	 }	-
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	0 Ó 6		
•	State Zip Code VA 22206			An	nount	of Each	Disburs	emen	t this P	erio	t
Purpose of Disbursement		0.4		1 L				1	0.000.0	00	
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					9 "	2	20	. 2	0 Ď 6		
•	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 <sup>M</sup>	/ 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)			_				• • •				

S	CHEDULE B (FEC Form 3X)	Use sene	erate schedule(s)			OR LINE		R:		Р	AGE 1	4 / 1	9
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page		(ch	neck only 21b 27	one) 22 28a	_	23 28b	24 280		25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name												;
K	NAME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
$\rangle$	PHYSICIAN INSURERS ASSOCIATION O	F AMERIO	CA PAC (PHYS	SIC	IAN	INSUF	RERS P	AC)					
Α.	Full Name (Last, First, Middle Initial) JEFF CRANK FOR CONGRESS								n ID: S burser	SB23.4	4673		
	Mailing Address 912 N CIRCLE DR STE 2	200					0 <sup>M</sup> 8	M /	D 0	<sup>D</sup> /	y žo	ŏ 6	Y
		State CO	Zip Code 80909				Amou	int of	Each [	Disburs	ement t		-
	Purpose of Disbursement Campaign Donation				01	1		-			5	00.0	0
	Candidate Name JEFFREY G CRANK			С	ateg Typ	-							
		ment For: Primary Other (spe	2006 General cify) ▼										
_	State: CO District: 05 Full Name (Last, First, Middle Initial)						Trans	actio	n ID: G	SB23.4	4715		
В.	JIM GERLACH FOR CONGRESS COMMI	TTEE					Date		burser	ment		Y	Y
	Mailing Address PO Box 87						0 9		1 4			δ́6	
	Uwchland	State PA	Zip Code 19480				Amou	int of	Each [	Disburs	ement t	his P 00.0	-
	Purpose of Disbursement Campaign Donation Candidate Name				01			•		•	10	00.0	.0
	JIM GERLACH			C	ateg Typ	-							
	Senate President	ment For: Primary Other (spe	2006 X General cify) ▼										
— С.	State: PA District: 06 Full Name (Last, First, Middle Initial) MARK KENNEDY 06								n ID: S	SB23.	4706		
	Mailing Address PO BOX 49333							M /	D 1 4		Ý Ž0	ŏ 6	Y
		State MN	Zip Code 55449				Amou	int of	Each [	Disburs	ement t	his P	eriod
	Purpose of Disbursement Campaign Donation			Γ	01	1.		_			10	00.0	0
	Candidate Name MARK RAYMOND KENNEDY			С	ateg Typ								
	Office Sought:    House   Disburse     X Senate   President     State: MN District: 00	ment For: Primary Other (spe	2006 X General cify) $\blacktriangledown$										
s	UBTOTAL of Disbursements This Page (optional) .					<b>•</b>				•	250	0.0	0
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 28b	24 28c	25 29	26 30b
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NAME OF COMMITTEE (In Full)  PHYSICIAN INSURERS ASSOCIATION O	· · · · · · · · · · · · · · · · · · ·				I SUCII COII	iiiiiiiiee	
Full Name (Last, First, Middle Initial)  MIKE DEWINE FOR US SENATE  Mailing Address PO BOX 340188			Transact Date of D			9 Ž 0 Ŏ 6	Y
	State Zip Code OH 43234		Amount o	of Each D	isburseme	nt this P	eriod
Purpose of Disbursement Campaign Donation Candidate Name RICHARD MICHAEL DEWINE  Office Sought: House Disburse X Senate	ment For: 2006 Primary X General	011 Category/ Type	L			2000.0	0
State: OH District: 00  Full Name (Last, First, Middle Initial)  NEBRASKA FAMILIES FOR PETE RICKET			Transact Date of D		_	4 Ž 0 Ŏ 6	Y
,	STE 108  State Zip Code  NE 68154				isburseme		
Purpose of Disbursement Campaign Donation Candidate Name PETE RICKETTS		011 Category/ Type	L			1000.0	0
Office Sought:    House   Disburse     X Senate   President     State: NE District: 00	ment For: 2006 Primary X General Other (specify)						
Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS			Date of D	isbursem			V
Mailing Address P.O. Box 425			0 9	25		ž 0 Ď 6	
Roswell	State Zip Code GA 30077		Amount o	of Each D	isburseme		-
Purpose of Disbursement Campaign Donation Candidate Name		011 Category/				500.0	0
THOMAS EDMUNDS MD PRICE  Office Sought: X House Disburse		Туре					
Senate President State: GA District: 06	Primary X General Other (specify) ▼						
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Full Name (Last, Fi PRYCE FOR CO Mailing Address	. ,	eet					D		Disburse	SB23.4		0 0 6	Y
City Columbus			State OH	Zip Code 43215			A	mount	of Each	Disburse	-		
Purpose of Disburs Campaign Donatior Candidate Name DEBORAH D. P	1	Disburser	ment For: Primary Other (spe	2006  X General scify)	Cat	)11 egory/ ype					1	0.000	0
Full Name (Last, Fi	CONGRESS CO						D F		Disburse	SB23.4		0 Ý 6	Y
City Wheaton	423 W. Wesley	5	State IL	Zip Code 60189						Disburse	ement	t this P	eriod
Purpose of Disburs Campaign Donation Candidate Name PETER ROSKA	1				Cat	)11 egory/		0 0			1	0.00	0
Office Sought: State: IL	X House Senate President District: 6	Disburser	ment For: Primary Other (spe	2006  X General cify)									
Full Name (Last, Fi SANTORUM 20	. ,						1	ate of D	Disburse				W.
Mailing Address	ONE TOWER	BRIDGE S	UITE 144	.0				М 9 M	<sup>/</sup> 2	8 /	ž	0 Ď 6	Y
City WEST CONSHO			State PA	Zip Code 19428			A	mount	of Each	Disburse	-	t this P	-
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RICHARD J SAN	NTORUM House	Disburser	ment For:	2006		уре							
State: PA [	X Senate President District: 00		Primary Other (spe	X General cify) ▼									
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NAME OF COMMITTEE (In Full)  PHYSICIAN INSURERS ASSOCIATION OF					SUCH COM	iiillee	
/ FITT SICIAN INSUNERS ASSOCIATION OF	AWENION PAU (PRYSIC	JIAN INOUP	ILNO PAU	)			
Full Name (Last, First, Middle Initial) SHELLEY SEKULA-GIBBS FOR CONGRE  Mailing Address PO BOX 890954	SS CAMPAIGN COMMITT	ГЕЕ		ion ID: SE isburseme	nt	0 0 6	
	7:- O-d-		A	( F  - D'-		uli: D	
	tate Zip Code TX 77289		Amount o	f Each Dis	bursemen	t this Pe	eriod
Purpose of Disbursement Campaign Description Candidate Name		011				500.00	)
SHELLEY MD SEKULA-GIBBS		Category/ Type					
	nent For: 2006 Primary X General Other (specify)						
Full Name (Last, First, Middle Initial)			Transact	ion ID: SE	323.4667		
3. STEELE FOR MARYLAND INC			Date of D	isburseme	nt		7
Mailing Address 1350 DORSEY ROAD BU	ILDING A STE A		0 7	19	/ Y Ž	0 0 6	
HÁNOVER I	tate Zip Code MD 21076		Amount o	f Each Dis			-
Purpose of Disbursement Campaign Donation	I	011				000.00	)
Candidate Name MICHAEL STEELE		Category/ Type					
Office Sought: House Disburser  X Senate President State: MD District: 03	nent For: 2006 Primary X General Other (specify)						
Full Name (Last, First, Middle Initial)			Transact	ion ID: SE	222 4770		
STEELE FOR MARYLAND INC				isburseme			
Mailing Address 1350 DORSEY ROAD BU	ILDING A STE A		0 9	27	/ Y Y	0 0 6	
•	tate Zip Code MD 21076		Amount o	f Each Dis			-
Purpose of Disbursement Campaign Donation	Г	011			1	000.00	)
Candidate Name MICHAEL STEELE		Category/ Type					
<u> </u>	nent For: 2006 Primary X General Other (specify) ▼						
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NAME OF COMMITTEE (In Full)	y the hame and address of any politica	a communice to St	mon continuations from Such Committee	
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
Purpose of Disbursement	011 43211		500.00	
Campaign Donation		011		
Candidate Name STEVE CHABOT		Category/ Type		
Office Sought: X House Senate	Disbursement For: 2006 Primary X General			
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                                  $	
City ST LOUIS	State Zip Code MO 63132		Amount of Each Disbursement this Period	od
Purpose of Disbursement			1000.00	
Campaign Donation Candidate Name		011		
JAMES MATTHES TALENT		Category/ Type		
Office Sought: House	Disbursement For: 2006			
χ Senate President	Primary X General			
State: MO District: 00	Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.4764	
C. TALENT FOR SENATE COMMIT	TEE		Date of Disbursement	
Mailing Address 9467 DIELMAN	ROCK ISLAND IND DR		$ \begin{bmatrix} M & M & M & M \\ 0 & 9 & M & M \end{bmatrix} $ $ \begin{bmatrix} M & 2 & 7 & M \\ 2 & 7 & M \end{bmatrix} $ $ \begin{bmatrix} Y & 2 & 0 & 0 & 6 & M \\ 2 & 0 & 0 & 6 & M \end{bmatrix} $	
City ST LOUIS	State Zip Code MO 63132		Amount of Each Disbursement this Period	od
Purpose of Disbursement			1000.00	
Campaign Donation Candidate Name		011 Category/		
JAMES MATTHES TALENT		Type		
Office Sought: House	Disbursement For: 2006	•		
χ Senate President	Primary X General Other (specify) ▼			
State: MO District: 00	(openil) <b>\</b>			
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NAME OF COMMITTEE (In Full) PHYSICIAN INSURERS ASSOCIATION O	<u> </u>				Sucii comi	THILLEE	
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	,
Office Sought:  House X Senate President State: NJ District: 00	ment For: 2006 Primary X General Other (specify)	Турс					
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	
CÓLONIA	State Zip Code NJ 07067		Amount	of Each Dis			-
Purpose of Disbursement Campaign Donations Candidate Name		011				000.00	,
THOMAS H JR KEAN		Category/ Type					
Office Sought:    House   Disburse     X Senate     President     State: NJ District: 00	ment For: 2006 Primary X General Other (specify)						
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