

RECEIVED  
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2004 APR -6 P 12:17

FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

PHYSICIAN INSURERS ASSOCIATION OF AMERICA  
POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

18275 RESEARCH BLVD

Check if different than previously reported. (ACC)

SMITH ASD

ROCKVILLE MD 20854

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

000319319

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

- (a) 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)

(a) Quarterly Reports:

- Apr 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) 12-Day PRE-Election Report for the:
  - Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on

in the State of

- (c) 30-Day POST-Election Report for the:
  - General (30G)
  - Runoff (30R)
  - Special (30S)

Election on

in the State of

5. Covering Period

01/01/2004

through

03/31/2004

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

*Bruce A. Wilson*

Date

04/06/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5427g.

Office Use Only

FEC FORM 3X  
(Rev. 03/2003)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2005)

Page 2

Write or Type Committee Name

Physician Insurers Association of America PAC

Report Covering the Period:

From:

01 01 2004

To:

03 31 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004	21,428.63	21,428.63
(b) Cash on Hand at Beginning of Reporting Period	21,428.63	
(c) Total Receipts (from Line 19)	1,102,311	1,102,311
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2,253,094	2,253,094
7. Total Disbursements (from Line 31)	2,000.00	2,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	205,309.4	205,309.4
9. Debts and Obligations Owed TO the Committee (Items all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Items all on Schedule C and/or Schedule D)		

This committee has qualified as a multicandidate committee. (see FEC FORM 11A)

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)

Page 3

Write or Type Committee Name

Physician Insurers Association of America PAC

Report Covering the Period: From

12/01/2003

To:

03/31/2004

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) .....	1,100.00	
(ii) Unitemized .....		
(ii) TOTAL (add Lines 11(a)(i) and (ii)) .....	1,100.00	1,100.00
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contributions (and Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1,100.00	1,100.00
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) .....		
16. Refunds of Contributors Made to Federal Candidates and Other Political Committees .....		
17. Other Federal Receipts (Dividends, Interest, etc.) .....	231	231
18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Accounts (from Schedule H3) .....		
(b) Levin Funds (from Schedule H5) .....		
(c) Total Transfers (add 18(a) and 18(b)) .....		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1,10231	1,10231
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1,10231	1,10231

**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) 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))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	20,000.00	20,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(3)) (use Schedule F)		
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 Contribution 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 H4)		
(i) Federal Share		
(ii) "Levin" 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))	20,000.00	20,000.00
32. Total Federal Disbursements (add Line 21(a)(i) and Line 30(a)(ii) from Line 31)	20,000.00	20,000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

B1. 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 2) .....	1,0000	1,0000
34. Total Contribution Refunds (from Line 26(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1,0000	1,0000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

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

Use separate schedules for each category of the Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
(check only one)		7	2
<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 13c	<input type="checkbox"/> 13d
<input type="checkbox"/> 13e	<input type="checkbox"/> 13f	<input type="checkbox"/> 13g	<input type="checkbox"/> 13h

Any information copied from such Reports and Statements may not be used 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)  
**Physicians Insurers Association of America PAC**

Full Name (Last, First, Middle Initial) <b>A. Wilson, Bruce A.</b>		Date of Receipt <b>02/06/2004</b>
Mailing Address <b>9523 Thornhill Rd</b>		Amount of Each Receipt This Period <b>500.00</b>
City <b>Silver Spring</b>	State Zip Code <b>MD 20901</b>	
FEC ID number of contributing federal political committee <b>C</b>		
Name of Employer <b>PIAA</b>	Occupation <b>Director, Government Relations</b>	
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>B. Smarr, Lawrence E.</b>		Date of Receipt <b>02/06/2004</b>
Mailing Address <b>16400 Poplar Hill Rd.</b>		Amount of Each Receipt This Period <b>500.00</b>
City <b>Germantown</b>	State Zip Code <b>MD 20874</b>	
FEC ID number of contributing federal political committee <b>C</b>		
Name of Employer <b>PIAA</b>	Occupation <b>President</b>	
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>C. Hong, Peidi</b>		Date of Receipt <b>02/06/2004</b>
Mailing Address <b>402 Garden View Way</b>		Amount of Each Receipt This Period <b>2500</b>
City <b>Rockville</b>	State Zip Code <b>MD 20850</b>	
FEC ID number of contributing federal political committee <b>C</b>		
Name of Employer <b>PIAA</b>	Occupation <b>Accounting Manager</b>	
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)	<b>1,025.00</b>
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 2	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 17
<input type="checkbox"/> 18	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/>	<input type="checkbox"/>

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NAME OF COMMITTEE (or Fund)  
**Physician Insurers Association of America PAC**

Full Name (Last, First, Middle Initial) <b>A. Cole, USA M.</b>		Date of Receipt <b>02/06/2004</b>
Mailing Address <b>5833 Rolling Drive</b>		Amount of Each Receipt this Period <b>2500</b>
City <b>Rockville</b>	State Zip Code <b>MD 20855</b>	
FEC ID number of contributing federal political committee <b>C</b>		
Name of Employer <b>PIAA</b>	Occupation <b>Director, Communications</b>	
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>B. Watson, USA</b>		Date of Receipt <b>02/06/2004</b>
Mailing Address <b>10405 Woodpointe Ter.</b>		Amount of Each Receipt this Period <b>2500</b>
City <b>Groendale</b>	State Zip Code <b>MD 20719</b>	
FEC ID number of contributing federal political committee <b>C</b>		
Name of Employer <b>PIAA</b>	Occupation <b>Director, Meetings &amp; Education</b>	
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>C. Bartholomew, Lori</b>		Date of Receipt <b>02/06/2004</b>
Mailing Address <b>12400 Poplar Hill Rd</b>		Amount of Each Receipt this Period <b>2500</b>
City <b>Germantown</b>	State Zip Code <b>MD 20874</b>	
FEC ID number of contributing federal political committee <b>C</b>		
Name of Employer <b>PIAA</b>	Occupation <b>Dr. Loss Prevention &amp; Research</b>	
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)	<b>7500</b>
TOTAL This Period (last page this form number only)	<b>1,100.00</b>

**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"/> 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"/> 29a	<input type="checkbox"/> 29b	<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 giving 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. LISA Mirkowski For US Senate

Date of Disbursement

03/24/2004

Mailing Address

PO Box 100847

City

Anchorage

State

AK

Zip Code

99510-0847

Purpose of Disbursement

Contribution

Candidate Name

LISA Mirkowski

Category Type

Amount of Each Disbursement this Period

1000.00

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. David Vitter for US Senate

Date of Disbursement

03/25/2004

Mailing Address

PO Box 875

City

Metairie

State

LA

Zip Code

70011

Purpose of Disbursement

Contribution

Candidate Name

DAVID VITTER

Category Type

Amount of Each Disbursement this Period

1000.00

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

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)

2000.00

TOTAL This Period (last page this line number only)

2000.00



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 4/16/04
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified/Priority/Express Mail	Postmarked (R/C)
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JA</i>	4/16/04
PREPARER	DATE PREPARED