

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEDERAL
ELECTION
COMMISSION
2002 OCT 15 P 1:37
Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Physicians Insurers Association of America
Political Action Committee

ADDRESS (number and street) 2215 Research Blvd
Suite 250
Rockville MD 20850

2. FEC IDENTIFICATION NUMBER 000319319
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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) PRE-Election Report for the: 12-Day Primary, General, Runoff, Convention, Special
(d) POST-Election Report for the: 30-Day General, Runoff, Special

5. Covering Period 07 01 2002 through 09 30 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 Bruce A. Wilson
Signature of Treasurer [Signature] Date 10 17 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Page 2

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

Physician Insurers Association of America PAC

Report Covering the Period: From: 07 01 2002 To: 09 30 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2002</u>		14480.50
(b) Cash on Hand at Beginning of Reporting Period	16229.89	
(c) Total Receipts (from Line 19)	169.86	4019.36
(d) Subtotal (add Lines B(b) and B(c) for Column A and Lines 6(a) and 6(c) for Column B)	16389.47	19349.82
7. Total Disbursements (from Line 30)	1300.00	4260.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line B(d))	15089.47	15089.47
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

Physician Insurers Association of America PAC

Report Covering the Period:

From:

07/01/2002

To:

09/30/2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Then Political Committees		
(i) Itemized (use Schedule A)	1,000.00	
(ii) Unitemized	0.00	
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	1,000.00	4,700.00
(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)	1,000.00	4,700.00
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 36, 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.)	59.88	1,092.26
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)	1,598.88	4,869.26
20. Total Federal Receipts		
(subtract Line 18 from Line 19)	1,598.88	4,869.26

DETAILED SUMMARY PAGE
of Disbursements

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	30000	30000
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	30000	30000
22. Transfers to Affiliated/Other Party Committees	000	000
23. Contributions to Federal Candidates/Committees and Other Political Committees	100000	250000
24. Independent Expenditures (use Schedule E)	000	40035
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 5441a(d)) (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)	130000	426035
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	130000	426035
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	10000	470000
33. Total Contribution Refunds (from Line 28(d))	000	000
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	10000	470000
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: (check only one)		PAGE		OF
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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

Full Name (Last, First, Middle Initial)

A. Kezirian, A Peter, Jr.

Mailing Address

300 S. Allen Ave

City Pasadena

State CA

Zip Code 91106

FEC ID number of contributing federal political committee.

CI

Name of Employer

CAP. MPT

Occupation

Vice President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

10000

Date of Receipt

07/11/2002

Amount of Each Receipt this Period

10000

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

CI

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

00/00/00

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

CI

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

00/00/00

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

10000
10000

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

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

A. Full Name (Last, First, Middle Initial) **Murtha for Congress Committee**

Mailing Address **P.O. Box 1091**

City **Johnstown** State **PA** Zip Code **15907**

Purpose of Disbursement **Political Contribution** Category/Type **Political Contribution**

Candidate Name **John Murtha**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **▼**

State: District

Date of Disbursement **09/24/2002**

Amount of Each Disbursement this Period **1000.00**

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

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **▼**

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

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) **1000.00**

TOTAL This Period (last page this line number only) **1000.00**

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <u>10/15/09</u>
<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	
<input type="checkbox"/>	
<input checked="" type="checkbox"/> PREPARER	<u>10/15/09</u> DATE PREPARED