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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)

TYPE OR PRINT

Example: If typing, type over the lines.

12FB4M5

Physician Insurers Association of America
Political Action Committee

ADDRESS (number and street)

127.5 Research Blvd

Suite 250

Rockville

MD

20850

Check if different than previously reported. (ACC)

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) Quarterly Report:

- April 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 (TR)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)

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

04 01 2004

through

06 30 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

Date

07 14 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §457g.

Office Use Only

FEC FORM 3X
(Rev 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Physician Insurers Association of America PAC

Report Covering the Period: From: 04 01 2004 To: 06 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2004</u>		<u>214,283.63</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>20,530.94</u>	
(c) Total Receipts (from Line 1B).....	<u>875,269</u>	<u>9,855.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>292,836.3</u>	<u>31,283.63</u>
7. Total Disbursements (from Line 31).....	<u>20,000.00</u>	<u>4,000.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>272,836.3</u>	<u>27,283.63</u>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D).....		

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

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Physician Insurers Association of America PAC

Report Covering the Period:

From:

04 01 2004

To:

06 30 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).....

8,750.00

9,850.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

8,750.00

9,850.00

(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).....▶

8,750.00

9,850.00

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.).....

2.69

5.00

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 Transfers (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)).....▶

8,752.69

9,855.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

8,752.69

9,855.00

**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.....	200000	400000
24. Independent Expenditures (use Schedule E).....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (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(29))		
(a) Allocated Federal Election Activity (from Schedule H6) (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))..	200000	400000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....▶	200000	400000

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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 8)	875000	985000
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	875000	985000
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 schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE	OF 20
<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

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. Carland, James F., MD
 Full Name (Last, First, Middle Initial)
 Mailing Address: **4524 N. 61st. Place**
 City: **Scottsdale** State: **AZ** Zip Code: **85251**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MICA** Occupation: **Executive**
 Receipt For: Primary General Other (specify)

Date of Receipt: **04 / 04 / 2004**
 Amount of Each Receipt this Period: **25000**

B. Haupt, Mike
 Full Name (Last, First, Middle Initial)
 Mailing Address: **404 W. Parkway Place**
 City: **Ridgeland** State: **MS** Zip Code: **39157**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Med. Assistance Co. of MS** Occupation: **Insurance Executive**
 Receipt For: Primary General Other (specify)

Date of Receipt: **04 / 06 / 2004**
 Amount of Each Receipt this Period: **10000**

C. Morgan, Aletia
 Full Name (Last, First, Middle Initial)
 Mailing Address: **10 Kingsbridge**
 City: **Pueblo** State: **CO** Zip Code: **81001**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Pueblo Assoc. of Doctors (PAPK)** Occupation: **Physician**
 Receipt For: Primary General Other (specify)

Date of Receipt: **04 / 08 / 2004**
 Amount of Each Receipt this Period: **10000**

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

45000

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Barkley, Jerome, M.

Mailing Address
301 Adams Street

City Denver State CO Zip Code 80200-4420

FEC ID number of contributing federal political committee. CI

Name of Employer COPIC Occupation Physician Admin.

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt 04 08 2004

Amount of Each Receipt this Period 10000

B. Full Name (Last, First, Middle Initial)
Estabrooks, Lewis, MD

Mailing Address
3 Atlantic Drive

City Scarborough Beach State ME Zip Code 04074

FEC ID number of contributing federal political committee. CI

Name of Employer ORAL SURGERY ASSOC (MMIC-ME) Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt 04 08 2004

Amount of Each Receipt this Period 10000

C. Full Name (Last, First, Middle Initial)
McCall, Mick

Mailing Address
8 Cottage Farms Rd

City Comberland State ME Zip Code 04021

FEC ID number of contributing federal political committee. CI

Name of Employer MMIC - ME Occupation Prof. Liability ClaimsSM

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt 04 08 2004

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 20

<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)

Physician Insurers Association of America PAC

Full Name (Last, First, Middle Initial)

A. Weber, Paul

Mailing Address

1555 Beach Street

City

San Francisco

State

CA

Zip Code

94109

FEC ID number of contributing federal political committee.

C

Name of Employer

OMIC

Occupation

Management

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

04 / 08 / 2004

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Davis, Walt

Mailing Address

2602 E. Thomas Rd

City

Phoenix

State

AZ

Zip Code

85016

FEC ID number of contributing federal political committee.

C

Name of Employer

MICA

Occupation

Insurance VP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

04 / 09 / 2004

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Medd, William, L

Mailing Address

PO BOX 126

City

Norway

State

ME

Zip Code

04268

FEC ID number of contributing federal political committee.

C

Name of Employer

MMIC-ME

Occupation

MP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

04 / 09 / 2004

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶

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

450.00

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

Use separate schedule(s)
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Detailed Summary Page

FDR LINE NUMBER:
(check only one)

PAGE 4 OF 20

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (in Full)

Physician Insurers Association of America PAC

A. Full Name (Last, First, Middle Initial)
Alexander, John, O.

Mailing Address
10104 Swan Valley Lane

City Austin State TX Zip Code 78759-3049

FEC ID number of contributing federal political committee. C

Name of Employer TMLT Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

04 / 09 / 2004

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Bielow, Peter

Mailing Address
935 22nd Ave, E.

City Seattle State WA Zip Code 98112

FEC ID number of contributing federal political committee. C

Name of Employer Physician Insurance Occupation Hosp. Admin.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

04 / 12 / 2004

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Gleason, Jimmie, A., MD

Mailing Address
1920 SW 32nd Street

City Topeka State KS Zip Code 66611-2063

FEC ID number of contributing federal political committee. C

Name of Employer KAMMCO Occupation Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

09 / 12 / 2004

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

700.00

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

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

FOR LINE NUMBER: PAGE 6 OF 20
(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)
Physician Insurers Association of America PAC

Full Name (Last, First, Middle Initial)
A. **Seaman, Richard, W., MD**

Mailing Address
4008 Lakecove LP SE

City **Olympia** State **WA** Zip Code **98501**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Physician Insurance** Occupation **MD**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
04 / **11** / **2004**

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. **Glassman, Leonard**

Mailing Address
12505 Washington Street

City **Alexandria** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NCRIC** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
04 / **13** / **2004**

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. **Clarke, Ted, MD**

Mailing Address
25149 Hwy 40

City **Golden** State **CO** Zip Code **80401**

FEC ID number of contributing federal political committee. **C**

Name of Employer **COPIC** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
04 / **14** / **2004**

Amount of Each Receipt this Period
2500

SUBTOTAL of Receipts This Page (optional) ▶

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

42500

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

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

FOR LINE NUMBER: PAGE 10 OF 20
(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"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Physician Insurers Association of America PAC

Full Name (Last, First, Middle Initial)

A. Hoffman Chas., MD

Mailing Address

48 Junipero Serra Ave.

City

San Rafael

State

CA

Zip Code

94901

FEC ID number of contributing federal political committee.

C

Name of Employer

MIEC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

04 19 2004

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Kezirian, Peter

Mailing Address

300 S. Allen Ave

City

Pasadena

State

CA

Zip Code

91106

FEC ID number of contributing federal political committee.

C

Name of Employer

CAP-MPT

Occupation

VP Strategic Bus. Development

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

04 19 2004

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Cleaver, Gene, MD

Mailing Address

1208 B North Old Stage Rd

City

Mt. Shasta

State

CA

Zip Code

96007

FEC ID number of contributing federal political committee.

C

Name of Employer

MIEC Board Member

Occupation

MD

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

04 21 2004

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

300.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE	OF 20
<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 Insurers Association of America PAC

A. Full Name (Last, First, Middle Initial)
Waltz, Tom, A

Mailing Address
10075 La Jolla Scenic

City **La Jolla** State **CA** Zip Code **92037**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **TDC** Occupation: **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
04 / 21 / 2004

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Weidner, James, L.

Mailing Address
333 South Hope St. 8th Floor

City **Los Angeles** State **CA** Zip Code **90071**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **CAP-MPT** Occupation: **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
04 / 21 / 2004

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Gemmer, James

Mailing Address
11 Country Club Drive

City **Fairfield** State **CA** Zip Code **94534**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **MIEC** Occupation: **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
04 / 21 / 2004

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) **400.00**

TOTAL This Period (last page this line number only) **400.00**

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

Use separate schedule(s)
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Detailed Summary Page

FDR LINE NUMBER: PAGE **8** OF **20**
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Naumen, Richard
 Full Name (Last, First, Middle Initial)
 Mailing Address: **1129 Burgundy St.**
 City: **New Orleans** State: **LA** Zip Code: **70116-2423**
 Name of Employer: **La AMKO** Occupation: **VP Marketing**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date:

Date of Receipt: **04/21/2004**
 Amount of Each Receipt this Period: **10000**

B. Bounk, David P.
 Full Name (Last, First, Middle Initial)
 Mailing Address: **6801 Iroquois Circle**
 City: **Edina** State: **MN** Zip Code: **55439**
 Name of Employer: **Midwest Med. Ins. Co.** Occupation: **CEO**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date:

Date of Receipt: **04/26/2004**
 Amount of Each Receipt this Period: **50000**

C. Simonovic, Henry, J. III
 Full Name (Last, First, Middle Initial)
 Mailing Address: **1210 Webster St.**
 City: **New Orleans** State: **LA** Zip Code: **70118**
 Name of Employer: **La AMKO** Occupation: **Executive**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date:

Date of Receipt: **04/26/2004**
 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: (check only one)	PAGE <u>9</u> OF <u>20</u>
	<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 Insurers Association of America PAC

A. Biedess, Phyllis
 Full Name (Last, First, Middle Initial)
 Mailing Address: 301 W. Holly St.
 City: Phoenix State: AZ Zip Code: 85003
 Name of Employer: MICA Occupation: Admin.
 Receipt For: Primary General Other (specify)

Date of Receipt: 04/27/2004
 Amount of Each Receipt this Period: 100.00

B. Mondor, Maureen
 Full Name (Last, First, Middle Initial)
 Mailing Address: 8 Mayfield Road
 City: Auburn State: MA Zip Code: 01501
 Name of Employer: Individual Group Occupation: VP, Risk Mgt.
 Receipt For: Primary General Other (specify)

Date of Receipt: 04/27/2004
 Amount of Each Receipt this Period: 150.00

C. Trimble, R. Bruce, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address: 1038 Fair Meadow Drive
 City: Mason City State: IA Zip Code: 50401
 Name of Employer: Henry Med. Center (Midwestern) Occupation: Physician
 Receipt For: Primary General Other (specify)

Date of Receipt: 04/28/2004
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) 350.00
 TOTAL This Period (last page this line number only) 350.00

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

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

FOR LINE NUMBER:		PAGE 10 OF 20	
<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 Insurers Association of America PAC

A. Full Name (Last, First, Middle Initial)
MacGinnitie, W., James

Mailing Address
4845 Franklin Road

City **Atlanta** State **GA** Zip Code **30342**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **Self (NORCAL)** Occupation: **Actuary**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt
04 29 2004

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dowling, Patrick, A.

Mailing Address
38 Ocean View Rd

City **Cape Elizabeth** State **ME** Zip Code **04107**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **MMIC-ME** Occupation: **Admin. Exec.**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt
04 30 2004

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Carpenter, Bruce

Mailing Address
3337 Rambla Pacifico

City **Malibu** State **CA** Zip Code **90215**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **Schmid & Viles (partner)** Occupation: **Attorney**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt
04 30 2004

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) **225.00**

TOTAL This Period (last page this line number only)

225.00

**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 **11** OF **20**

<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)

Physician Insurers Association of America PAC

Full Name (Last, First, Middle Initial)

A. McCarthy, Philip, E., MD

Mailing Address

825 Washington St. Suite 270

City

Norwood

State

MA

Zip Code

02062

FEC ID number of contributing federal political committee.

C

Date of Receipt

05 03 2004

Amount of Each Receipt this Period

100.00

Name of Employer

Self (ADMUTUAL)

Occupation

Surgeon

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

B. Crawford, Robert, F., MD

Mailing Address

6224 E. Keim Dr.

City

Paradise Valley

State

AZ

Zip Code

85253

FEC ID number of contributing federal political committee.

C

Date of Receipt

05 03 2004

Amount of Each Receipt this Period

100.00

Name of Employer

Retired (MICA)

Occupation

MD

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

C. Wormley, J., M., MD

Mailing Address

210 S. Grand Ave, #214

City

Glendora

State

CA

Zip Code

91741

FEC ID number of contributing federal political committee.

C

Date of Receipt

05 03 2004

Amount of Each Receipt this Period

100.00

Name of Employer

Self (CAPMPT)

Occupation

Physician

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).....▶

300.00

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

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

FOR LINE NUMBER: PAGE 12 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of America PAZ

A Full Name (Last, First, Middle Initial)
Dyer, Candace
 Mailing Address
25 Bevelin Rd.
 City Providence State RI Zip Code 02906
 FEC ID number of contributing federal political committee. C
 Name of Employer Tollgate Surg. Assoc. (NORCAL) Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
05 07 2004
 Amount of Each Receipt this Period
100.00

B Full Name (Last, First, Middle Initial)
Richardson, Harry, B, MD
 Mailing Address
100 McDonald Ave
 City Santa Rosa State CA Zip Code 95404
 FEC ID number of contributing federal political committee. C
 Name of Employer NORCAL Board Member Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
05 07 2004
 Amount of Each Receipt this Period
100.00

C Full Name (Last, First, Middle Initial)
Stinson, Michael, C.
 Mailing Address
2-A Broves Ave
 City Alexandria State VA Zip Code 22305
 FEC ID number of contributing federal political committee. C
 Name of Employer _____ Occupation _____
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
05 07 2004
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) 300.00
 TOTAL This Period (last page this line number only) 300.00

**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)
 11a 11b 11c 12
 13 14 15 16 17
 PAGE 13 OF 20

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 (Last, First, Middle, Initial)
Bagby, Richard, J.
 Mailing Address
4138 Shorecrest Dr.
 City **Orlando** State **FL** Zip Code **32804**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Self (FPIC)** Occupation: **Radiologist**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date:

Date of Receipt
05 / 10 / 2004
 Amount of Each Receipt this Period
25000

B. Full Name (Last, First, Middle, Initial)
Selander, Guy, T., MD
 Mailing Address
1731 University Blvd. So.
 City **Jacksonville** State **FL** Zip Code **32216**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Self (FPIC)** Occupation: **Physician**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date:

Date of Receipt
05 / 10 / 2004
 Amount of Each Receipt this Period
10000

C. Full Name (Last, First, Middle, Initial)
Dunby, Gordon
 Mailing Address
3715 Los Olivos Lane
 City **La Crescenta** State **CA** Zip Code **91214**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **CAP-MPT** Occupation: **Attorney**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date:

Date of Receipt
05 / 14 / 2004
 Amount of Each Receipt this Period
10000

SUBTOTAL of Receipts This Page (optional) **45000**
 TOTAL This Period (last page this line number only) **45000**

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

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

FOR LINE NUMBER: PAGE 14 OF 20
(check only one)
 1a 1b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial)
A. Kline, Prudence, P., MD

Mailing Address
2021 K. Street, NW, Suite 512

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee.
C1

Name of Employer
Self (NCRIC)

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
05 14 2004

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Drake, Waldene

Mailing Address
333 S. Hope Street, 8th Floor

City State Zip Code
Los Angeles CA 90071

FEC ID number of contributing federal political committee.
C1

Name of Employer
CAP-MPT

Occupation
V.P. Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
05 17 2004

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Hanson, Gregg, L.

Mailing Address
150 Mt. Hope Street

City State Zip Code
N. Attleboro MA 02760

FEC ID number of contributing federal political committee.
C1

Name of Employer
Holmval Group

Occupation
Ins.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
05 17 2004

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) 500.00

TOTAL This Period (last page this line number only) 500.00

**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 OF 20

<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)

Physician Insurers Association of America PAC

A. Full Name (Last, First, Middle Initial)
McPherson, Warren, F., MD

Mailing Address
301 North University

City State Zip Code
Norcrossboro, TN 37130

FEC ID number of contributing federal political committee.
IC

Name of Employer
SUMIC

Occupation
MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

05 / 20 / 2004

Amount of Each Receipt this Period

1,000.00

B. Full Name (Last, First, Middle Initial)
Gallagher, William J., MD

Mailing Address
3254 Tranquility Ct. SE

City State Zip Code
Salem, OR 97301

FEC ID number of contributing federal political committee.
IC

Name of Employer
NPMIC

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

05 / 24 / 2004

Amount of Each Receipt this Period

1,000.00

C. Full Name (Last, First, Middle Initial)
Willoughby, Joseph, L., MD

Mailing Address
1509 Hillsboro Rd

City State Zip Code
Franklin, TN 37069

FEC ID number of contributing federal political committee.
IC

Name of Employer
SUMIC

Occupation
MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / 01 / 2004

Amount of Each Receipt this Period

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page line number only)

1,200.00

**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 16 OF 20

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (in Full)

Physician Insurers Association of America PAC

Full Name (Last, First, Middle Initial)

A. Keating, Stanley, J., MD

Mailing Address

35 Brettonwood Drive

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing federal political committee.

C

Name of Employer

CMIC

Occupation

Physician Director

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 01 2004

Amount of Each Receipt this Period

10000

Full Name (Last, First, Middle Initial)

B. Boren, Robert, P.

Mailing Address

1611 S. Martha Ct.

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing federal political committee.

C

Name of Employer

SVMIC

Occupation

CFD

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 01 2004

Amount of Each Receipt this Period

10000

Full Name (Last, First, Middle Initial)

C. Udey, Debra, K.

Mailing Address

9716 Kenmore Drive

City

Kensington

State

MD

Zip Code

20895

FEC ID number of contributing federal political committee.

C

Name of Employer

OMSNIC

Occupation

VP RISK MGMT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 01 2004

Amount of Each Receipt this Period

10000

SUBTOTAL of Receipts This Page (optional)

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 17 OF 20

(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)

Physician Insurers Association of America PAC

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

Mailing Address
1045 Post Oak Circle

City Brentwood State TN Zip Code 37027

FEC ID number of contributing federal political committee: IC

Name of Employer SUMIC Occupation President/CEO

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt

06 / 01 / 2004

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Fountain, Steven, S., MD

Mailing Address
PO Box 2939

City Saratoga State CA Zip Code 95070

FEC ID number of contributing federal political committee: IC

Name of Employer NORCAL Occupation MD

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt

06 / 01 / 2004

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Stephens, Michael

Mailing Address
900 Alder Place

City Newport Beach State CA Zip Code 92660

FEC ID number of contributing federal political committee: IC

Name of Employer NORCAL Occupation Board Member

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt

06 / 01 / 2004

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form SX)
ITEMIZED RECEIPTS**

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

FDR LINE NUMBER: PAGE 18 OF 20
(check only one)
 11a 11b 11c 12
15 14 15 16 17

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NAME OF COMMITTEE (In Full)

Physician Insurers Association of America PAC

A. Full Name (Last, First, Middle Initial)
Grier, G., Richard

Mailing Address
2818 Salem Point Dr. SW

City State Zip Code
Rochester MN 55902

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
MMIC Board Chair

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date

Date of Receipt
06 01 2004

Amount of Each Receipt this Period
1,00.00

B. Full Name (Last, First, Middle Initial)
Emerick, Myron, R., DO

Mailing Address
35703 Silvano

City State Zip Code
Clinton TWP MI 48035

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Self (APASSURANCE) Physician

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date

Date of Receipt
06 03 2004

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
O'Brien, Stephen, T., MD

Mailing Address
804 Meadowview Dr

City State Zip Code
E. Windsor CT 06088

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
HOBA (CMIC) Physician

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date

Date of Receipt
06 10 2004

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3,000.00

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

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

FOR LINE NUMBER: PAGE 19 OF 20
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Vetter, William, R., MD

Mailing Address
21 Riverbank Place

City **Car Michael** State **CA** Zip Code **95008**

FEC ID number of contributing federal political committee: **C**

Name of Employer **NORCAL** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt
06 10 2004

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Osborne, John, E., MD

Mailing Address
1809 Smiley Ridge

City **Redlands** State **CA** Zip Code **92373**

FEC ID number of contributing federal political committee: **C**

Name of Employer **MedAmerica Mutual** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt
06 10 2004

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dukey, Patricia, A., MD

Mailing Address
15 Creekwood Way

City **Hillsborough** State **CA** Zip Code **94010**

FEC ID number of contributing federal political committee: **C**

Name of Employer **Anesthesia Care Assoc. (NORCAL)** Occupation **Anesthesiologists**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt
06 14 2004

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) **300.00**

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 20 OF 20

<input type="checkbox"/> 11a	<input type="checkbox"/> 13b	<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 PAC

Full Name (Last, First, Middle Initial)

A. Hinderberger, Philip, R.

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

Occupation

Attorney

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

[Empty box for aggregate year-to-date]

Date of Receipt

06 / 14 / 2004

Amount of Each Receipt this Period

10000

Full Name (Last, First, Middle Initial)

B. Hagedorn, Harry, K., MD

Mailing Address

319 Beacon Hill Dr

City

Cheshire

State

CT

Zip Code

06040

FEC ID number of contributing federal political committee.

C

Name of Employer

Midstate Radiology (CMIC)

Occupation

Radiologists

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

[Empty box for aggregate year-to-date]

Date of Receipt

06 / 29 / 2004

Amount of Each Receipt this Period

10000

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

[Empty box for aggregate year-to-date]

Date of Receipt

[Empty date box]

Amount of Each Receipt this Period

[Empty amount box]

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

20000
875000

**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	OF
<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"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30a		

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. Friends of Roy Blunt

Full Name (Last, First, Middle Initial) _____
 Mailing Address **209 Pennsylvania Ave, SE**
 City **Washington** State **DC** Zip Code **20003**

Purpose of Disbursement: **Contribution**
 Candidate Name: **Roy Blunt**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: _____ District: _____

Date of Disbursement: **05** / **09** / **2004**

Amount of Each Disbursement this Period: **1,000.00**

B. Sue Myrick for Congress

Full Name (Last, First, Middle Initial) _____
 Mailing Address **1850 E. 3rd Street, Ste. 350**
 City **Charlotte** State **NC** Zip Code **28204**

Purpose of Disbursement: **Contribution**
 Candidate Name: **Sue Myrick**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: _____ District: _____

Date of Disbursement: **05** / **09** / **2004**

Amount of Each Disbursement this Period: **1,000.00**

C.

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 City _____ State _____ Zip Code _____

Purpose of Disbursement _____
 Candidate Name _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: _____ District: _____

Date of Disbursement: _____ / _____ / _____

Amount of Each Disbursement this Period: _____

SUBTOTAL of Disbursements This Page (optional) **2,000.00**

TOTAL This Period (last page this line number only) **2,000.00**

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 7/14/04
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<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>ga</i> PREPARER	7/14/04 DATE PREPARED