

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 31 11 53 AM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
Physician Insurers Association of America PAC

ADDRESS (number and street) Check if different than previously reported
2275 Research Blvd. #250

CITY, STATE and ZIP CODE
Rockville, MD 20817

2. FEC IDENTIFICATION NUMBER
C00319319

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

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY

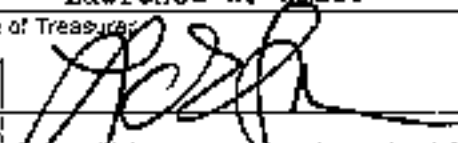
5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
January 1, 1997 through June 30, 1997		
6. (a) Cash on Hand January 1, 1997		\$ 1,773.02
(b) Cash on Hand at Beginning of Reporting Period	\$ 1,773.02	
(c) Total Receipts (from Line 19)	\$ 10,400.60	\$ 10,400.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 12,173.62	\$ 12,173.62
7. Total Disbursements (from Line 30)	\$ 1,073.17	\$ 1,073.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 11,100.45	\$ 11,100.45
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Tel. Fax: (202) 424-9530 Local: 202-219-5120
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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

Lawrence E. Smith

Signature of Treasurer



Date

July 28, 1997

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

FEC FORM 3X

(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO:	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I Receipts			
11. Contributions (other than loans) From:			
a. Individual Persons Other Than Political Committees			
i. Itemized (use Schedule A)	2,300	2,300	11200
ii. Unitemized	5,500	5,500	11200
iii. Total (add i and ii) >	7,800	7,800	11200
b. Political Party Committees			1100
c. Other Political Committees (such as PACs)	2,500	2,500	1100
d. Total Contributions (add a ii, b and c) >	10,300	10,300	1100
12. Transfers From Affiliated/Other Party Committees			P
13. All Loans Received			B
14. Loan Repayments Received			F
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			G
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			H
17. Other Federal Receipts (Dividends, Interest, etc.)	100.60	100.60	F
18. Transfers From Nonfederal Account for Joint Activity			E
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	10,400.60	10,400.60	B
20. Total Federal Receipts (subtract line 18 from line 19) >	10,400.60	10,400.60	A
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21000
ii. Non-Federal Share			21000
b. Other Federal Operating Expenditures	73.17	73.17	2100
c. Total Operating Expenditures (add a i, a ii, and b) >	73.17	73.17	2100
22. Transfers to Affiliated/Other Party Committees			2
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000	1,000	2
24. Independent Expenditures (use Schedule E)			2
25. Coordinated Expenditures Made by Party Committees [2 U.S.C. 443a(d)] (Use Schedule F)			3
26. Loan Repayments Made			3
27. Loans Made			3
28. Refunds of Contributions To:			
a. Individual's/Persons Other Than Political Committees			2800
b. Political Party Committees			2800
c. Other Political Committees (such as PACs)			2800
d. Total Contribution Refunds (add a, b and c) >			2800
29. Other Disbursements			2
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,073.17	1,073.17	3
31. Total Federal Disbursements (subtract line 28 d ii from line 30) >	1,073.17	1,073.17	3
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	10,300	10,300	3
33. Total Contribution Refunds (from line 28d)	-0-	-0-	3
34. Net Contributions (other than loans) (subtract line 33 from 32)	10,300	10,300	3
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	73.17	73.17	3
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	3
37. Net Operating Expenditures (subtract line 36 from 35) >	73.17	73.17	3

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Stephens 900 Alder Place Newport Beach, CA 92660 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hoag Memorial Hospital Occupation: President/CEO	1/3/97	200.00
Aggregate Year-to-Date > \$ 200.00			
Donald Smith 50 Fremont Street San Francisco, CA 94105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NORCAL Occupation: Director	1/21/97	200.00
Aggregate Year-to-Date > \$ 200.00			
David Murray 225 International Circle Hunt Valley, MD 21030 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Medical Mutual Insurance Company of Maryland Occupation: President	1/22/97	500.00
Aggregate Year-to-Date > \$ 500.00			
The Doctors Company Federal Political Action Committee 185 Greenwood Road Hana, CA 94558-0900 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Doctors Company Occupation:	1/30/97	2,500.00
Aggregate Year-to-Date > \$ 2,500.00			
William Newton 50 Fremont Street San Francisco, CA 94105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NORCAL Occupation: President/CEO	2/3/97	200.00
Aggregate Year-to-Date > \$ 200.00			
Richard Thorp 50 Fremont Street San Francisco, CA 94105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NORCAL Occupation: Director	2/13/97	200.00
Aggregate Year-to-Date > \$ 200.00			
Rosamond Thorp 7557 N. Charles Street Fresno, CA 93711 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	none Occupation:	2/13/97	200.00
Aggregate Year-to-Date > \$ 200.00			

SUBTOTAL of Receipts This Page (optional) 4,000

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **2** OF **2**
FOR LINE NUMBER

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Don Udstuen 20 N Michigan Avenue Chicago, ILL 60602	ESMIE Occupation: COO	2/20/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Carroll Krueger 6250 Claremont Avenue Oakland, CA 94618-1324	MIBC Occupation: Board Member	3/17/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Sanders 3422 Broadway NE Minneapolis, MN 08648	Midwest Medical Ins Company Occupation: Board Member	3/31/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Maxwell One City Center Portland, ME 04101	Medical Mutual Insurance Co. of Maine Occupation: 200.00	4/7/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	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 > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	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 > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	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 > \$		

SUBTOTAL of Receipts This Page (optional) 800.00

TOTAL This Period (last page this line number only) 4,800.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Physician Insurers Association of America PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Thomas Campaign Committee Box 305 Bakersfield, CA 93302	CA-21 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/8/97	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1,000.00

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

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

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 7/29/97
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT
VPV PREPARER	7/31/97 DATE PREPARED