

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2005 AUG -1 P 2:06

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)

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 Quarterly 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 (12G)  
 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 2005 through 06 30 2005

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 *Bruce A. Wilson* Date 07 29 2005

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

25058870889

**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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		15916.03
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	15916.03									
(c) Total Receipts (from Line 19) .....	14005.17	14005.17								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	29921.20	29921.20								
7. Total Disbursements (from Line 31) .....	1000.00	1000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	28921.20	28921.20								
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

25050070000

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)

Report Covering the Period:

From:

MM  
01

DD  
01

Y Y W Y  
2005

To:

MM  
06

DD  
30

Y Y W Y  
2005

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) .....	13775.00	
(ii) Unitemized .....	100.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	13875.00	13875.00
(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) .....	13875.00	13875.00
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.) .....	130.17	130.17
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)) .....	14005.17	14005.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14005.17	14005.17

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**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
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))..	1000.00	1000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1000.00	1000.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

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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 3 .....	13875.00	13875.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13875.00	13875.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
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	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 31

(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

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 MM / DD / YYYY 05 / 13 / 2005
Mailing Address P.O. Box 590009		Transaction ID: SA11A1.4218
City Birmingham	State AL	Zip Code 35259-0009
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00	
Name of Employer ProAssurance	Occupation President/COO	PAC Contribution
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. John O. Alexander</b>		Date of Receipt MM / DD / YYYY 04 / 11 / 2005
Mailing Address 10104 Swan Valley Lane		Transaction ID: SA11A1.4149
City Austin	State TX	Zip Code 78759-3049
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 300.00	
Name of Employer TMLT	Occupation VP Underwriting	PAC Contribution
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. Dr. Jack J. Beller</b>		Date of Receipt MM / DD / YYYY 06 / 07 / 2005
Mailing Address 4423 Ridgeline Drive		Transaction ID: SA11A1.4230
City Norman	State OK	Zip Code 73072
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00	
Name of Employer PLICO	Occupation Medical Doctor	PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Aggregate Year-to-Date▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	

25038870894



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

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

FOR LINE NUMBER: PAGE 7 / 31

(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 (PHYSICIAN INSURERS PAC)**

**A. Phyllis Bledess**

Full Name (Last, First, Middle Initial)  
Phyllis Bledess

Mailing Address 301 W. Holly Street

City: Phoenix State: AZ Zip Code: 85003

FEC ID number of contributing federal political committee: C

Name of Employer: MICA Occupation: Administrator

Receipt For:  
 Primary    General  
 Other (specify)▼

Aggregate Year-to-Date▼: 100.00

Date of Receipt: 04/18/2005

Transaction ID: SA11A1.4166

Amount of Each Receipt this Period: 100.00

PAC Contribution

**B. Robert Boren**

Full Name (Last, First, Middle Initial)  
Robert Boren

Mailing Address 1611 S. Martha Court

City: Brentwood State: TN Zip Code: 37027

FEC ID number of contributing federal political committee: C

Name of Employer: SVMIC Occupation: EVP & CFO

Receipt For:  
 Primary    General  
 Other (specify)▼

Aggregate Year-to-Date▼: 100.00

Date of Receipt: 04/20/2005

Transaction ID: SA11A1.4170

Amount of Each Receipt this Period: 100.00

PAC Contribution

**C. Dr. Dan Borenstein**

Full Name (Last, First, Middle Initial)  
Dr. Dan Borenstein

Mailing Address 151 N. Canyon View Drive

City: Los Angeles State: CA Zip Code: 90049

FEC ID number of contributing federal political committee: C

Name of Employer: CAP-MPT Occupation: Physician

Receipt For:  
 Primary    General  
 Other (specify)▼

Aggregate Year-to-Date▼: 100.00

Date of Receipt: 04/20/2005

Transaction ID: SA11A1.4174

Amount of Each Receipt this Period: 100.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 300.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 31

(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)

Full Name (Last, First, Middle Initial) A. David Bounk		Date of Receipt MM / DD / YYYY 03 / 29 / 2005	
Mailing Address 6801 Iroquois Circle		Transaction ID: SA11A1.4108	
City Edina	State MN	Zip Code 55439	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		PAC Contribution	
Name of Employer MMIC-MN	Occupation President/CEO	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼			

Full Name (Last, First, Middle Initial) B. Richard W. Brewer		Date of Receipt MM / DD / YYYY 04 / 18 / 2005	
Mailing Address 16 Atkinson Lane		Transaction ID: SA11A1.4168	
City Sudbury	State MA	Zip Code 01776	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		PAC Contribution	
Name of Employer ProMutual Group	Occupation Insurance Executive	Aggregate Year-to-Date 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼			

Full Name (Last, First, Middle Initial) C. Dr. James F. Carland		Date of Receipt MM / DD / YYYY 04 / 20 / 2005	
Mailing Address 4524 N. 61st Place		Transaction ID: SA11A1.4176	
City Scottsdale	State AZ	Zip Code 85251	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		PAC Contribution	
Name of Employer MICA	Occupation Executive	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼			

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

900.00

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

25033870000



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

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

FOR LINE NUMBER: PAGE 9 / 31

(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)

Full Name (Last, First, Middle Initial) A. Bruce Carpenter		Date of Receipt MM / DD / YYYY 06 / 13 / 2005
Mailing Address 3337 Rambla Pacifico		Transaction ID: SA11A1.4249
City Malibu	State CA	Zip Code 90265
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer CAP-MPT	Occupation Attorney	PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Aggregate Year-to-Date▼ 50.00	

Full Name (Last, First, Middle Initial) B. Dr. MaryAnn Cater		Date of Receipt MM / DD / YYYY 06 / 07 / 2005
Mailing Address 1 Aaron Woods		Transaction ID: SA11A1.4233
City Wheeling	State WV	Zip Code 26003
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer WV Physicians Mutual Insurance	Occupation Anesthesiologist	PAC Contribution
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) C. Robin Charles		Date of Receipt MM / DD / YYYY 04 / 12 / 2005
Mailing Address 3212 E. Eva Street		Transaction ID: SA11A1.4160
City Phoenix	State AZ	Zip Code 85028
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer MICA	Occupation VP Sale & Marketing	PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Aggregate Year-to-Date▼ 100.00	

SUBTOTAL of Receipts This Page (optional) .....	450.00
TOTAL This Period (last page this line number only) .....	

25033370897

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

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

FOR LINE NUMBER: PAGE 10 / 31

(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)

Full Name (Last, First, Middle Initial) <b>A. Don Chow</b>		Date of Receipt MM / DD / YYYY 04 / 11 / 2005	
Mailing Address 10104 Baxter Lane		Transaction ID: SA11A1.4145	
City Austin	State TX	Zip Code 78736-7705	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		PAC Contributions	
Name of Employer TMLT	Occupation VP Marketing	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Ted Clarke</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2005	
Mailing Address 25149 Hwy 40		Transaction ID: SA11A1.4156	
City Golden	State CO	Zip Code 80401	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		PAC Contribution	
Name of Employer COPIC	Occupation Physician	Aggregate Year-to-Date 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. Gene Cleaver</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2005	
Mailing Address 1208 B North Old Stage Road		Transaction ID: SA11A1.4182	
City Mount Shasta	State CA	Zip Code 96067	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		PAC Contribution	
Name of Employer MIEC	Occupation Physician	Aggregate Year-to-Date 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼			

SUBTOTAL of Receipts This Page (optional) .....	500.00
TOTAL This Period (last page this line number only) .....	

250300700000

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

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

FOR LINE NUMBER: PAGE 11 / 31

(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)**

**A.** Full Name (Last, First, Middle Initial)  
W. Thomas Cotten

Mailing Address 8300 Navidad Drive

City State Zip Code  
Austin TX 78735

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

Name of Employer Occupation  
TMLT Insurance Executive

Receipt For:  
 Primary  General  
 Other (specify)▼

Aggregate Year-to-Date▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2005

Transaction ID: SA11A1.4162

Amount of Each Receipt this Period  
500.00

PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. David A. Csikos

Mailing Address 301 Sanrue Drive

City State Zip Code  
Johnstown PA 15904

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

Name of Employer Occupation  
PMSLIC Physician

Receipt For:  
 Primary  General  
 Other (specify)▼

Aggregate Year-to-Date▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2005

Transaction ID: SA11A1.4224

Amount of Each Receipt this Period  
300.00

PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Patricia Dailey

Mailing Address 15 Creekwood Way

City State Zip Code  
Hillsborough CA 94010-6913

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

Name of Employer Occupation  
NORCAL Physician

Receipt For:  
 Primary  General  
 Other (specify)▼

Aggregate Year-to-Date▼  
100.00

Date of Receipt  
MM / DD / YYYY  
04 / 05 / 2005

Transaction ID: SA11A1.4131

Amount of Each Receipt this Period  
100.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ▶

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

900.00

25038070899

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

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

FOR LINE NUMBER: PAGE 12 / 31  
(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 (PHYSICIAN INSURERS PAC)

**A.** Full Name (Last, First, Middle Initial)  
Walt Davis

Mailing Address 143 E. Citation Lane

City State Zip Code  
Tempe AZ 85284

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

Name of Employer Occupation  
MICA Insurance Executive

Receipt For:  Primary  General  Other (specify)▼

Aggregate Year-to-Date▼  
100.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2005

Transaction ID: SA11A1.4147

Amount of Each Receipt this Period  
100.00

PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
Carrol Ray Demel

Mailing Address 11115 Aldenburgh Court

City State Zip Code  
Austin TX 78737

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

Name of Employer Occupation  
TMLT Accountant

Receipt For:  Primary  General  Other (specify)▼

Aggregate Year-to-Date▼  
300.00

Date of Receipt  
MM / DD / YYYY  
04 / 05 / 2005

Transaction ID: SA11A1.4141

Amount of Each Receipt this Period  
300.00

PAC Contribution

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

Mailing Address 3852 Roayl Troon Drive

City State Zip Code  
Round Rock TX 78664-6227

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

Name of Employer Occupation  
TMLT Executive VP

Receipt For:  Primary  General  Other (specify)▼

Aggregate Year-to-Date▼  
300.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2005

Transaction ID: SA11A1.4152

Amount of Each Receipt this Period  
300.00

PAC Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 700.00

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

25043670900

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

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

FOR LINE NUMBER: PAGE 13 / 31  
(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 (PHYSICIAN INSURERS PAC)**

**A.** Full Name (Last, First, Middle Initial)  
 Joe V. Funderburk  
 Mailing Address 113 Cyrus Point  
 City State Zip Code  
 Charleston WV 25314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WV Physicians Mutual Insurance Retired  
 Receipt For:  Primary  General  
 Other (specify)▼  
 Aggregate Year-to-Date▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2005  
 Transaction ID: SA11A1.4245  
 Amount of Each Receipt this Period  
 300.00  
 PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
 Dr. William J. Gallagher  
 Mailing Address 3254 Tranquility Court, SE  
 City State Zip Code  
 Salem OR 97301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northwest Physicians Physician  
 Receipt For:  Primary  General  
 Other (specify)▼  
 Aggregate Year-to-Date▼  
 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2005  
 Transaction ID: SA11A1.4129  
 Amount of Each Receipt this Period  
 100.00  
 PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
 G. Richard Geier  
 Mailing Address 2818 Salem Point Drive  
 City State Zip Code  
 Rochester MN 55902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MMIC-MN Chairman  
 Receipt For:  Primary  General  
 Other (specify)▼  
 Aggregate Year-to-Date▼  
 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2005  
 Transaction ID: SA11A1.4235  
 Amount of Each Receipt this Period  
 100.00  
 PAC Contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 500.00  
 TOTAL This Period (last page this line number only) ..... ▶

25038870901

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

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

FOR LINE NUMBER: PAGE 14 / 31

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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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. Dr. Robert L. Ghiz</b>		Date of Receipt MM / DD / YYYY 06 / 07 / 2005
Mailing Address 1739 Loudan Heights Road		Transaction ID: SA11A1.4243
City Charleston	State WV	Zip Code 25314
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer WV Physicians Mutual Insurance	Occupation Physician	PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Aggregate Year-to-Date▼ 100.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Jimmie A. Gleason</b>		Date of Receipt MM / DD / YYYY 05 / 18 / 2005
Mailing Address 1010 SW Exmoor Lane		Transaction ID: SA11A1.4222
City Topeka	State KS	Zip Code 66604-1977
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer KaMMCO	Occupation Chairman Emeritus	PAC Contribution
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>C. Dr. Thomas H. Grimstad</b>		Date of Receipt MM / DD / YYYY 04 / 05 / 2005
Mailing Address 1 Farnham Place		Transaction ID: SA11A1.4135
City Metairie	State LA	Zip Code 70005
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer LaMMICO	Occupation Physician	PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Aggregate Year-to-Date▼ 100.00	

SUBTOTAL of Receipts This Page (optional) .....	700.00
TOTAL This Period (last page this line number only) .....	

25038870902



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

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

FOR LINE NUMBER: PAGE 15 / 31

(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)

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gregg L. Hanson

Mailing Address 150 Mt. Hope Street

City	State	Zip Code
N. Attleboro	MA	02780

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

Name of Employer ProMutual Group	Occupation Insurance
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify)▼

Aggregate Year-to-Date▼  
100.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2005

Transaction ID: SA11A1.4180

Amount of Each Receipt this Period  
100.00

PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Leo M. Hartz

Mailing Address 218 Hillside Newberry Estates

City	State	Zip Code
Dallas	PA	18612

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

Name of Employer PMSLIC	Occupation Medical Director
----------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify)▼

Aggregate Year-to-Date▼  
50.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2005

Transaction ID: SA11A1.4241

Amount of Each Receipt this Period  
50.00

PAC Contribution

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

Mailing Address 19 Glen Drive

City	State	Zip Code
Mill Valley	CA	94941

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

Name of Employer NORCAL	Occupation Lawyer
----------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify)▼

Aggregate Year-to-Date▼  
100.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2005

Transaction ID: SA11A1.4110

Amount of Each Receipt this Period  
100.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) .....	250.00
TOTAL This Period (last page this line number only) .....	

2503670903

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

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

FOR LINE NUMBER: PAGE 16 / 31  
(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 (PHYSICIAN INSURERS PAC)**

**A.** Full Name (Last, First, Middle Initial)  
 Dr. Charles L. Hoffman  
 Mailing Address 48 Junipero Serra Avenue  
 City State Zip Code  
 San Rafael CA 94901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MIEC Physician  
 Receipt For:  Primary  General  Other (specify)▼  
 Aggregate Year-to-Date▼  
 50.00

Date of Receipt  
 MM / DD / YYYY  
 05 / 02 / 2005  
 Transaction ID: SA11A1.4206  
 Amount of Each Receipt this Period  
 50.00  
 PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
 Jeffrey Holden  
 Mailing Address 606 Forest Avenue  
 City State Zip Code  
 Glen Ellyn IL 60137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ISMIE COO  
 Receipt For:  Primary  General  Other (specify)▼  
 Aggregate Year-to-Date▼  
 500.00

Date of Receipt  
 MM / DD / YYYY  
 03 / 22 / 2005  
 Transaction ID: SA11A1.4106  
 Amount of Each Receipt this Period  
 500.00  
 PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
 Jane Holman  
 Mailing Address 5704 Sunset Ridge  
 City State Zip Code  
 Austin TX 78735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TMLT VP Risk Management  
 Receipt For:  Primary  General  Other (specify)▼  
 Aggregate Year-to-Date▼  
 300.00

Date of Receipt  
 MM / DD / YYYY  
 04 / 04 / 2005  
 Transaction ID: SA11A1.4122  
 Amount of Each Receipt this Period  
 300.00  
 PAC Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

23030670904

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

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

FOR LINE NUMBER: PAGE 17 / 31  
(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 (PHYSICIAN INSURERS PAC)**

**A.** Full Name (Last, First, Middle Initial)  
**Peidi Hong**  
 Mailing Address **402 Garden View Way**  
 City **Rockville** State **MD** Zip Code **20850**  
 Date of Receipt **02 / 22 / 2005**  
 Transaction ID: **SA11A1.4104**  
 Amount of Each Receipt this Period **25.00**  
 PAC Contribution  
 Name of Employer **PIAA** Occupation **Director of Finance & Accounting**  
 Receipt For:  Primary  General  Other (specify)▼  
 Aggregate Year-to-Date▼ **25.00**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Carl Hook**  
 Mailing Address **PO Box 1838**  
 City **Oklahoma City** State **OK** Zip Code **73101**  
 Date of Receipt **05 / 16 / 2005**  
 Transaction ID: **SA11A1.4220**  
 Amount of Each Receipt this Period **300.00**  
 PAC Contribution  
 Name of Employer **PLICO** Occupation **President & CEO**  
 Receipt For:  Primary  General  Other (specify)▼  
 Aggregate Year-to-Date▼ **300.00**

**C.** Full Name (Last, First, Middle Initial)  
**O'Farrell John**  
 Mailing Address **746 Alexander Road**  
 City **Princeton** State **NJ** Zip Code **08543**  
 Date of Receipt **06 / 20 / 2005**  
 Transaction ID: **SA11A1.4256**  
 Amount of Each Receipt this Period **100.00**  
 PAC Contribution  
 Name of Employer **Princeton Insurance Compa-ny** Occupation **VP of Claims**  
 Receipt For:  Primary  General  Other (specify)▼  
 Aggregate Year-to-Date▼ **100.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **425.00**  
**TOTAL** This Period (last page this line number only) .....

25038870985

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

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

FOR LINE NUMBER: PAGE 18 / 31  
(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 (PHYSICIAN INSURERS PAC)**

**A.** Full Name (Last, First, Middle Initial)  
 Dr. Jim Gibb Johnson  
 Mailing Address 54 E. Parkway N  
 City State Zip Code  
 Memphis TN 38104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SVMIC Occupation Retired Physician  
 Receipt For:  Primary  General  Other (specify)▼  
 Aggregate Year-to-Date▼ 100.00

Date of Receipt  
 MM / DD / YYYY  
 05 / 09 / 2005  
 Transaction ID: SA11A1.4210  
 Amount of Each Receipt this Period  
 100.00  
 PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
 Eugene L. Kerns  
 Mailing Address 1220 Highland Court  
 City State Zip Code  
 Bettendorf IA 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midwest Medical Occupation  
 Receipt For:  Primary  General  Other (specify)▼  
 Aggregate Year-to-Date▼ 100.00

Date of Receipt  
 MM / DD / YYYY  
 05 / 02 / 2005  
 Transaction ID: SA11A1.4190  
 Amount of Each Receipt this Period  
 100.00  
 PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
 A. Peter Kezirian, Jr.  
 Mailing Address 300 South Allen Avenue  
 City State Zip Code  
 Pasadena CA 91106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CAP-MPT Occupation VP Strategic Business Development  
 Receipt For:  Primary  General  Other (specify)▼  
 Aggregate Year-to-Date▼ 150.00

Date of Receipt  
 MM / DD / YYYY  
 04 / 22 / 2005  
 Transaction ID: SA11A1.4184  
 Amount of Each Receipt this Period  
 150.00  
 PAC Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 350.00  
**TOTAL** 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 19 / 31

(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)

Full Name (Last, First, Middle Initial) <b>A. Dr. Patricia Legart</b>		Date of Receipt MM / DD / YYYY 04 / 05 / 2005
Mailing Address 164 E. 5900 South A-106		Transaction ID: SA11A1.4139
City Salt Lake City	State UT	Zip Code 84107
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00	
Name of Employer UMIA	Occupation Physician	PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Aggregate Year-to-Date▼ 100.00	

Full Name (Last, First, Middle Initial) <b>B. Cindy Lesonsky</b>		Date of Receipt MM / DD / YYYY 06 / 07 / 2005
Mailing Address 333 S. Hope Street 8th Floor		Transaction ID: SA11A1.4239
City Los Angeles	State CA	Zip Code 90071
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00	
Name of Employer CAP-MPT	Occupation CPA/Controller	PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Aggregate Year-to-Date▼ 100.00	

Full Name (Last, First, Middle Initial) <b>C. Judith Mathson</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2005
Mailing Address 89 South Edgewood Road		Transaction ID: SA11A1.4283
City Bedminster	State NJ	Zip Code 07921
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00	
Name of Employer Princeton Insurance Company	Occupation Claims Manager	PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Aggregate Year-to-Date▼ 50.00	

SUBTOTAL of Receipts This Page (optional) .....	250.00
TOTAL This Period (last page this line number only) .....	

25038870907

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

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

FOR LINE NUMBER: PAGE 20 / 31

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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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. Mick McCall</b>		Date of Receipt MM / DD / YYYY 04 / 18 / 2005	
Mailing Address 8 Cottage Farms Road		Transaction ID: SA11A1.4164	
City Cumberland	State ME	Zip Code 04021	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		PAC Contribution	
Name of Employer MMIC-ME	Occupation VP Claims & Risk Management	Aggregate Year-to-Date 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Philip E. McCarthy</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2005	
Mailing Address 825 Washington Street Suite 270		Transaction ID: SA11A1.4154	
City Norwood	State MA	Zip Code 02062	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		PAC Contribution	
Name of Employer ProMutual Group	Occupation Surgeon	Aggregate Year-to-Date 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. Stephen A. McCue</b>		Date of Receipt MM / DD / YYYY 06 / 07 / 2005	
Mailing Address 6 Sunfish Lane		Transaction ID: SA11A1.4247	
City Sunfish Lake	State MN	Zip Code 55118	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		PAC Contribution	
Name of Employer MMIC-MN	Occupation Physician	Aggregate Year-to-Date 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼			

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

25036670003



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

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

FOR LINE NUMBER: PAGE 21 / 31

(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)

Full Name (Last, First, Middle Initial) <b>A. Dr. Warren F. McPherson</b>		Date of Receipt MM / DD / YYYY 05 / 19 / 2005	
Mailing Address 1727 Shagbark Tr.		Transaction ID: SA11A1.4226	
City <b>Murfreesboro</b>	State <b>TN</b>	Zip Code <b>37130</b>	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		PAC Contribution	
Name of Employer <b>SVMIC</b>	Occupation <b>Chairman</b>	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. William Medd</b>		Date of Receipt MM / DD / YYYY 04 / 04 / 2005	
Mailing Address PO BOX 126		Transaction ID: SA11A1.4127	
City <b>Norway</b>	State <b>ME</b>	Zip Code <b>04268-0126</b>	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		PAC Contribution	
Name of Employer <b>MMIC-ME</b>	Occupation <b>Physician</b>	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼			

Full Name (Last, First, Middle Initial) <b>C. Maureen Mondor</b>		Date of Receipt MM / DD / YYYY 04 / 11 / 2005	
Mailing Address 8 Mayfield Road		Transaction ID: SA11A1.4143	
City <b>Auburn</b>	State <b>MA</b>	Zip Code <b>01501</b>	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		PAC Contribution	
Name of Employer <b>ProMutual Group</b>	Occupation <b>VP Risk Management</b>	Aggregate Year-to-Date 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

25036870909

**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)

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11a  11b  11c  12  
 13  14  15  16  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)  
Dr. Alethia Morgan

Mailing Address 10 Kingsbridge

City Pueblo State CA Zip Code 81001

FEC ID number of contributing federal political committee.

Name of Employer COPIC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify)▼

Aggregate Year-to-Date▼

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2005

Transaction ID: SA11A1.4118

Amount of Each Receipt this Period

PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dale A. Neikirk

Mailing Address 4609 Laurel Brook Court

City Norman State OK Zip Code 73072

FEC ID number of contributing federal political committee.

Name of Employer PLICO Occupation EVP

Receipt For:  
 Primary  General  
 Other (specify)▼

Aggregate Year-to-Date▼

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2005

Transaction ID: SA11A1.4251

Amount of Each Receipt this Period

PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. John Osborne

Mailing Address 1809 Smiley Ridge

City Redlands State CA Zip Code 92373

FEC ID number of contributing federal political committee.

Name of Employer MedAmerica Mutual Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify)▼

Aggregate Year-to-Date▼

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2005

Transaction ID: SA11A1.4194

Amount of Each Receipt this Period

PAC Contribution

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

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

25030070910

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 31

(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)

Full Name (Last, First, Middle Initial) A. Gordon Ownby		Date of Receipt MM / DD / YYYY 05 / 06 / 2005	
Mailing Address 3715 Los Olivos Lane		Transaction ID: SA11A1.4208	
City La Crescenta	State CA	Zip Code 91214	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		PAC Contribution	
Name of Employer CAP-MPT	Occupation Attorney	Aggregate Year-to-Date 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼			

Full Name (Last, First, Middle Initial) B. Dr. Mukesh T. Parekh		Date of Receipt MM / DD / YYYY 06 / 07 / 2005	
Mailing Address 5622 N. Portland #240		Transaction ID: SA11A1.4228	
City Oklahoma City	State OK	Zip Code 73112	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		PAC Contribution	
Name of Employer PLICO	Occupation Physician	Aggregate Year-to-Date 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼			

Full Name (Last, First, Middle Initial) C. David Rader		Date of Receipt MM / DD / YYYY 06 / 07 / 2005	
Mailing Address PO Box 2426		Transaction ID: SA11A1.4237	
City Charleston	State WV	Zip Code 25329	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		PAC Contribution	
Name of Employer WV Physicians Mutual Insurance	Occupation President/CEO	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼			

SUBTOTAL of Receipts This Page (optional) .....	500.00
TOTAL This Period (last page this line number only) .....	

25038870911

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

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

FOR LINE NUMBER: PAGE 24 / 31  
(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 (PHYSICIAN INSURERS PAC)**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Mark Reuben**  
Mailing Address **40 Berkshire Court**  
City **Wyomissing** State **PA** Zip Code **19610**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **PMSLIC** Occupation **Physician**  
Receipt For:  Primary  General  Other (specify)▼  
Aggregate Year-to-Date▼ **500.00**

Date of Receipt  
MM / DD / YYYY  
**05 / 02 / 2005**  
Transaction ID: **SA11A1.4192**  
Amount of Each Receipt this Period  
**500.00**  
PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Harry B. Richardson**  
Mailing Address **700 McDonald Avenue**  
City **Santa Rosa** State **CA** Zip Code **95404**  
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▼ **100.00**

Date of Receipt  
MM / DD / YYYY  
**04 / 20 / 2005**  
Transaction ID: **SA11A1.4178**  
Amount of Each Receipt this Period  
**100.00**  
PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Don Robertson**  
Mailing Address **333 S. Hope Street**  
City **Los Angeles** State **CA** Zip Code **90071**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **CAP-MPT** Occupation **SVP Medical Malpractice**  
Receipt For:  Primary  General  Other (specify)▼  
Aggregate Year-to-Date▼ **100.00**

Date of Receipt  
MM / DD / YYYY  
**04 / 22 / 2005**  
Transaction ID: **SA11A1.4186**  
Amount of Each Receipt this Period  
**100.00**  
PAC Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

25038970912

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 31  
(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 (PHYSICIAN INSURERS PAC)**

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

Mailing Address **4008 Lakecove Lp SE**

City **Olympia** State **WA** Zip Code **98500-7040**

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

Name of Employer **Physicians Insurance, AMC** Occupation **Physician**

Receipt For:  
 Primary  General  
 Other (specify)▼

Aggregate Year-to-Date▼  
**100.00**

Date of Receipt  
MM / DD / YYYY  
**04 / 01 / 2005**

Transaction ID: **SA11A1.4112**

Amount of Each Receipt this Period  
**100.00**

PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Lawrence E. Smarr**

Mailing Address **16400 Poplar Hill Road**

City **Germantown** State **MD** Zip Code **20874**

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

Name of Employer **PIAA** Occupation **President**

Receipt For:  
 Primary  General  
 Other (specify)▼

Aggregate Year-to-Date▼  
**500.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 17 / 2005**

Transaction ID: **SA11A1.4098**

Amount of Each Receipt this Period  
**500.00**

PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
**James E. Smith**

Mailing Address **268 Gillette Drive**

City **Franklin** State **TN** Zip Code **37069**

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

Name of Employer **SVMIC** Occupation **Underwriting Manager**

Receipt For:  
 Primary  General  
 Other (specify)▼

Aggregate Year-to-Date▼  
**100.00**

Date of Receipt  
MM / DD / YYYY  
**05 / 09 / 2005**

Transaction ID: **SA11A1.4214**

Amount of Each Receipt this Period  
**100.00**

PAC Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 31  
(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 (PHYSICIAN INSURERS PAC)**

**A.** Full Name (Last, First, Middle Initial)  
 Michael D. Stephens  
 Mailing Address 900 Alder Place  
 City State Zip Code  
 Newport Beach CA 92660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NORCAL Board Hospital CEO  
 Receipt For:  Primary  General  Other (specify)▼  
 Aggregate Year-to-Date▼  
 300.00

Date of Receipt  
 04 / 04 / 2005  
 Transaction ID: SA11A1.4116  
 Amount of Each Receipt this Period  
 300.00  
 PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
 Thomas Sterns  
 Mailing Address 7331 Nolensville Road  
 City State Zip Code  
 Nolensville TN 37135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SVMIC VP Medical Practices Services  
 Receipt For:  Primary  General  Other (specify)▼  
 Aggregate Year-to-Date▼  
 100.00

Date of Receipt  
 05 / 02 / 2005  
 Transaction ID: SA11A1.4188  
 Amount of Each Receipt this Period  
 100.00  
 PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
 Mike Stinson  
 Mailing Address 2-A Groves Avenue  
 City State Zip Code  
 Alexandria VA 22305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PIAA Government Relations Rep.  
 Receipt For:  Primary  General  Other (specify)▼  
 Aggregate Year-to-Date▼  
 100.00

Date of Receipt  
 05 / 13 / 2005  
 Transaction ID: SA11A1.4216  
 Amount of Each Receipt this Period  
 100.00  
 PAC Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

25038870914



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

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

FOR LINE NUMBER: PAGE 27 / 31  
(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 (PHYSICIAN INSURERS PAC)**

**A.** Full Name (Last, First, Middle Initial)  
**Debra Udey**  
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 **Risk Manager**  
Receipt For:  Primary  General  Other (specify)▼  
Aggregate Year-to-Date▼ **100.00**

Date of Receipt  
MM / DD / YYYY  
**05 / 02 / 2005**  
Transaction ID: **SA11A1.4196**  
Amount of Each Receipt this Period  
**100.00**  
PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Philip Unger**  
Mailing Address **1709 Raintree Road**  
City **Fullerton** State **CA** Zip Code **92835**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **CAP-MPT** Occupation **Physician**  
Receipt For:  Primary  General  Other (specify)▼  
Aggregate Year-to-Date▼ **50.00**

Date of Receipt  
MM / DD / YYYY  
**05 / 02 / 2005**  
Transaction ID: **SA11A1.4200**  
Amount of Each Receipt this Period  
**50.00**  
PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Theo van Eeten**  
Mailing Address **11503 Oak Knoll Drive**  
City **Austin** State **TX** Zip Code **78759**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **TMLT** Occupation **Dir. of Leg. & Reg. Affairs**  
Receipt For:  Primary  General  Other (specify)▼  
Aggregate Year-to-Date▼ **300.00**

Date of Receipt  
MM / DD / YYYY  
**04 / 04 / 2005**  
Transaction ID: **SA11A1.4114**  
Amount of Each Receipt this Period  
**300.00**  
PAC Contribution

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

**450.00**

25038370913

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

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

FOR LINE NUMBER: PAGE 28 / 31  
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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)  
 William Vetter  
 Mailing Address 21 Riverbank Place  
 City State Zip Code  
 Carmichael CA 95808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NORCAL  
 Receipt For:  
 Primary    General  
 Other (specify)▼  
 Aggregate Year-to-Date▼  
 100.00

Date of Receipt  
 04 / 20 / 2005  
 Transaction ID: SA11A1.4172  
 Amount of Each Receipt this Period  
 100.00  
 PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
 Dr. Tom Waltz  
 Mailing Address 607 S. La Jolla Scenic Drive  
 City State Zip Code  
 La Jolla CA 92037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Doctors Company Physician  
 Receipt For:  
 Primary    General  
 Other (specify)▼  
 Aggregate Year-to-Date▼  
 100.00

Date of Receipt  
 04 / 05 / 2005  
 Transaction ID: SA11A1.4133  
 Amount of Each Receipt this Period  
 100.00  
 PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
 Paul Weber  
 Mailing Address 4386 26th Street  
 City State Zip Code  
 San Francisco CA 94131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OMIC Lawyer  
 Receipt For:  
 Primary    General  
 Other (specify)▼  
 Aggregate Year-to-Date▼  
 100.00

Date of Receipt  
 04 / 12 / 2005  
 Transaction ID: SA11A1.4158  
 Amount of Each Receipt this Period  
 100.00  
 PAC Contribution

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

25038870915

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 29 / 31  
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 11a    11b    11c    12  
 13    14    15    16    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)  
**James L. Weidner**

Mailing Address **333 S. Hope Street  
 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▼  
**100.00**

Date of Receipt  
**05 / 02 / 2005**

Transaction ID: **SA11A1.4198**

Amount of Each Receipt this Period  
**100.00**

PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Steven C. Williams**

Mailing Address **645 Post Oak Circle**

City **Brentwood** State **TN** Zip Code **37027**

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

Name of Employer **SVMIC** Occupation **President**

Receipt For:  
 Primary    General  
 Other (specify)▼

Aggregate Year-to-Date▼  
**100.00**

Date of Receipt  
**05 / 09 / 2005**

Transaction ID: **SA11A1.4212**

Amount of Each Receipt this Period  
**100.00**

PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Bruce A. Wilson**

Mailing Address **9523 Thornhill Road**

City **Silver Spring** State **MD** Zip Code **20901**

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

Name of Employer **PIAA** Occupation **Director of Government Relations**

Receipt For:  
 Primary    General  
 Other (specify)▼

Aggregate Year-to-Date▼  
**400.00**

Date of Receipt  
**02 / 22 / 2005**

Transaction ID: **SA11A1.4101**

Amount of Each Receipt this Period  
**400.00**

PAC Contributions

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

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

**600.00**

20050929

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

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FOR LINE NUMBER: PAGE 30 / 31  
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 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. Dr. J. Michael Wormley**

Mailing Address **210 S. Grand #214**

City **Glendora**      State **CA**      Zip Code **91741**

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

Name of Employer **CAP-MPT**      Occupation **Physician**

Receipt For:  
 Primary    General  
 Other (specify)▼

Aggregate Year-to-Date▼  
**100.00**

Date of Receipt  
**05 / 02 / 2005**

Transaction ID: **SA11A1.4202**

Amount of Each Receipt this Period  
**100.00**

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ..... ► **100.00**

TOTAL This Period (last page this line number only) ..... ► **13775.00**

25038870918

**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)

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21b  22  23  24  25  26  
 27  28a  28b  28c  29  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)

Transaction ID: SB23.4274

Date of Disbursement

/   /

A. Sue Myrick for Congress

Mailing Address PO Box 5635

City  
Washington

State  
DC Zip Code  
20016

Amount of Each Disbursement this Period

Purpose of Disbursement  
Campaign Contribution

Category/  
Type

Candidate Name  
Sue Myrick

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

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

25038870919

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/29/05
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature 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
	Next Business Day Delivery <input type="checkbox"/>
<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

*JAD*  
 PREPARER

8/1/05  
 DATE PREPARED

25038870920