

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 04 01 2006 through 06 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mike Stinson
Signature of Treasurer Electronically Filed by Mike Stinson Date 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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; 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	29778.53									
(c) Total Receipts (from Line 19)	9591.33	14189.93								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	39369.86	41425.50								
7. Total Disbursements (from Line 31)	1500.00	3555.64								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37869.86	37869.86								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

PHYSICIAN INSURERS ASSOCIATION OF AMERICA PAC (PHYSICIAN INSURERS PAC)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7800.00	12200.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	7800.00	12200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	1500.00	1500.00
(c) Other Political Committees (such as PACs)	9300.00	13700.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	291.33	489.93
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9591.33	14189.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9591.33	14189.93

DETAILED SUMMARY PAGE
of Disbursements

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

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	9300.00	13700.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9300.00	13700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	55.64
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	55.64

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 25
	<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) A. Victor T. Adamo		Date of Receipt M M / D D / Y Y Y Y 04 / 20 / 2006	
Mailing Address P.O. Box 590009		Transaction ID: SA11A1.4424	
City Birmingham	State AL	Zip Code 35259-0009	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ProAssurance	Occupation President/COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Don Alexander		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2006	
Mailing Address 2301 21st Ave South		Transaction ID: SA11A1.4642	
City Nashville	State TN	Zip Code 37212	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Tennessee Medical Association	Occupation Association Management		
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) C. John O. Alexander		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2006	
Mailing Address 10104 Swan Valley Lane		Transaction ID: SA11A1.4643	
City Austin	State TX	Zip Code 78759-3049	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer TMLT	Occupation VP Underwriting		
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) ▶	

**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 / 25
	<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) Mr. Gordon Amini		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2006	
Mailing Address 2824 Swwetbrior		Transaction ID: SA11A1.4372	
City State Zip Code Edmond OK 73034		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer PLICO		Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

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

C. Full Name (Last, First, Middle Initial) Dr. John Balfanz		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2006	
Mailing Address 50 Deer Hills Creek		Transaction ID: SA11A1.4641	
City State Zip Code North Oaks MN 55127		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Physician	
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) ▶	900.00
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 / 25
	<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) Robert Boren		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 1611 S. Martha Court		Transaction ID: SA11A1.4640	
City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer SVMIC	Occupation EVP & CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

B. Full Name (Last, First, Middle Initial) Dr. James F. Carland		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6	
Mailing Address 4524 N. 61st Place		Transaction ID: SA11A1.4639	
City State Zip Code Scottsdale AZ 85251	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MICA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

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

SUBTOTAL of Receipts This Page (optional) ▶	600.00
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 9 / 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) Waldene Drake		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6	
Mailing Address 5409 Barrett Circle		Transaction ID: SA11A1.4637	
City Buena Park	State CA	Zip Code 90621	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer CAP-MPT	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

B. Full Name (Last, First, Middle Initial) Dr. Fernando Dulay		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address PO Box 591118		Transaction ID: SA11A1.4638	
City San Francisco	State CA	Zip Code 94159	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
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 ▼ 100.00		

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

SUBTOTAL of Receipts This Page (optional) ▶	500.00
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 10 / 25
	<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. Steven S. Fountain

Mailing Address 1410 June Way

City State Zip Code
 Saratoga CA 95090

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

Name of Employer Self-Employed Occupation
 Medical Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.4636

Amount of Each Receipt this Period
 100.00

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 Northwest Physicians 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
 0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.4632

Amount of Each Receipt this Period
 100.00

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 MMIC-MN Occupation
 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
 0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.4635

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)	300.00
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 11 / 25
	<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. James O. Gemmer

Mailing Address 11 Country Club Drive

City State Zip Code
 Fairfield CA 94534

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

Name of Employer
 Self Employed

Occupation
 Orthopedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.4630

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
 Dr. Brett Ginther

Mailing Address 3611 Genista Place

City State Zip Code
 Fallbrook CA 92028

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

Name of Employer
 CEP/MAM

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
 0 5 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.4633

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
 Dr. Jimmie A. Gleason

Mailing Address 1010 SW Exmoor Lane

City State Zip Code
 Topeka KS 66604-1977

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

Name of Employer
 KaMMCO

Occupation
 Chairman Emeritus

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.4631

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)	400.00
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 12 / 25
	<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) A. Mr. Gregg L. Hanson		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 150 Mt. Hope Street		Transaction ID: SA11A1.4629
City State Zip Code N. Attleboro MA 02760	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer ProMutual Group	Occupation Insurance	
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. Mr. Kenneth Heisler		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 47 Quaker		Transaction ID: SA11A1.4655
City State Zip Code Falmouth MA 02540	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Surgeon	
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) C. A. Peter Kezirian, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 300 South Allen Avenue		Transaction ID: SA11A1.4628
City State Zip Code Pasadena CA 91106	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer CAP-MPT	Occupation VP Strategic Business Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) ▶	400.00
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 13 / 25
<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)

A. Full Name (Last, First, Middle Initial) Dr. Joseph E. Leonard Mailing Address 4725 Sundance Court City State Zip Code Norman OK 73702 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6 Transaction ID: SA11A1.4626 Amount of Each Receipt this Period 100.00
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 100.00	

B. Full Name (Last, First, Middle Initial) Dr. Henry Lerner Mailing Address 196 Windsor Road City State Zip Code Newton MA 02468 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 Transaction ID: SA11A1.4627 Amount of Each Receipt this Period 100.00
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation OB-GYN Aggregate Year-to-Date ▼ 100.00	

C. Full Name (Last, First, Middle Initial) Mick McCall Mailing Address 8 Cottage Farms Road City State Zip Code Cumberland ME 04021 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6 Transaction ID: SA11A1.4625 Amount of Each Receipt this Period 100.00
Name of Employer MMIC-ME Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP Claims & Risk Management Aggregate Year-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional)	300.00
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 14 / 25
	<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. William McCurdy, III		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6	
Mailing Address 600 South Pickard Avenue		Transaction ID: SA11A1.4624	
City State Zip Code Norman OK 73069	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Physician	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

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

C. Full Name (Last, First, Middle Initial) Dr. Mearl Naponic		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6	
Mailing Address 333 South Hope Street 8th Floor		Transaction ID: SA11A1.4623	
City State Zip Code Los Angeles CA 90071	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Goosmont OB-GYN	Occupation Physician		
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) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 25						
	(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

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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)
Dale A. Neikirk

Mailing Address 4609 Laurel Brook Court

City State Zip Code
Norman OK 73072

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

Name of Employer PLICO Occupation EVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.4622

Amount of Each Receipt this Period
100.00

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

Mailing Address 3715 Los Olivos Lane

City State Zip Code
La Crescenta CA 91214

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

Name of Employer CAP-MPT Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.4621

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Katherine Pope

Mailing Address 2 Union Street
5th Floor

City State Zip Code
Portland ME 04101

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

Name of Employer Spectrum Medical Group 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
0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.4620

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	300.00
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 16 / 25
	<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)
 Ms Ann Putallaz

Mailing Address 2600 Gladstone Avenue

City State Zip Code
 Ann Arbor MI 48104

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

Name of Employer Occupation
 Munder Capital Management Investment Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

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

Transaction ID: SA11A1.4619

Amount of Each Receipt this Period
 100.00

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

Mailing Address 333 S. Hope Street

City State Zip Code
 Los Angeles CA 90071

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

Name of Employer Occupation
 CAP-MPT SVP Medical Malpractice

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

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

Transaction ID: SA11A1.4618

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
 Dr. Laurie A. Rubenstein

Mailing Address 595 Price Avenue Suite E

City State Zip Code
 Redwood City CA 94063

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

Name of Employer Occupation
 CAP-MPT 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
 0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.4617

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)	300.00
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 17 / 25		
	<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

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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. Steve Rubin		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address 500 Forest Street		Transaction ID: SA11A1.4652	
City State Zip Code Denver CO 80220		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation COPIC President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 100.00	

B. Full Name (Last, First, Middle Initial) Dr. David S. Russell		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6	
Mailing Address 2113 Wilshire Drive		Transaction ID: SA11A1.4614	
City State Zip Code Enid OK 73703		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self Employed Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 100.00	

C. Full Name (Last, First, Middle Initial) James E. Smith		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6	
Mailing Address 268 Gillette Drive		Transaction ID: SA11A1.4612	
City State Zip Code Franklin TN 37069		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation SVMIC Underwriting Manager			
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) ▶	300.00
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 18 / 25
	<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) Mr. Thomas Stearns		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 2331 Nolensville Road		Transaction ID: SA11A1.4650
City State Zip Code Nolensville TN 37135	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer SVMIC	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

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

C. Full Name (Last, First, Middle Initial) Ms Victoria Sterling		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 6133 North River Road Number 650		Transaction ID: SA11A1.4611
City State Zip Code Rosemont IL 60018	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer OMSNIC	Occupation Executive	
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) ▶	500.00
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 19 / 25		
	<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

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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. Tom Throckmorton

Mailing Address 1307 west 9th street

City State Zip Code
 Spencer IA 51301-3066

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

Name of Employer Self Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 50.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2006

Transaction ID: SA11A1.4608

Amount of Each Receipt this Period
 50.00

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

Mailing Address 9716 Kenmore Drive

City State Zip Code
 Kensington MD 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
 M M / D D / Y Y Y Y
 05 / 31 / 2006

Transaction ID: SA11A1.4607

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
 Theo van Eeten

Mailing Address 11503 Oak Knoll Drive

City State Zip Code
 Austin TX 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
 M M / D D / Y Y Y Y
 05 / 02 / 2006

Transaction ID: SA11A1.4409

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)	450.00
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 20 / 25
	<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. Tom Waltz		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 607 S. La Jolla Scenic Drive		Transaction ID: SA11A1.4391
City State Zip Code La Jolla CA 92037	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer The Doctors Company	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Mr. Paul Weber		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 655 Beach Street		Transaction ID: SA11A1.4602
City State Zip Code San Francisco CA 94109	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer OMIC	Occupation Lawyer/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

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

SUBTOTAL of Receipts This Page (optional) ▶	800.00
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 21 / 25
	<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)
Robert White, Jr.

Mailing Address 1000 Riverside Avenue
Suite 800

City State Zip Code
Jacksonville FL 32204

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

Name of Employer Occupation
FPIC Insurance Goup Executive

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.4515

Amount of Each Receipt this Period
300.00

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

Mailing Address 645 Post Dak Circle

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
State Volunteer Mutual In- s. Co Insurance

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 100.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.4600

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Joseph Willoughby

Mailing Address 1509 Hillsboro Road

City State Zip Code
Franklin TN 37069

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

Name of Employer Occupation
Self Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 100.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.4598

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	500.00
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 22 / 25	
	(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"/> 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)
 Dr. J. Michael Wormley

Mailing Address 210 S. Grand #214

City	State	Zip Code
Glendora	CA	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
 M M / D D / Y Y Y Y
 0 5 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4644

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	7800.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 23 / 25	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

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

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

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

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

Transaction ID: SA11C.4446

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	1500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 24 / 25	
	(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 ▼
 489.93

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

Transaction ID: SA17.4465

Amount of Each Receipt this Period
 291.33

Interest on Account

SUBTOTAL of Receipts This Page (optional)	▶	291.33
TOTAL This Period (last page this line number only)	▶	291.33

**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 25 / 25

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

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

1500.00