

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 PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)

ADDRESS (number and street) 2275 RESEARCH BOULEVARD SUITE 250 Check if different than previously reported. (ACC) ROCKVILLE MD 20850

2. FEC IDENTIFICATION NUMBER C00319319 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2006 through 06 30 2006

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 Mike Stinson

Signature of Treasurer Electronically Filed by Mike Stinson Date 07 14 2006

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 (Rev. 02/2003)

Page 2

Write or Type Committee Name

PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		27235.57
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	29728.53									
(c) Total Receipts (from Line 19) .....	9764.33	14312.93								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	39492.86	41548.50								
7. Total Disbursements (from Line 31) .....	1500.00	3555.64								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	37992.86	37992.86								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule 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**

Write or Type Committee Name

PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	3873.00	8223.00
(i) Itemized (use Schedule A) .....	4100.00	4100.00
(ii) Unitemized .....	7973.00	12323.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	1500.00	1500.00
(c) Other Political Committees (such as PACs) .....	9473.00	13823.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
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.) .....	291.33	489.93
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 Transfer (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)) .....	9764.33	14312.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9764.33	14312.93

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	55.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	55.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	3500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1500.00	3555.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1500.00	3555.64

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	9473.00	13823.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9473.00	13823.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	55.64
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	55.64

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (PHYSICIAN INSURERS PAC)**

Full Name (Last, First, Middle Initial) <b>A. Victor T. Adamo</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 20 / 2006	
Mailing Address P.O. Box 590009		<b>Transaction ID: SA11A1.4424</b>	
City <b>Birmingham</b>	State <b>AL</b>	Zip Code <b>35259-0009</b>	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ProAssurance	Occupation President/COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Gordon Amini</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2006	
Mailing Address 2824 Swwetbrior		<b>Transaction ID: SA11A1.4372</b>	
City <b>Edmond</b>	State <b>OK</b>	Zip Code <b>73034</b>	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PLICO	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Edward Amsler</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2006	
Mailing Address 28 Sturges Commons		<b>Transaction ID: SA11A1.4382</b>	
City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MLMIC	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 (PHYSICIAN INSURERS PAC)**

<b>A.</b> Full Name (Last, First, Middle Initial) W. Thomas Cotten		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address 8300 Navidad Drive		<b>Transaction ID:</b> SA11A1.4410	
City Austin	State TX	Zip Code 78735	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer TMLT	Occupation Insurance Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Waldene Drake		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6	
Mailing Address 5409 Barrett Circle		<b>Transaction ID:</b> SA11A1.4425	
City Buena Park	State CA	Zip Code 90621	Amount of Each Receipt this Period 523.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CAP-MPT	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 523.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Bob Fields		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6	
Mailing Address 3852 Roayl Troon Drive		<b>Transaction ID:</b> SA11A1.4399	
City Round Rock	State TX	Zip Code 78664-6227	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer TMLT	Occupation Executive VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1123.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 (PHYSICIAN INSURERS PAC)**

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. William Medd		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address PO BOx 126		<b>Transaction ID:</b> SA11A1.4418	
City Norway	State ME	Zip Code 04268-0126	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer MMIC-ME	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Michael D. Stephens		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address 900 Alder Place		<b>Transaction ID:</b> SA11A1.4437	
City Newport Beach	State CA	Zip Code 92660	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer NORCAL Board	Occupation Hospital CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Theo van Eeten		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 11503 Oak Knoll Drive		<b>Transaction ID:</b> SA11A1.4409	
City Austin	State TX	Zip Code 78759	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer TMLT	Occupation Dir. of Leg. & Reg. Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 12
	(check only one)	
<input checked="" 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 (PHYSICIAN INSURERS PAC)**

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Tom Waltz		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 607 S. La Jolla Scenic Drive		<b>Transaction ID:</b> SA11A1.4391
City State Zip Code La Jolla CA 92037	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer The Doctors Company	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) James L. Weidner		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 333 S. Hope Street 8th Floor		<b>Transaction ID:</b> SA11A1.4381
City State Zip Code Los Angeles CA 90071	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer CAP-MPT	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	3873.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 12	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)**

**A.** Full Name (Last, First, Middle Initial)  
**COOPERATIVE OF AMERICAN PHYSICIANS - MUTUAL PROTECTION TRUST (CAP-MPT) FEDERAL**

Mailing Address **333 South Hope Street**  
**8th Floor**

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

FEC ID number of contributing federal political committee. **C C00161604**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1500.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	6

**Transaction ID: SA11C.4446**

Amount of Each Receipt this Period  

<b>1500.00</b>
----------------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1500.00</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 12	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)**

**A.** Full Name (Last, First, Middle Initial)  
 Merrill Lynch

Mailing Address 1040 Stoney Hill Road  
 Suite 150

City State Zip Code  
 Yardley PA 19067

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 489.93

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2006

Transaction ID: SA17.4465

Amount of Each Receipt this Period  
 291.33

Interest on Account

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>291.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>291.33</b>

**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)

<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"/> 30b

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NAME OF COMMITTEE (In Full)

PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)

Full Name (Last, First, Middle Initial) <b>A. BAKER FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.4467 Date of Disbursement MM / DD / YYYY 06 / 14 / 2006	
Mailing Address POST OFFICE BOX 1694		Amount of Each Disbursement this Period 1000.00	
City BATON ROUGE	State LA	Zip Code 70821	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Campaign Contribution		011 Category/ Type	
Candidate Name RICHARD HUGH BAKER			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) <b>B. RICK RENZI FOR CONGRESS</b>		Transaction ID: SB23.4468 Date of Disbursement MM / DD / YYYY 06 / 15 / 2006	
Mailing Address P.O. Box 2383		Amount of Each Disbursement this Period 500.00	
City Prescott	State AZ	Zip Code 86302	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Campaign Contribution		011 Category/ Type	
Candidate Name RICHARD G. RENZI			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1500.00

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

1500.00