

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
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 2275 Research Blvd
Suite 250
 Check if different than previously reported. (ACC)
Rockville MD 20850

2. **FEC IDENTIFICATION NUMBER** C00319319
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 Quarterly 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 (12G)
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 2008 through 03 31 2008

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 Mr. Mike Stinson
Signature of Treasurer Electronically Filed by Mr. Mike Stinson Date 04 10 2008

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** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">20858.11</td></tr></table>	20858.11
Y	Y	Y	Y									
2	0	0	8									
20858.11												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">20858.11</td></tr></table>	20858.11										
20858.11												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">7992.16</td></tr></table>	7992.16	<table border="1" style="width: 100%;"><tr><td align="right">7992.16</td></tr></table>	7992.16								
7992.16												
7992.16												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">28850.27</td></tr></table>	28850.27	<table border="1" style="width: 100%;"><tr><td align="right">28850.27</td></tr></table>	28850.27								
28850.27												
28850.27												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">2215.00</td></tr></table>	2215.00	<table border="1" style="width: 100%;"><tr><td align="right">2215.00</td></tr></table>	2215.00								
2215.00												
2215.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">26635.27</td></tr></table>	26635.27	<table border="1" style="width: 100%;"><tr><td align="right">26635.27</td></tr></table>	26635.27								
26635.27												
26635.27												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

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

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	7850.00	7850.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	7850.00	7850.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7850.00	7850.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	142.16	142.16
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (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)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7992.16	7992.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7992.16	7992.16

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)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	215.00	215.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	215.00	215.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other 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
29. Other Disbursements.....	0.00	0.00
30. 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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2215.00	2215.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2215.00	2215.00

DETAILED SUMMARY PAGE
of Disbursements

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	7850.00	7850.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7850.00	7850.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	215.00	215.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	215.00	215.00

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

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

NAME OF COMMITTEE (In Full)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mr. Victor T. Adamo		Date of Receipt	
	Mailing Address 1573 Woodbridge Place		M M / D D / Y Y Y Y 03 / 27 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.4281
	Vestavia Hills	AL	35216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer ProAssurance Corp.		Occupation President		PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Ms. Cynthia J. Belcher		Date of Receipt	
	Mailing Address 6316 Jasmine Drive		M M / D D / Y Y Y Y 03 / 25 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.4299
	Huntington Beach	CA	92648	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		150.00	
Name of Employer CAP-MPT		Occupation SVP		PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 150.00		

C.	Full Name (Last, First, Middle Initial) Mr. James F. Carland, III		Date of Receipt	
	Mailing Address 2602 E. Thomas Run		M M / D D / Y Y Y Y 03 / 27 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.4280
	Phoenix	AZ	85016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer MICA		Occupation Executive		PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	900.00
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 7 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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.	Full Name (Last, First, Middle Initial) Mr. Theodore J. Clarke	Date of Receipt MM / DD / YYYY 03 / 25 / 2008
	Mailing Address 7351 Lowry Boulevard	Transaction ID: SA11AI.4303
	City State Zip Code Denver CO 80230	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation COPIC Insurance Co. Physician/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Mr. Walt Davis	Date of Receipt MM / DD / YYYY 03 / 27 / 2008
	Mailing Address 2602 E. Thomas Road	Transaction ID: SA11AI.4284
	City State Zip Code Phoenix AZ 85016	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation MICA Insurance Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

C.	Full Name (Last, First, Middle Initial) Ms Candace L. Dyer	Date of Receipt MM / DD / YYYY 03 / 25 / 2008
	Mailing Address 38 Beach Avenue	Transaction ID: SA11AI.4312
	City State Zip Code Warwick RI 02889	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation West Bay Surgeon Association Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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: PAGE 8 / 17
(check only one)

<input checked="" 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

<p>A. Full Name (Last, First, Middle Initial) Mr. Robert C. Gibbs</p> <p>Mailing Address 611 Quail Creek Road</p> <p>City State Zip Code Parsons KS 67357</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Robert Charles Gibbs, MD, LLC</p> <p>Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 03 / 31 / 2008</p> <p>Transaction ID: SA11AI.4278</p> <p>Amount of Each Receipt this Period 300.00</p> <p>PAC Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. Paul Gottlieb</p> <p>Mailing Address 4871 Kipling Drive</p> <p>City State Zip Code Carmichael CA 95608</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self</p> <p>Occupation Urologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 150.00</p>	<p>Date of Receipt 03 / 25 / 2008</p> <p>Transaction ID: SA11AI.4297</p> <p>Amount of Each Receipt this Period 150.00</p> <p>PAC Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Ray J. Groves</p> <p>Mailing Address 1566 Ponus Ridge</p> <p>City State Zip Code New Canaan CT 06840</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired</p> <p>Occupation CEO & Chair</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt 03 / 27 / 2008</p> <p>Transaction ID: SA11AI.4283</p> <p>Amount of Each Receipt this Period 600.00</p> <p>PAC Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	1050.00
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 9 / 17
(check only one)

<input checked="" 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. Full Name (Last, First, Middle Initial)
Mr. Phillip R. Hinderberger, Esq.
Mailing Address 19 Glen Dr.
City Mill Valley State CA Zip Code 94941
FEC ID number of contributing federal political committee. **C**
Name of Employer Norcal Mutual Insurance Co. Occupation Lawyer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 150.00
Date of Receipt 03 / 25 / 2008
Transaction ID: SA11AI.4313
Amount of Each Receipt this Period 150.00
PAC Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey M. Holden
Mailing Address 606 Forest Ave.
City Glen Ellyn State IL Zip Code 60137
FEC ID number of contributing federal political committee. **C**
Name of Employer ISMIE Occupation COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 27 / 2008
Transaction ID: SA11AI.4282
Amount of Each Receipt this Period 500.00
PAC Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Carl T. Hook
Mailing Address 1916 Whispering Pines
City Norman State OK Zip Code 73072
FEC ID number of contributing federal political committee. **C**
Name of Employer PLICO Occupation MD/CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 03 / 25 / 2008
Transaction ID: SA11AI.4310
Amount of Each Receipt this Period 300.00
PAC Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 950.00
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 10 / 17
	<input checked="" 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.	Full Name (Last, First, Middle Initial) A. Peter Kezirian		Date of Receipt
	Mailing Address 333 S. Hope Street, 8th FL		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Los Angeles	CA	90071
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4286
Name of Employer CAP-MPT		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
			PAC Contribution

B.	Full Name (Last, First, Middle Initial) Ms Cindy Lesonsky		Date of Receipt
	Mailing Address 333 Hope Street, 8th FL		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Los Angeles	CA	90071
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4304
Name of Employer CAP		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="200.00"/>
			PAC Contribution

C.	Full Name (Last, First, Middle Initial) Mr. Kenneth Ludwig		Date of Receipt
	Mailing Address 6133 N. River Rd ste. 650		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Rosemont	IL	60018
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4296
Name of Employer OMSNIC		Occupation Insurance Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
			PAC Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 11 / 17
	<input checked="" 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.	Full Name (Last, First, Middle Initial) Mr. Mukesh T. Parekh		Date of Receipt	
	Mailing Address 5722 Parkland Ave., #240		M M / D D / Y Y Y Y 03 / 31 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.4277
	Oklahoma City	OK	73112	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
Name of Employer Self		Occupation MD		PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

B.	Full Name (Last, First, Middle Initial) Mr. Harry B. Richardson, Jr.		Date of Receipt	
	Mailing Address 700 McDonald Avenue		M M / D D / Y Y Y Y 03 / 25 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.4311
	Santa Rosa	CA	95404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer Self		Occupation Physician		PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 100.00		

C.	Full Name (Last, First, Middle Initial) Mr. Andrew L. Sew Hoy		Date of Receipt	
	Mailing Address 1414 South Grand Avenue, Ste. 300		M M / D D / Y Y Y Y 03 / 25 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.4308
	Los Angeles	CA	90015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
Name of Employer Self		Occupation Orthopedic Surgeon		PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	700.00
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 12 / 17
	<input checked="" 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.	Full Name (Last, First, Middle Initial) Mr. Stewart Shanfield		Date of Receipt
	Mailing Address 333 South Hope Street, 8th FL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2008
	City	State	Zip Code
	Los Angeles	CA	90071
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4270
Name of Employer Fullerton Orthopedics		Occupation Orthopedic Surgeon/Board of Directors	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	300.00
			PAC Contribution

B.	Full Name (Last, First, Middle Initial) Michael D. Stephens		Date of Receipt
	Mailing Address 900 Adler Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2008
	City	State	Zip Code
	Newport Beach	CA	92660
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4279
Name of Employer Norcal Insurance Company		Occupation Board Member	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00
			PAC Contribution

C.	Full Name (Last, First, Middle Initial) Ms Victoria J. Sterling		Date of Receipt
	Mailing Address 1827 W. Berwyn		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 25 / 2008
	City	State	Zip Code
	Chicago	IL	60640
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4300
Name of Employer OMSNIC		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 150.00	150.00
			PAC

SUBTOTAL of Receipts This Page (optional)	700.00
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 13 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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.	Full Name (Last, First, Middle Initial) Mr. Mike Stinson		Date of Receipt	
	Mailing Address 3006 Bryan St.		M M / D D / Y Y Y Y 03 / 25 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.4306
	Alexandria	VA	22302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
Name of Employer PIAA		Occupation Director of Government Relations		PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

B.	Full Name (Last, First, Middle Initial) Mr. Philip Unger		Date of Receipt	
	Mailing Address 1709 Raintree Rd.		M M / D D / Y Y Y Y 03 / 31 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.4272
	Fullerton	CA	92835	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		150.00	
Name of Employer St. Jude Radiology Med. Group		Occupation Physician		PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 150.00		

C.	Full Name (Last, First, Middle Initial) Mr. William R. Vetter		Date of Receipt	
	Mailing Address 21 Riverbank Place		M M / D D / Y Y Y Y 03 / 25 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.4307
	Carmichael	CA	95608	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		150.00	
Name of Employer N.C.C.A.		Occupation Physician		PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 150.00		

SUBTOTAL of Receipts This Page (optional)	▶	600.00
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 14 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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.	Full Name (Last, First, Middle Initial) Mr. Paul Weber		Date of Receipt	
	Mailing Address 4386 26th Street		M M / D D / Y Y Y Y Y 03 / 27 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.4295
	San Francisco	CA	94131	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		600.00	
Name of Employer OMIC		Occupation Manager		PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00		

B.	Full Name (Last, First, Middle Initial) Paul Rocky Weber		Date of Receipt	
	Mailing Address 3502 via Cam Pesina		M M / D D / Y Y Y Y Y 03 / 31 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.4274
	Rancho palos Verde	CA	90275	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		600.00	
Name of Employer Self		Occupation Physician		PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00		

C.	Full Name (Last, First, Middle Initial) Mr. James L. Weidner		Date of Receipt	
	Mailing Address 333 S. Hope Street, 8th FL		M M / D D / Y Y Y Y Y 03 / 25 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.4301
	Los Angeles	CA	91105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
Name of Employer CAP-MPT		Occupation CEO		PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	7850.00

**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 15 / 17
	<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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Merrill Lynch		Date of Receipt
	Mailing Address 1040 Stoney Hill Road, Ste. 1050		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Yardley	PA	19067
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.4323
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="59.21"/>
		<input type="text" value="59.21"/>	Dividend

B.	Full Name (Last, First, Middle Initial) Merrill Lynch		Date of Receipt
	Mailing Address 1040 Stoney Hill Road, Ste. 1050		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Yardley	PA	19067
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.4322
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="46.72"/>
		<input type="text" value="105.93"/>	Dividend

C.	Full Name (Last, First, Middle Initial) Merrill Lynch		Date of Receipt
	Mailing Address 1040 Stoney Hill Road, Ste. 1050		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Yardley	PA	19067
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.4321
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="36.23"/>
		<input type="text" value="142.16"/>	Dividend

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="142.16"/>
TOTAL This Period (last page this line number only)	<input type="text" value="142.16"/>

**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 16 / 17

<input checked="" 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Comptroller of Maryland	Transaction ID: SB21B.4327 Date of Disbursement
	Mailing Address Revenue Administration Division	<input type="text" value="03"/> <input type="text" value="27"/> / <input type="text" value="2008"/>
	City Annapolis State MD Zip Code 21411-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement State Taxes Candidate Name	<input type="text" value="36.00"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: SB21B.4332 Date of Disbursement
	Mailing Address Internal Revenue Service Center	<input type="text" value="01"/> <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Ogden State UT Zip Code 84201	Amount of Each Disbursement this Period
	Purpose of Disbursement Federal Taxes Candidate Name	<input type="text" value="77.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: SB21B.4330 Date of Disbursement
	Mailing Address Internal Revenue Service Center	<input type="text" value="03"/> <input type="text" value="17"/> / <input type="text" value="2008"/>
	City Ogden State UT Zip Code 84201	Amount of Each Disbursement this Period
	Purpose of Disbursement Federal Taxes Candidate Name	<input type="text" value="102.00"/>
	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)	<input type="text" value="215.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="215.00"/>

**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 17 / 17

<input type="checkbox"/> 21b	<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

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NAME OF COMMITTEE (In Full)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) CHRISTOPHER SHAYS FOR CONGRESS COMMITTEE <hr/> Mailing Address 98 East Avenue Rear Building 98 East Avenue Rear Building <hr/> City Norwalk State CT Zip Code 06851 <hr/> Purpose of Disbursement Contribution to Congressman Chris Shays <hr/> Candidate Name Chritopher Shays <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4315 Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
B. Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS <hr/> Mailing Address P.O. Box 425 <hr/> City Roswell State GA Zip Code 30077 <hr/> Purpose of Disbursement Contribution to Cong. Tom Price <hr/> Candidate Name Thomas Price <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4316 Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

2000.00