

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 POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 2275 Research Blvd
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 2008 through 06 30 2008

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 Mr. Mike Stinson

Signature of Treasurer Electronically Filed by Mr. Mike Stinson Date 07 11 2008

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 **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		20858.11
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	26635.27									
(c) Total Receipts (from Line 19)	5922.89	13915.05								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	32558.16	34773.16								
7. Total Disbursements (from Line 31)	3045.00	5260.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29513.16	29513.16								
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 POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	5815.00	13665.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5815.00	13665.00
(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)	5815.00	13665.00
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.)	107.89	250.05
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))	5922.89	13915.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5922.89	13915.05

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.....	45.00	260.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	45.00	260.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	3000.00	5000.00
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))..	3045.00	5260.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3045.00	5260.00

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)	5815.00	13665.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5815.00	13665.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	45.00	260.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	45.00	260.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) John O. Alexander		Date of Receipt	
	Mailing Address 10104 Swan Valley Lane		M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.4379
	Austin	TX	78759	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer TMLT		Occupation Sr. VP, Underwriting		PAC Contribution
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) Mr. Edward J. Amsler		Date of Receipt	
	Mailing Address 28 Sturgess Commons		M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.4384
	Westport	CT	06880	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer MLMIC		Occupation VP		PAC Contribution
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) Eric R. Anderson		Date of Receipt	
	Mailing Address 13433 Burnt Woods Place		M M / D D / Y Y Y Y Y 0 5 / 0 7 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.4372
	Germantown	MD	20874	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer PIAA		Occupation Dir. of Marketing & PR		PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 50.00		

SUBTOTAL of Receipts This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 19
(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 POLITICAL ACTION COMMITTEE

A.

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

Mailing Address 301 W. Holly Street

City State Zip Code
Phoenix AZ 85003

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired Health Care Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt MM / DD / YYYY
05 / 20 / 2008

Transaction ID: SA11AI.4382

Amount of Each Receipt this Period 100.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)
Mr. Robert P. Boren

Mailing Address 1611 S. Martha Ct.

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. C

Name of Employer State Volunteer Mutual Ins. Co Occupation EVP & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt MM / DD / YYYY
05 / 02 / 2008

Transaction ID: SA11AI.4365

Amount of Each Receipt this Period 100.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)
William E. Burgess

Mailing Address 713 Kersey Road

City State Zip Code
Silver Spring MD 20902

FEC ID number of contributing federal political committee. C

Name of Employer PIAA Occupation VP, Associate Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
05 / 02 / 2008

Transaction ID: SA11AI.4351

Amount of Each Receipt this Period 300.00

PAC Contribution

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 19
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mr. David A. Csikos		Date of Receipt
	Mailing Address 301 Sanrue Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 2 / 2 0 0 8
	City	State	Zip Code
	Johnstown	PA	15904
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4364
Name of Employer Medical Group of Windber		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 150.00	<input type="text"/> 150.00
			PAC Contribution

B.	Full Name (Last, First, Middle Initial) Fernando V. Dulay		Date of Receipt
	Mailing Address P.O. Box 591118		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 0 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94159
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4381
Name of Employer Retired		Occupation Retired Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 150.00	<input type="text"/> 150.00
			PAC Contribution

C.	Full Name (Last, First, Middle Initial) Paul R. Gabel		Date of Receipt
	Mailing Address 550 Davis Street #Z		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 2 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94602
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4360
Name of Employer Norcal Mutual Insurance Co.		Occupation Professional VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 150.00	<input type="text"/> 150.00
			PAC Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 450.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 19
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) William J. Gallagher	Date of Receipt MM / DD / YYYY 05 / 02 / 2008
	Mailing Address 3254 Tranquility Court, SE	Transaction ID: SA11AI.4357
	City State Zip Code Salem OR 97317	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer: The Doctor's Company Occupation: Management 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. Vincent Gualtieri	Date of Receipt MM / DD / YYYY 04 / 22 / 2008
	Mailing Address 4955 Van Nurs Blvd.	Transaction ID: SA11AI.4348
	City State Zip Code Sherman Oaks CA 91403	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer: Sherman Oaks Urologic Medical Occupation: Physician 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) Peidi Hong	Date of Receipt MM / DD / YYYY 05 / 20 / 2008
	Mailing Address 402 Garden View Way	Transaction ID: SA11AI.4376
	City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer: PIAA Occupation: Director of Accounting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 25.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 19
(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 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Mr. Michael D. Houpt

Mailing Address 404 W. Parkway Place

City State Zip Code
Ridgeland MS 39157

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

Name of Employer Occupation
Med. Assurance Co. of MS Insurance Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2008

Transaction ID: SA11AI.4362

Amount of Each Receipt this Period
25.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)
Mr. John E. Ingram

Mailing Address 710 Lariat Court

City State Zip Code
Long Beach CA 90815

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

Name of Employer Occupation
Coast Urological Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2008

Transaction ID: SA11AI.4343

Amount of Each Receipt this Period
600.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)
Mrs. Jill K. Knerr

Mailing Address 13832 Dayton Meadows Court

City State Zip Code
Dayton MD 21036

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

Name of Employer Occupation
PIAA Director of Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2008

Transaction ID: SA11AI.4334

Amount of Each Receipt this Period
25.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 19
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. John O. Lytle		Date of Receipt
	Mailing Address 1901 W. 46th Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Pine Bluff	AR	71603
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4374
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 150.00	PAC Contribution

B.	Full Name (Last, First, Middle Initial) Mr. Michael L. McCall		Date of Receipt
	Mailing Address 8 Cottage Farms Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Cumberland	MD	04021
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4339
Name of Employer Medical Mutual Ins. Co. of ME		Occupation Insurance Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 150.00	PAC Contribution

C.	Full Name (Last, First, Middle Initial) Mr. Frank O'Neil		Date of Receipt
	Mailing Address 2704 Stonehaven Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Birmingham	AL	35242
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4341
Name of Employer ProAssurance		Occupation SVP-Communication	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 50.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 350.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 19
	(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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mr. Gordon T. Ownby, Esq.		Date of Receipt MM / DD / YYYY 05 / 07 / 2008		
	Mailing Address 3715 Los Olivos Lane		Transaction ID: SA11AI.4370		
	City La Crescente	State CA	Zip Code 91214	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		PAC Contribution		
	Name of Employer Mutual Protection Trust	Occupation Lawyer	Aggregate Year-to-Date 100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Mrs. P. Divya Parikh		Date of Receipt MM / DD / YYYY 04 / 22 / 2008		
	Mailing Address 210 Watkins Pond Blvd.		Transaction ID: SA11AI.4337		
	City Rockville	State MD	Zip Code 20850	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		PAC Contribution		
	Name of Employer PIAA	Occupation Director of Loss Prevention & Research	Aggregate Year-to-Date 40.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Graham Purcell		Date of Receipt MM / DD / YYYY 04 / 22 / 2008		
	Mailing Address 3600 Wrightwood Drive		Transaction ID: SA11AI.4345		
	City Studio City	State CA	Zip Code 91604	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		PAC Contribution		
	Name of Employer Self	Occupation MD	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	440.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 19
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mark S. Reuben	Date of Receipt MM / DD / YYYY 06 / 11 / 2008
	Mailing Address 40 Berkshire Court	Transaction ID: SA11AI.4386
	City State Zip Code Wyomissing PA 19610	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation Reading Pediatrics Inc. Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

B.	Full Name (Last, First, Middle Initial) Dr. Richard W. Seaman	Date of Receipt MM / DD / YYYY 05 / 02 / 2008
	Mailing Address 2103 Harrison Ave., NW PMB 764	Transaction ID: SA11AI.4358
	City State Zip Code Olympia WA 98502	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation Self Physician	
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) Jaan E. Sidorov	Date of Receipt MM / DD / YYYY 04 / 22 / 2008
	Mailing Address 413 Village Way	Transaction ID: SA11AI.4347
	City State Zip Code Harrisburg PA 17112	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation PMSLIC Board Chair	
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)	▶	550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 19
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Jaan E. Sidorov		Date of Receipt
	Mailing Address 413 Village Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 11 / 2008
	City	State	Zip Code
	Harrisburg	PA	17112
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4387
Name of Employer PMSLIC		Occupation Board Chair	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
			PAC Contribution

B.	Full Name (Last, First, Middle Initial) Mr. Lawrence E. Smarr		Date of Receipt
	Mailing Address 14600 Poplar Hill Rock		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 07 / 2008
	City	State	Zip Code
	Germantown	MD	20874
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4371
Name of Employer PIAA		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			PAC Contribution

C.	Full Name (Last, First, Middle Initial) Mr. Thomas H. Stearns		Date of Receipt
	Mailing Address 7331 Nolensville Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 22 / 2008
	City	State	Zip Code
	Nolensville	TN	37135
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4350
Name of Employer SVMIC		Occupation VP, Medical Pract. Serv.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
			PAC Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 450.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 19
(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 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Charles Steinmann

Mailing Address 213 Via Koron

City State Zip Code
Newport Beach CA 92663

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 ▼ 150.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2008

Transaction ID: SA11AI.4368

Amount of Each Receipt this Period
150.00

PAC Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Tom D. Throckmorton

Mailing Address 1823 Highway Blvd

City State Zip Code
Spencer IA 51301

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

Name of Employer Northwest Iowa Surgeons Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 125.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2008

Transaction ID: SA11AI.4356

Amount of Each Receipt this Period
125.00

PAC Contribution

C. Full Name (Last, First, Middle Initial)
J. E. Hartley Turpin

Mailing Address 400 Newport Center Drive #703

City State Zip Code
Newport Beach CA 92626

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 ▼ 175.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2008

Transaction ID: SA11AI.4353

Amount of Each Receipt this Period
175.00

PAC Contribution

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 19
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mr. Glenn H. Weissman		Date of Receipt
	Mailing Address 51 N. 5th Avenue, #202		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 2 / 2 0 0 8
	City	State	Zip Code
	Arcadia	CA	91006
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4340
Name of Employer CAP-MPT		Occupation MD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			PAC Contribution

B.	Full Name (Last, First, Middle Initial) Steven C. Williams		Date of Receipt
	Mailing Address 645 Post Oak Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 2 / 2 0 0 8
	City	State	Zip Code
	Brentwood	TN	37027
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4366
Name of Employer State Volunteer Mutual In- s. Co		Occupation Insurance Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			PAC Contribution

C.	Full Name (Last, First, Middle Initial) Mr. J. Michael Wormley		Date of Receipt
	Mailing Address 210 S. Grand Ave., #214		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 2 / 2 0 0 8
	City	State	Zip Code
	Glendora	CA	91741
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4336
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			PAC Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 900.00
TOTAL This Period (last page this line number only)	<input type="text"/> 5815.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 19
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

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

Mailing Address 1040 Stoney Hill Road, Ste. 1050

City State Zip Code
Yardley PA 19067

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
178.56

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA17.4388

Amount of Each Receipt this Period
36.40

Interest

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

Mailing Address 1040 Stoney Hill Road, Ste. 1050

City State Zip Code
Yardley PA 19067

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.72

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: SA17.4389

Amount of Each Receipt this Period
37.16

Interest

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

Mailing Address 1040 Stoney Hill Road, Ste. 1050

City State Zip Code
Yardley PA 19067

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.05

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA17.4390

Amount of Each Receipt this Period
34.33

Interest

SUBTOTAL of Receipts This Page (optional) ► **107.89**

TOTAL This Period (last page this line number only) ► **107.89**

**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 18 / 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Internal Revenue Service

Transaction ID: SB21B.4400

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

Mailing Address Internal Revenue Service Center

City Ogden State UT Zip Code 84201

Amount of Each Disbursement this Period

45.00

Purpose of Disbursement

IRS Payment

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

45.00

TOTAL This Period (last page this line number only)

45.00

**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)

<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Friends of Joe Pitts	Transaction ID: SB23.4392 Date of Disbursement 06 / 26 / 2008
	Mailing Address PO BOX 775	Amount of Each Disbursement this Period 1000.00
	City Unionville State PA Zip Code 19375	
	Purpose of Disbursement Campaign Contribution Candidate Name Friends of Joe Pitts Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Jeb Bradley for Congress	Transaction ID: SB23.4394 Date of Disbursement 06 / 25 / 2008
	Mailing Address 645 South Main Street	Amount of Each Disbursement this Period 1000.00
	City Wolfeboro State NH Zip Code 03894	
	Purpose of Disbursement Campaign Contribution Candidate Name Jeb Bradley for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Sue Myrick for Congress	Transaction ID: SB23.4396 Date of Disbursement 06 / 24 / 2008
	Mailing Address P.O. Box 37091	Amount of Each Disbursement this Period 1000.00
	City Charlotte State NC Zip Code 28237	
	Purpose of Disbursement Campaign Contribution Candidate Name Sue Myrick for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	3000.00