

RECEIVED
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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 FED MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

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 (AOC)

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 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) 10-Day PRE-Election Report for the:

Primary (10P)

General (10G)

Runoff (10R)

Convention (10C)

Special (10S)

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

01 01 2002

through

03 31 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

Lawrence E. Smarr

Signature of Treasurer

Date

4 11 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.

Office Use Only

FEC FORM 3X
(Revised 1/01)

**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:

01 / 01 / 2002

To:

03 / 31 / 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2002</u>		<u>144,805.6</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>144,805.6</u>	
(c) Total Receipts (from Line 19)	<u>556.32</u>	<u>556.32</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>15,036.98</u>	<u>15,036.98</u>
7. Total Disbursements (from Line 80)	<u>2,960.35</u>	<u>2,960.35</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>12,076.53</u>	<u>12,076.53</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<u>0.00</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<u>0.00</u>	

This committee has qualified as a multi-candidate 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 8X (Revised 1/01)

Page 3

Write or Type Committee Name

Physician Insurers Association of America Political Action Committee

Report Covering the Period

From

01, 01, 2002

To

03, 31, 2002

20020331 15:53:06

1. 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)	500.00	
(ii) Unitemized	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	500.00	500.00
(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 32, page 4)	500.00	500.00
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 28, page 4)	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.)	56.32	56.32
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	556.32	556.32
20. Total Federal Receipts (subtract Line 18 from Line 19)	556.32	556.32

**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form BX (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), (ii), and (b))	000	000
22. Transfers to Affiliated/Other Party Committees	000	000
23. Contributions to Federal Candidates/Committees and Other Political Committees	250000	250000
24. Independent Expenditures (use Schedule C)	40035	40035
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §447a(c)) (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, 28(d), and 29)	296035	296035
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	296035	296035

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from Line 11(d), page 3)	50000	50000
33. Total Contribution Refunds (from Line 28(d))	000	000
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	50000	50000
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:		PAGE	OF
<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 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 Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wilson, Bruce A

Mailing Address

9523 Thorn Hill Rd.

City

Silver Spring

State

MD

Zip Code

20901

FEC ID number of contributing federal political committee

0

Name of Employer

P.I.A.A.

Occupation

Lobbyist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

25000

Date of Receipt

01 / 31 / 2002

Amount of Each Receipt this Period

25000

Full Name (Last, First, Middle Initial)

B. Smarr, Lawrence E.

Mailing Address

14600 Poplar Hill Rd.

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing federal political committee

0

Name of Employer

P.I.A.A.

Occupation

Association President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

25000

Date of Receipt

01 / 31 / 2002

Amount of Each Receipt this Period

25000

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee

0

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)

TOTAL This Period (next page for this number only)

50000

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

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

FOR LINE NUMBER:
(check only one)

PAGE **1** OF **1**

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c

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)

Physicians Insurers Association of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher Cox Congressional Committee

Date of Disbursement

07 30 2002

Mailing Address

P.O. Box 8088 PNB-C

City

Newport Beach

State

CA

Zip Code

92658-8088

Purpose of Disbursement

Political Contribution

Amount of Each Disbursement this Period

1,000.00

Candidate Name

Christopher Cox

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **CA**

District: **47**

Full Name (Last, First, Middle Initial)

B. Pickering for Congress

Date of Disbursement

02 11 2002

Mailing Address

1005 Upland Place

City

Alexandria

State

VA

Zip Code

22301

Purpose of Disbursement

Political Contribution

Amount of Each Disbursement this Period

1,000.00

Candidate Name

Charles Pickering

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **MS**

District: **3**

Full Name (Last, First, Middle Initial)

C. Toomey for Congress

Date of Disbursement

03 21 2002

Mailing Address

410 New Jersey, SE

City

Washington

State

DC

Zip Code

20003

Purpose of Disbursement

Political Contribution

Amount of Each Disbursement this Period

500.00

Candidate Name

Pat Toomey

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **PA**

District: **15**

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

2,500.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
Physician Insurers Association of America Political Action Committee

FEC IDENTIFICATION NUMBER
000319319

Full Name (Last, First, Middle Initial) of Payee
Capital Hill Club

Purpose of Expenditure
Fundraising Event

Category/Type
003

Mailing Address
300 First Street, S.E.

Name of Federal Candidate supported or opposed by expenditure:
Christopher Cox

City
Washington

State
D.C.

Zip Code
20003

Office Sought: House Senate Presidential

State: **CA** District: **47**

Date
01 31 2002

Amount
46035

Check One: Support Oppose

Full Name (Last, First, Middle Initial) of Payee

Purpose of Expenditure

Category/Type

Mailing Address

Name of Federal Candidate supported or opposed by expenditure:

City

State

Zip Code

Office Sought: House Senate Presidential

State: District:

Date

Amount

Check One: Support Oppose

Full Name (Last, First, Middle Initial) of Payee

Purpose of Expenditure

Category/Type

Mailing Address

Name of Federal Candidate supported or opposed by expenditure:

City

State

Zip Code

Office Sought: House Senate Presidential

State: District:

Date

Amount

Check One: Support Oppose

(a) SUBTOTAL of Itemized Independent Expenditures **46035**


(b) SUBTOTAL of Unitemized Independent Expenditures **0**

(c) TOTAL Independent Expenditures **46035**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, concert, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of the nomination, election, or reelection in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this **10** day of **04** **2002**

My Commission expires: **NOTARY PUBLIC STATE OF MICHIGAN**
My Commission Expires **October 21, 2002**

Signature:  Date: **04 10 2002**

NOTARY PUBLIC

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 4-15-07
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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
<input type="checkbox"/> Electronic Filing	
<i>Sci</i> PREPARER	4-16-07 DATE PREPARED