

# 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)

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 2006 through 03 31 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 10 19 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**

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	6

 To: 

M	M
0	3

D	D
3	1

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; border-collapse: collapse;"><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 .....	27235.57									
(c) Total Receipts (from Line 19) .....	4598.60	4598.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	31834.17	31834.17								
7. Total Disbursements (from Line 31) .....	2055.64	2055.64								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	29778.53	29778.53								
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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

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	4400.00	4400.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	4400.00	4400.00
(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) .....	4400.00	4400.00
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.) .....	198.60	198.60
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)) .....	4598.60	4598.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4598.60	4598.60

**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.....	55.64	55.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	55.64	55.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
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))..	2055.64	2055.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	2055.64	2055.64

**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) .....	4400.00	4400.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4400.00	4400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	55.64	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) .....	55.64	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 / 16
	<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)**

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

Mailing Address 4138 Shorecrest Drive

City State Zip Code  
 Orlando FL 32804

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 23 / 2006

**Transaction ID: SA11A1.4318**

Amount of Each Receipt this Period  
 300.00

PAC Contribution

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

Mailing Address 6801 Iroquois Circle

City State Zip Code  
 Edina MN 55439

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

Name of Employer MMIC-MN Occupation President/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 23 / 2006

**Transaction ID: SA11A1.4320**

Amount of Each Receipt this Period  
 300.00

PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
 Dr. James Campbell

Mailing Address 543 Aurora Place

City State Zip Code  
 Redding CA 96001

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

Name of Employer MIEC Occupation Board Member

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 50.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 23 / 2006

**Transaction ID: SA11A1.4327**

Amount of Each Receipt this Period  
 50.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>650.00</b>
<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 / 16
	<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)

**A.** Full Name (Last, First, Middle Initial)  
Dr. Kent Carr

Mailing Address 4123 Oakwood Lane

City State Zip Code  
West Des Moines IA 50265

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

Name of Employer Mercey Clinics, Inc. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2006

Transaction ID: SA11A1.4330

Amount of Each Receipt this Period  
50.00

PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gene Cleaver

Mailing Address 1208 B North Old Stage Road

City State Zip Code  
Mount Shasta CA 96067

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

Name of Employer MIEC Occupation 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  
03 / 23 / 2006

Transaction ID: SA11A1.4329

Amount of Each Receipt this Period  
100.00

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 NORCAL Occupation 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  
03 / 27 / 2006

Transaction ID: SA11A1.4302

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) ..... ►

**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 / 16
	<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) Walt Davis Mailing Address 143 E. Citation Lane City State Zip Code Tempe AZ 85284 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006 <b>Transaction ID: SA11A1.4336</b> Amount of Each Receipt this Period 100.00 PAC Contribution
Name of Employer Occupation MICA Insurance Executive Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 100.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Candace Dyer Mailing Address 38 Beacon Ave City State Zip Code Warwick RI 02889 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006 <b>Transaction ID: SA11A1.4323</b> Amount of Each Receipt this Period 100.00 PAC Contribution
Name of Employer Occupation Westbay Surgical Assoc. General Surgeon Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 100.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Paul R. Gabel Mailing Address 4145 Laguna Ave City State Zip Code Oakland CA 94602 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006 <b>Transaction ID: SA11A1.4334</b> Amount of Each Receipt this Period 100.00 PAC Contribution
Name of Employer Occupation NORCAL Mutual Ins. Co. Claims VP Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<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 9 / 16
	<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) Philip Hinderberger		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 19 Glen Drive		<b>Transaction ID:</b> SA11A1.4308	
City State Zip Code Mill Valley CA 94941	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		PAC Contribution	
Name of Employer NORCAL	Occupation Lawyer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Jeffrey Holden		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2006	
Mailing Address 606 Forest Avenue		<b>Transaction ID:</b> SA11A1.4337	
City State Zip Code Glen Ellyn IL 60137	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		PAC Contribution	
Name of Employer ISMIE	Occupation COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Carl Hook		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006	
Mailing Address PO Box 1838		<b>Transaction ID:</b> SA11A1.4312	
City State Zip Code Oklahoma City OK 73101	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		PAC Contribution	
Name of Employer PLICO	Occupation President & CEO		
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) ..... ▶	1100.00
<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 10 / 16
	<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)

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Stanley K. Keating		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006	
Mailing Address 35 Brettonwood Drive		<b>Transaction ID:</b> SA11A1.4321	
City State Zip Code Simsbury CT 06070	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	PAC Contribution		
Name of Employer Self 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>B.</b> Kenneth Ludwig		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006	
Mailing Address 6133 N. River Road Suite 650		<b>Transaction ID:</b> SA11A1.4315	
City State Zip Code Rosemont IL 60018	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	PAC Contribution		
Name of Employer OMSNIC Occupation President & CEO	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.</b> Dr. Joe R McFarlane, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 400 NIX Medical Center 414 Navarro		<b>Transaction ID:</b> SA11A1.4306	
City State Zip Code San Antonion TX 78205	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	PAC Contribution		
Name of Employer Ophthalmology Associates Occupation Ophthalmologist	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) ..... ▶	300.00
<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 11 / 16
	<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)

**A.** Full Name (Last, First, Middle Initial)  
D. Joseph Olson

Mailing Address 4401 Oak Pointe Drive

City State Zip Code  
Brighton MI 48116

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

Name of Employer Occupation  
Amerisure Insurance Co. Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2006

Transaction ID: SA11A1.4313

Amount of Each Receipt this Period  
250.00

PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mukesh T. Parekh

Mailing Address 5622 N. Portland #240

City State Zip Code  
Oklahoma City OK 73112

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

Name of Employer Occupation  
PLICO 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  
03 / 27 / 2006

Transaction ID: SA11A1.4309

Amount of Each Receipt this Period  
100.00

PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Richard K. Parker

Mailing Address 68 South Garfiled Street

City State Zip Code  
Denver CO 80209

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

Name of Employer Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2006

Transaction ID: SA11A1.4310

Amount of Each Receipt this Period  
300.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	650.00
<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 12 / 16
	<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)

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Terry Poling		Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2006	
Mailing Address #11 Sandalwood		Transaction ID: SA11A1.4807	
City State Zip Code Wichita KS 67230	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Donation	
Name of Employer Self Employed	Occupation Physician		
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>B.</b> Dr. Harry B. Richardson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2006	
Mailing Address 700 McDonald Avenue		Transaction ID: SA11A1.4317	
City State Zip Code Santa Rosa CA 95404	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		PAC Contribution	
Name of Employer NORCAL	Occupation Physician		
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.</b> Dr. Lee E Schoeffler		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2006	
Mailing Address 7171 S. Tale Suite 103		Transaction ID: SA11A1.4304	
City State Zip Code Tulsa OK 74136	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>		PAC Contribution	
Name of Employer Self	Occupation Doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 13 / 16
	<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. Richard Seaman		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006	
Mailing Address 4008 Lakecove Lp SE		<b>Transaction ID:</b> SA11A1.4326	
City Olympia	State WA	Zip Code 98500-7040	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		PAC Contribution	
Name of Employer Physicians Insurance, AMC	Occupation Physician	Aggregate Year-to-Date ▼ 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Guy T. Selander		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006	
Mailing Address 1731 University Blvd. South		<b>Transaction ID:</b> SA11A1.4332	
City Jacksonville	State FL	Zip Code 32216	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		PAC Contribution	
Name of Employer Jacksonville Family Pract-ice	Occupation Physician	Aggregate Year-to-Date ▼ 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Lawrence E. Smarr		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2006	
Mailing Address 16400 Poplar Hill Road		<b>Transaction ID:</b> SA11A1.4339	
City Germantown	State MD	Zip Code 20874	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		PAC Contribution	
Name of Employer PIAA	Occupation President	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<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 14 / 16
	(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)  
 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 ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 1 / 2 0 0 6

**Transaction ID: SA11A1.4338**

Amount of Each Receipt this Period  
 250.00

PAC Contribution

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

Mailing Address 21 Riverbank Place

City State Zip Code  
 Carmichael CA 95608

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  
 M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 6

**Transaction ID: SA11A1.4325**

Amount of Each Receipt this Period  
 100.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>4400.00</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 16	
	(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 Yardley State PA Zip Code 19067

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 198.60

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 6

Transaction ID: SA17.4351

Amount of Each Receipt this Period  
 198.60

Dividends

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	198.60
<b>TOTAL</b> This Period (last page this line number only) .....	▶	198.60

**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 16 / 16

<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. HENRY R CUELLAR</b>		<b>Transaction ID: SB23.4345</b> Date of Disbursement MM / DD / YYYY 03 / 03 / 2006
Mailing Address 1519 Washington Street 2nd Floor Suite 200		Amount of Each Disbursement this Period 500.00
City LAREDO State TX Zip Code 78042	Purpose of Disbursement Campaign Contribution Candidate Name TEXANS FOR HENRY CUELLAR CONGRESSIONAL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. THOMAS EDMUNDS MD PRICE</b>		<b>Transaction ID: SB23.4342</b> Date of Disbursement MM / DD / YYYY 02 / 15 / 2006
Mailing Address 295 BROADMEADOW COVE		Amount of Each Disbursement this Period 1000.00
City ROSWELL State GA Zip Code 30075	Purpose of Disbursement Campaign Contribution Candidate Name PRICE FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. RICHARD G. RENZI</b>		<b>Transaction ID: SB23.4348</b> Date of Disbursement MM / DD / YYYY 03 / 07 / 2006
Mailing Address 2063 Raintree Drive		Amount of Each Disbursement this Period 500.00
City Flagstaff State AZ Zip Code 86004	Purpose of Disbursement Campaign Contribution Candidate Name RICK RENZI FOR CONGRESS 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) ▼	
Category/Type		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	2000.00