

2004 DEC -2 P 2:45

Office Use Only

FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

1. NAME OF COMMITTEE (as filed) TYPE OR PRINT Example: If typing, type over the lines. 12FE4MS

Physician Insurers Association of America  
Political Action Committee

ADDRESS (number and street) 2275 Research Blvd  
Suite 250  
Rockville MD 20850

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

0100319319

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

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
April 15 Quarterly Report (Q1)  
July 15 Quarterly Report (Q2)  
October 15 Quarterly Report (Q3)  
January 31 Year-End Report (YE)  
July 31 Mid-Year Report (Non-election Year Only) (MY)  
Termination Report (TER)  
(b) Monthly Report Due On:  
Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
Primary (12P) General (12G) Runoff (12R)  
Convention (12C) Special (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 10/01/2004 through 11/22/2004

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 [Signature] Date 12/01/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497b.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

Physician Insurers Association of America PAC

Report Covering the Period:

From:

10 / 01 / 2004

To:

11 / 30 / 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2004</u>		<u>21428.63</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>17791.25</u>	
(c) Total Receipts (from Line 19)	<u>10432</u>	<u>10268.84</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>17897.47</u>	<u>31697.47</u>
7. Total Disbursements (from Line 3)	<u>2000.00</u>	<u>15800.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>15897.47</u>	<u>15897.47</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

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Page 3

Write or Type Committee Name

Physician Insurers Association of America PAC

Report Covering the Period:

From:

10/01/2004

To:

11/22/2004

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

10000

995000

10000

995000

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....

10000

995000

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).....

30000

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

1032

1032

18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (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)).....

10632

10210324

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

10632

10210324

**DETAILED SUMMARY PAGE**  
of Disbursements

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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		30000
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		30000
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	200000	1550000
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §41a(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(2))		
(a) Allocated Federal Election Activity (from Schedule HB)		
(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	1580000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	200000	1580000

**DETAILED SUMMARY PAGE**  
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	100.00	995000
34. Total Contribution Refunds (from Line 2B(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	100.00	995000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		30000
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		30000
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 any one)	PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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.** Full Name (Last, First, Middle Initial):  
**Dolan, Fernando, D., MD**

Mailing Address:  
**Diplomate A.B.O.G., P.O. Box 591118**

City: **San Francisco** State: **CA** Zip Code: **94159**

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

Name of Employer: **M.I.E.C.** Occupation: **Physician**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt:  
**11 08 2004**

Amount of Each Receipt this Period:  
**100.00**

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

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 ▼

Date of Receipt:

Amount of Each Receipt this Period:

**C.** Full Name (Last, First, Middle Initial):

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 ▼

Date of Receipt:

Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional): **100.00**

TOTAL This Period (last page this one number only): **100.00**

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE / OF	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30a

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

**A.** Full Name (Last, First, Middle Initial) Jon Kyl R U.S. Senate Date of Disbursement 11/14/2004

Mailing Address 507 Capital Court NE #100

City Washington State DC Zip Code 20002

Purpose of Disbursement Campaign Contributions Amount of Each Disbursement this Period 100000

Candidate Name Jon Kyl Category/Type

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

**B.** Full Name (Last, First, Middle Initial) Charles W. Boustany, Jr. for Congress Date of Disbursement 11/16/2004

Mailing Address P.O. Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement Campaign Contributions Amount of Each Disbursement this Period 100000

Candidate Name Charles W. Boustany Jr. MD Category/Type

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: LA District: \_\_\_\_\_

**C.** Full Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Disbursement \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_ Amount of Each Disbursement this Period \_\_\_\_\_

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

SUBTOTAL of Disbursements This Page (optional) 200000

TOTAL This Period (last page this line number only) 200000

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 12/2/04
<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 <sup>SM</sup> 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
PREPARED (5/2004)	12/2/04 DATE PREPARED