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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. 12FE4M5

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

000319319 060402 N
 LAWRENCE E SHARR
 PHYSICIAN INSURERS ASSOCIATION
 OF AMERICA PAC (PHYSICIAN INS
 2275 RESEARCH BOULEVARD SUITE
 ROCKVILLE MD 20850

2. **FEC IDENTIFICATION NUMBER** 000319319 **CITY** **STATE** **ZIP CODE**

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

<input type="checkbox"/> April 15 Quarterly Report (Q1)	<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input checked="" type="checkbox"/> July 15 Quarterly Report (Q2)	<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> October 15 Quarterly Report (Q3)	<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(b) Monthly Report Due On:

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on _____ in the State of _____

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on _____ in the State of _____

5. **Covering Period** 09 / 01 / 2002 through 06 / 30 / 2002

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 07 / 12 / 2002

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 (Revised 1/01)

Page 2

Write or Type Committee Name

Physician Insurers Association of America Political Action Committee

Report Covering the Period:

From:

04 01 2002

To:

06 30 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002	2002	44,400.56
(b) Cash on Hand at Beginning of Reporting Period	120,765.3	
(c) Total Receipts (from Line 19)	4,153.06	4,709.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	162,295.9	19,189.94
7. Total Disbursements (from Line 30)	0.00	2,960.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	162,295.9	162,295.9
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedules D)	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedules D)	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

FED Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

AMERICAN INDIAN ACTION FUND OF AMERICA Political Action Committee

Report Covering the Period:

From:

04 01 2002

To:

06 30 2002

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)	410000	
(ii) Unitemized	000	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	410000	460000
(b) Political Party Committees	000	000
(c) Other Political Committees (such as PACs)	000	000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	410000	460000
12. Transfers From Affiliate/Other Party Committee	000	000
13. All Loans Received	000	000
14. Loan Repayments Received	000	000
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 86, page 4)	000	000
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	000	000
17. Other Federal Receipts (Dividends, Interest, etc.)	5306	10938
18. Transfers from Nonfederal Account for Joint Activity	000	000
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	415306	470938
20. Total Federal Receipts (subtract Line 18 from Line 19)	415306	470938

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

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	000	000
(ii) Non-Federal Share	000	000
(b) Other Federal Operating Expenditures	000	000
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	000	000
22. Transfers to Affiliated/Other Party Committees	000	000
23. Contributions to Federal Candidates/Committees and Other Political Committees	000	2500 00
24. Independent Expenditures (use Schedule E)	000	4400 35
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)	000	000
26. Loan Repayments Made	000	000
27. Loans Made	000	000
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	000	000
(b) Political Party Committees	000	000
(c) Other Political Committees (such as PACs)	000	000
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	000	000
29. Other Disbursements	000	000
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 26(d), and 29)	000	2960 35
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	000	2960 35
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	4100 00	4100 00
33. Total Contribution Refunds (from Line 28(d))	000	000
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	4100 00	4100 00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	000	000
36. Offsets to Operating Expenditures (from Line 15, page 3)	000	000
37. Net Operating Expenditures (subtract Line 36 from Line 35)	000	000

**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 9	
<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	12	<input type="checkbox"/>	14	<input type="checkbox"/>	18
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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)
Musicians' Income Association of America Political Action Committee

Full Name (Last, First, Middle Initial) A. <u>Stephens, Michael D.</u>		Date of Receipt <u>04</u> / <u>15</u> / <u>2002</u>
Mailing Address <u>600 Alder Place</u>		Amount of Each Receipt this Period <u>200.00</u>
City <u>Newport County</u>	State Zip Code <u>CA 92660</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>NORCAL Mutual Ins. Co.</u>	Occupation <u>Hospital CEO</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date <u>2000</u>	

Full Name (Last, First, Middle Initial) B. <u>West, David M.D.</u>		Date of Receipt <u>04</u> / <u>20</u> / <u>2002</u>
Mailing Address <u>2055 Hill Street</u>		Amount of Each Receipt this Period <u>100.00</u>
City <u>Colorado</u>	State Zip Code <u>CO 81506</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>SMC</u>	Occupation <u>Physician</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date <u>100.00</u>	

Full Name (Last, First, Middle Initial) C. <u>West, Andrew M.D.</u>		Date of Receipt <u>04</u> / <u>21</u> / <u>2002</u>
Mailing Address <u>200 N. Main Street</u>		Amount of Each Receipt this Period <u>100.00</u>
City <u>Lake Charles</u>	State Zip Code <u>LA 70601</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>MMIC</u>	Occupation <u>Physician</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date <u>100.00</u>	

SUBTOTAL of Receipts This Page (optional) ▶	<u>400.00</u>
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 2 OF 9
(check only one)
11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (in Full)

Physicians Business Association of Indiana Political Action Committee

Full Name (Last, First, Middle Initial)

A. POLANS, DAVID

Mailing Address

1401 Treasures Circle

City
Edinwa

State
IN

Zip Code
46439

FEC ID number of contributing federal political committee.

0

Name of Employer

None

Occupation

CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

50000

Date of Receipt

04/22/2008

Amount of Each Receipt this Period

50000

Full Name (Last, First, Middle Initial)

B. ...

Mailing Address

15 Spring Road

City
Westfield

State
CA

Zip Code
94109

FEC ID number of contributing federal political committee.

0

Name of Employer

NONCAL Mutual Ins Co

Occupation

VP Claims

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

10000

Date of Receipt

04/22/2008

Amount of Each Receipt this Period

10000

Full Name (Last, First, Middle Initial)

C. ...

Mailing Address

11 Glen Drive

City
Menlo Park

State
CA

Zip Code
94025

FEC ID number of contributing federal political committee.

0

Name of Employer

NONCAL Mutual Ins Co

Occupation

Attorney

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

10000

Date of Receipt

04/30/2008

Amount of Each Receipt this Period

10000

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

70000

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 9
(check only one)

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

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NAME OF COMMITTEE (In Full)
Physicians' Financial Association of America Political Action Committee

A. Full Name (Last, First, Middle Initial)
THOMAS R. LAYTON MD

Mailing Address
401 W. Parkway Place

City *Ridgeland* State *MS* Zip Code *39157*

FEC ID number of contributing federal political committee
C

Name of Employer
MD ASSOCIATES Occupation

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
10000

Date of Receipt
04 27 2002

Amount of Each Receipt this Period
10000

B. Full Name (Last, First, Middle Initial)
ANNA BAIRD

Mailing Address
401 W. Parkway Place

City *Ridgeland* State *MS* Zip Code *39157*

FEC ID number of contributing federal political committee
C

Name of Employer
MD ASSOCIATES Occupation *CEO*

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
10000

Date of Receipt
04 24 2002

Amount of Each Receipt this Period
10000

C. Full Name (Last, First, Middle Initial)
STEPHEN THOMAS W. FACINE

Mailing Address
800 FOX DRIVE

City *Brentwood* State *TN* Zip Code *37024*

FEC ID number of contributing federal political committee
C

Name of Employer
SUMIC Occupation *Consultant*

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
10000

Date of Receipt
04 29 2002

Amount of Each Receipt this Period
10000

SUBTOTAL of Receipts This Page (optional) *30000*

TOTAL This Period (last page this line number only) *30000*

**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 4 OF 8	
<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 type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Physician Training Association of America Clinical Action Committee

A. N. NICKER, James
 Full Name (Last, First, Middle Initial)
 Mailing Address: 233 S. Hope St. 8th Floor
 City: Los Angeles State: CA Zip Code: 90021
 Date of Receipt: 04/30/2002
 Amount of Each Receipt this Period: 10000
 FEC ID number of contributing federal political committee: 0
 Name of Employer: CAP. NPT Occupation: CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 10000

B. Smith, Allen E.
 Full Name (Last, First, Middle Initial)
 Mailing Address: P.O. Box 10005
 City: Memphis State: TN Zip Code: 37021
 Date of Receipt: 04/30/2002
 Amount of Each Receipt this Period: 10000
 FEC ID number of contributing federal political committee: 0
 Name of Employer: Smith Co. Occupation: V.P. Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 10000

C. Beckler, Jerome H., MD
 Full Name (Last, First, Middle Initial)
 Mailing Address: 301 Adams St.
 City: Denver State: CO Zip Code: 80202
 Date of Receipt: 05/13/2002
 Amount of Each Receipt this Period: 10000
 FEC ID number of contributing federal political committee: 0
 Name of Employer: Cofc Occupation: Business Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 10000

SUBTOTAL of Receipts This Page (optional) 30000
 TOTAL This Period (last page this line number only) 30000

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 9
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

Physicians, Engineers Association of America Political Action Committee

A. Full Name (Last, First, Middle Initial)
Williams, Steven, C.

Mailing Address
1445 Post Oak Circle

City
Memphis

State
TN

Zip Code
37027

Date of Receipt
05 / 15 / 2002

Amount of Each Receipt this Period
30000

FEC ID number of contributing federal political committee
C

Name of Employer
SUMEC

Occupation
President + CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30000

B. Full Name (Last, First, Middle Initial)
Frank, Jr, MD

Mailing Address
3710 Honey Court

City
Metairie

State
LA

Zip Code
70006

Date of Receipt
05 / 03 / 2002

Amount of Each Receipt this Period
10000

FEC ID number of contributing federal political committee
C

Name of Employer
LUMICO

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000

C. Full Name (Last, First, Middle Initial)
Swartz, J.T., MD

Mailing Address
107 Oaklea Place

City
Memphis

State
TN

Zip Code
38301

Date of Receipt
05 / 15 / 2002

Amount of Each Receipt this Period
10000

FEC ID number of contributing federal political committee
C

Name of Employer
SUMEC

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000

SUBTOTAL of Receipts This Page (optional) ▶ 50000

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 OF 9	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)
MUSCULAR TROUBLE ASSOCIATION OF CALIFORNIA POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Domenico, Paolo J., III

Mailing Address
12102 Independence Ct.

City State Zip Code
New Orleans LA 70118

FEC ID number of contributing federal political committee
C

Name of Employer
LAMMCO

Occupation
Executive

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date
50.00

Date of Receipt
05 13 2002

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Cottrell, Adam C.

Mailing Address
1800 International Plaza Blvd, Ste 400

City State Zip Code
Memphis TN 38120

FEC ID number of contributing federal political committee
C

Name of Employer
SVMIC

Occupation
Lawyer

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date
50.00

Date of Receipt
05 13 2002

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Purvis, Robert A.

Mailing Address
101 S. Main St, Room 4

City State Zip Code
Birmingham TN 37027

FEC ID number of contributing federal political committee
C

Name of Employer
SVMIC

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date
100.00

Date of Receipt
05 13 2002

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) 200.00

TOTAL This Period (last page this line number only) 200.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 13

(check only one)

Grid for line numbers 11a-11g and 13-17

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NAME OF COMMITTEE (in Full)

Republican League's Association of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. MEXER, ROBERT, MD

Mailing Address

800 3rd St. PO Box 95

City

Ottawa

State

NE

Zip Code

68401-0095

Date of Receipt

08 21 2002

Amount of Each Receipt this Period

1000

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General Other (specify)

Aggregate Year-to-Date

100.00

Full Name (Last, First, Middle Initial)

B. WELLS, WILLIAM, JR, MD

Mailing Address

21 Riverbank Place

City

Cambridge

State

CA

Zip Code

95902

Date of Receipt

08 27 2002

Amount of Each Receipt this Period

1000

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

NOVAAL

Physician

Receipt For:

Primary General Other (specify)

Aggregate Year-to-Date

100.00

Full Name (Last, First, Middle Initial)

C. FORD, CHAS S, MD

Mailing Address

14010 Lake View

City

Bellevue

State

WA

Zip Code

98002

Date of Receipt

08 22 2002

Amount of Each Receipt this Period

1000

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

NOVAAL

Physician

Receipt For:

Primary General Other (specify)

Aggregate Year-to-Date

1000

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3000

**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 7	
<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 type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
Democratic Party of Colorado

A. *Theresa V. Leland*

Full Name (Last, First, Middle Initial)

Mailing Address
1400 E. Dorado Blvd, Box 1100715

City
Denver State
CO Zip Code
80202

Date of Receipt
05 / 22 / 2002

FEC ID number of contributing federal political committee.
C

Amount of Each Receipt this Period
2000

Name of Employer
COPIC Occupation
Executive (Ret)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
2000

B. *Timothy R. R. ASD*

Full Name (Last, First, Middle Initial)

Mailing Address
1022 Fair Meadows Drive

City
Wheat Ridge State
CO Zip Code
80033

Date of Receipt
05 / 25 / 2002

FEC ID number of contributing federal political committee.
C

Amount of Each Receipt this Period
1000

Name of Employer
Medwest Medical Occupation
Physician

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
1000

C. *Myrtle M. Anderson*

Full Name (Last, First, Middle Initial)

Mailing Address
201 North Myrtle

City
Myrtle Beach State
SC Zip Code
29576

Date of Receipt
06 / 10 / 2002

FEC ID number of contributing federal political committee.
C

Amount of Each Receipt this Period
1000

Name of Employer
SUNNY Occupation
Musician

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
1000

SUBTOTAL of Receipts This Page (optional) **13000**

TOTAL This Period (list 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 5 OF 9	
(check only one)			
<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"/> 18
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Democratic Governors Association of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bolton, Jack E.

Mailing Address

259 ...

City

Portland

State

TX

Zip Code

37100

Date of Receipt

06 / 17 / 2002

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

100.00

Name of Employer

SUMIC

Occupation

WELDER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Date of Receipt

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Date of Receipt

FEC ID number of contributing federal political committee.

C

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)

TOTAL This Period (last page this line number only)

4100.00

Federal Election Commission

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