

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 CITY STATE ZIP CODE

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> 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 07 07 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.

Office Use Only							
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**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	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	29728.53									
(c) Total Receipts (from Line 19)	9764.33	14312.93								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	39492.86	41548.50								
7. Total Disbursements (from Line 31)	0.00	2055.64								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39492.86	39492.86								
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	3873.00	8223.00
(i) Itemized (use Schedule A)	4100.00	4100.00
(ii) Unitemized	7973.00	12323.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	1500.00	1500.00
(c) Other Political Committees (such as PACs)	9473.00	13823.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	291.33	489.93
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9764.33	14312.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9764.33	14312.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	0.00	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))..	0.00	2055.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	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)	9473.00	13823.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9473.00	13823.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	55.64
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	55.64

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
 Victor T. Adamo

Mailing Address P.O. Box 590009

City Birmingham State AL Zip Code 35259-0009

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

Name of Employer ProAssurance Occupation President/COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11A1.4424

Amount of Each Receipt this Period
 500.00

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

Mailing Address 2824 Swwetbrior

City Edmond State OK Zip Code 73034

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

Name of Employer PLICO Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.4372

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
 Mr. Edward Amsler

Mailing Address 28 Sturges Commons

City Westport State CT Zip Code 06880

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

Name of Employer MLMIC Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11A1.4382

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
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 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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 TMLT Occupation Insurance Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.4410

Amount of Each Receipt this Period
 300.00

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

Mailing Address 5409 Barrett Circle

City State Zip Code
 Buena Park CA 90621

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

Name of Employer CAP-MPT Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 523.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.4425

Amount of Each Receipt this Period
 523.00

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 TMLT Occupation Executive VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.4399

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional) ► **1123.00**

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 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 Norway	State ME	Amount of Each Receipt this Period 250.00	
Zip Code 04268-0126			
FEC ID number of contributing federal political committee. C			
Name of Employer MMIC-ME	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B. 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 Newport Beach	State CA	Amount of Each Receipt this Period 300.00	
Zip Code 92660			
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) Theo van Eeten		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 11503 Oak Knoll Drive		Transaction ID: SA11A1.4409	
City Austin	State TX	Amount of Each Receipt this Period 300.00	
Zip Code 78759			
FEC ID number of contributing federal political committee. C			
Name of Employer TMLT	Occupation Dir. of Leg. & Reg. Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	850.00
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 / 12
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. 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 ▼
 300.00

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

Transaction ID: SA11A1.4391

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
 James L. Weidner

Mailing Address 333 S. Hope Street
 8th Floor

City State Zip Code
 Los Angeles CA 90071

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

Name of Employer Occupation
 CAP-MPT CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

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

Transaction ID: SA11A1.4381

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	3873.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 12	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

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

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

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2006

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 11 / 12	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

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

Mailing Address 1040 Stoney Hill Road
 Suite 150

City 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
 06 / 30 / 2006

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 12 / 12

<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. RICHARD HUGH BAKER		Transaction ID: SB23.4463	
Mailing Address 9132 HIGHLAND GARDEN ROAD		Date of Disbursement 06 / 14 / 2006	
City BATON ROUGE	State LA	Zip Code 70811	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name BAKER FOR CONGRESS COMMITTEE		[MEMO ITEM]	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: LA District: 06			

Full Name (Last, First, Middle Initial) B. RICHARD G. RENZI		Transaction ID: SB23.4464	
Mailing Address 2063 Raintree Drive		Date of Disbursement 06 / 15 / 2006	
City Flagstaff	State AZ	Zip Code 86004	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name RICK RENZI FOR CONGRESS		[MEMO ITEM]	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AZ District: 01			

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

0.00