

**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

The MICRA Federal PAC of NORCAL Mutual Insurance Company

ADDRESS (number and street)

20 Park Road, Suite E

Check if different than previously reported. (ACC)

Burlingame

CA

94010

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00398248

3. IS THIS REPORT

NEW (N) OR

X

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

X 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 (12S)

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

07

01

2004

through

09

30

2004

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

Russell H. Miller

Signature of Treasurer

Electronically Filed by Russell H. Miller

Date

05

04

2005

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The MICRA Federal PAC of NORCAL Mutual Insurance Company

Report Covering the Period: From: ^M07 ^D01 ^Y2004 To: ^M09 ^D30 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004		0.00
(b) Cash on Hand at Beginning of Reporting Period	695.00	
(c) Total Receipts (from Line 19)	35410.00	36105.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	36105.00	36105.00
<hr/>		
7. Total Disbursements (from Line 31)	7685.70	7685.70
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28419.30	28419.30
<hr/>		
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

The MICRA Federal PAC of NORCAL Mutual Insurance Company

Report Covering the Period: From: ^M07 ^D01 ^Y2004 To: ^M09 ^D30 ^Y2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	18000.00	18000.00
(ii) Unitemized	17410.00	18105.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	35410.00	36105.00
(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)	35410.00	36105.00
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.)	0.00	0.00
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))	35410.00	36105.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	35410.00	36105.00

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7685.70	7685.70
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 ActMty (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))..	7685.70	7685.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	7685.70	7685.70

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	35410.00	36105.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35410.00	36105.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 14

(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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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)
The MICRA Federal PAC of NORCAL Mutual Insurance Company

Full Name (Last, First, Middle Initial) A. Perry S Binder		Date of Receipt M / D / Y 08 / 26 / 2004
Mailing Address 891D University Center Lane, Suite 800		Transaction ID: 11(a)(i)41
City San Diego	State Zip Code CA 92122	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David A Csikos, MD		Date of Receipt M / D / Y 09 / 17 / 2004
Mailing Address 301 Sanrue Drive		Transaction ID: 11(a)(i)193
City Johnstown	State Zip Code PA 15904	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1875.00
Name of Employer Medical Group of Windber, Inc.	Occupation Physician	Aggregate Year-to-Date ▼ 1875.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Patricia A Daley		Date of Receipt M / D / Y 08 / 24 / 2004
Mailing Address 15 Creekwood Way		Transaction ID: 11(a)(i)20
City Hillsborough	State Zip Code CA 94010	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1875.00
Name of Employer Anaesthesia Care Assoc.	Occupation Physician	Aggregate Year-to-Date ▼ 1875.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	4300.00
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 7 / 14

(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)
The MICRA Federal PAC of NORCAL Mutual Insurance Company

Full Name (Last, First, Middle Initial) A. Theodore S Diener		Date of Receipt M / D / Y 09 / 27 / 2004
Mailing Address 2376 Jessamy Court		Transaction ID: 11(a)(i)227
City Harrisburg	State PA	Zip Code 17112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PUBLIC	Occupation 000	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Candace Dyar		Date of Receipt M / D / Y 08 / 27 / 2004
Mailing Address 25 Bevelin Road		Transaction ID: 11(a)(i)27
City Providence	State RI	Zip Code 02906
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1875.00
Name of Employer Tolgate Surgical Assoc.	Occupation Surgeon	Aggregate Year-to-Date ▼ 1875.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Thomas L Engel, MD		Date of Receipt M / D / Y 09 / 09 / 2004
Mailing Address 383B California Street, #505		Transaction ID: 11(a)(i)180
City San Francisco	State CA	Zip Code 94108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2725.00
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 8/14

(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The MICRA Federal PAC of NORCAL Mutual Insurance Company

Full Name (Last, First, Middle Initial) A. Steven S Fountain		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address PD Box 2939		Transaction ID: 11(a)(i)17
City Saratoga	State CA	Zip Code 95070
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1975.00
Name of Employer Self-employed	Occupation Physician	Aggregate Year-to-Date ▼ 2050.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Steven S Fountain		Date of Receipt M / D / Y 08 / 28 / 2004
Mailing Address PD Box 2939		Transaction ID: 11(a)(i)52
City Saratoga	State CA	Zip Code 95070
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Self-employed	Occupation Physician	Aggregate Year-to-Date ▼ 2050.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Douglas M Hall		Date of Receipt M / D / Y 08 / 30 / 2004
Mailing Address 341 Hillside Drive		Transaction ID: 11(a)(i)247
City New Cumberland	State PA	Zip Code 17070
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer PMSLIC	Occupation Vice President	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 14

(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)
The MICRA Federal PAC of NORCAL Mutual Insurance Company

Full Name (Last, First, Middle Initial) A. Roger M Hayashi		Date of Receipt M / D / Y 08 / 17 / 2004
Mailing Address 220 Tourney Loop		Transaction ID: 11(a)(i)14
City Los Gatos	State CA	Zip Code 95030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1975.00
Name of Employer Norcal Mutual Insurance	Occupation Director	Aggregate Year-to-Date ▼ 1975.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Philip R Hinderberger		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 19 Glen Drive		Transaction ID: 11(a)(i)16
City Mill Valley	State CA	Zip Code 94941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Norcal Mutual Insurance Co.	Occupation Attorney	Aggregate Year-to-Date ▼ 825.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Peter C Lepore, MD		Date of Receipt M / D / Y 08 / 07 / 2004
Mailing Address 1180 Warner Avenue, Suite 421		Transaction ID: 11(a)(i)157
City Fountain Valley	State CA	Zip Code 94708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	3225.00
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 10 / 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The MICRA Federal PAC of NORCAL Mutual Insurance Company

Full Name (Last, First, Middle Initial) A. Timothy E Pheban, MD		Date of Receipt M / D / Y Y Y Y 09 / 28 / 2004
Mailing Address 1621 Creekside Drive #102		Transaction ID: 11(a)(i)229
City	State	Zip Code
Folsom	CA	95630
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Harry B Richardson		Date of Receipt M / D / Y Y Y Y 08 / 24 / 2004
Mailing Address 700 McDonald Avenue		Transaction ID: 11(a)(i)19
City	State	Zip Code
Santa Rosa	CA	95404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1875.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 1875.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. James Sunseri		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2004
Mailing Address 124 Oak Shade Lane		Transaction ID: 11(a)(i)155
City	State	Zip Code
Novato	CA	94955
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 825.00
Name of Employer NORCAL Mutual Insurance	Occupation CEO	Aggregate Year-to-Date ▼ 825.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2975.00
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 11 / 14
(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)
The MICRA Federal PAC of NORCAL Mutual Insurance Company

Full Name (Last, First, Middle Initial) A. William R Vetter		Date of Receipt M / D / Y 08 / 24 / 2004	
Mailing Address 21 Riverbank Place		Transaction ID: 11(a)(i)18	
City	State	Zip Code	Amount of Each Receipt this Period 1975.00
Carmichael	CA	95608	
FEC ID number of contributing federal political committee. C			
Name of Employer No. Calif. Cardiology Associates	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1975.00		

SUBTOTAL of Receipts This Page (optional)	▶	1975.00
TOTAL This Period (last page this line number only)	▶	18000.00

**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)

PAGE 12 / 14

<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)
The MICRA Federal PAC of NORCAL Mutual Insurance Company

Full Name (Last, First, Middle Initial)
A. Bill Thomas Campaign Committee

Mailing Address Post Office Box 395

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement
Political Contribution

Candidate Name
Bill Thomas

Office Sought: House
Senate
President

State: CA District: 22

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: B232
Date of Disbursement

09 / 09 / 2004

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)
B. Christopher Cox Congressional Committee

Mailing Address Post Office Box 8088 PMB-C

City Newport Beach State CA Zip Code 92660

Purpose of Disbursement
Political Contribution

Candidate Name
Christopher Cox

Office Sought: House
Senate
President

State: CA District: 48

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: B231
Date of Disbursement

09 / 09 / 2004

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)
C. Feinstein for Senate

Mailing Address 801 S. Glencaks Bl. Suite 208

City Burbank State CA Zip Code 91502

Purpose of Disbursement
Political Contribution

Candidate Name
Dianne Feinstein

Office Sought: House
 Senate
President

State: CA District:

Disbursement For: 2008
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: B233
Date of Disbursement

09 / 09 / 2004

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) ▶

750.00

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

**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 13 / 14

<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)
The MICRA Federal PAC of NORCAL Mutual Insurance Company

Full Name (Last, First, Middle Initial)
A. Friends of Congressman Tim Holden

Mailing Address Post Office Box 97

City Saint Clair State PA Zip Code 17970

Purpose of Disbursement
Political Contribution

Candidate Name
Tim Holden

Office Sought: House
Senate
President

State: PA District: 17

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: B234
Date of Disbursement

09 / 09 / 2004

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)
B. Lisa Murkowski for U. S. Senate

Mailing Address Post Office Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement
Political Contribution Debt Retirement

Candidate Name
Lisa Murkowski

Office Sought: House
 Senate
President

State: AK District

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: B239
Date of Disbursement

09 / 28 / 2004

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)
C. Murtha for Congress Committee

Mailing Address 551 Main Street, Suite 220

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Political Contribution

Candidate Name
John Murtha

Office Sought: House
Senate
President

State: PA District: 12

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: B235
Date of Disbursement

09 / 09 / 2004

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

**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 14 / 14

<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)
The MICRA Federal PAC of NORCAL Mutual Insurance Company

Full Name (Last, First, Middle Initial)
A. NORCAL Mutual Insurance Company

Mailing Address 560 Davis Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Printing of Flyer

Candidate Name
Lisa Murkowski

Office Sought: House Disbursement For: 2004
 Senate Primary General
President Other (specify) ▼

State: AK District

011
Category/
Type

Transaction ID: B23B
Date of Disbursement

09 / 11 / 2004

Amount of Each Disbursement this Period

150.80

Full Name (Last, First, Middle Initial)
B. The Hotel Captain Cook (AMEX)

Mailing Address 639 West Fifth Avenue

City Anchorage State AK Zip Code 99501

Purpose of Disbursement
Fundraising Reception

Candidate Name
Lisa Murkowski

Office Sought: House Disbursement For: 2004
 Senate Primary General
President Other (specify) ▼

State: AK District

011
Category/
Type

Transaction ID: B23B
Date of Disbursement

09 / 11 / 2004

Amount of Each Disbursement this Period

1129.50

Full Name (Last, First, Middle Initial)
C. U. S. Postmaster

Mailing Address One Embaradero Center

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Postage

Candidate Name
Lisa Murkowski

Office Sought: House Disbursement For: 2004
 Senate Primary General
President Other (specify) ▼

State: AK District

011
Category/
Type

Transaction ID: B237
Date of Disbursement

09 / 11 / 2004

Amount of Each Disbursement this Period

155.40

SUBTOTAL of Disbursements This Page (optional) ▶

1435.70

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

7685.70