

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Physician Insurers Association of American Political Action Committee

ADDRESS (number and street) 2275 Research Boulevard Ste. 250 Rockville MD 20850-6213

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [01] / [01] / [2015] through [06] / [30] / [2015]

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. Brian K. Atchinson

Signature of Treasurer Mr. Brian K. Atchinson [Electronically Filed] Date [07] / [22] / [2015]

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Physician Insurers Association of American Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="10838.81"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="10838.81"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14000.68"/>	<input type="text" value="14000.68"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="24839.49"/>	<input type="text" value="24839.49"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="459.00"/>	<input type="text" value="459.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="24380.49"/>	<input type="text" value="24380.49"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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 American Political Action Committee

Report Covering the Period: From: / / To: / /

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).....	12550.00	12550.00
(ii) Unitemized	1450.00	1450.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14000.00	14000.00
(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)	14000.00	14000.00
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.).....	0.68	0.68
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 Transfers (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))..... ▶	14000.68	14000.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14000.68	14000.68

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	459.00	459.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	459.00	459.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	459.00	459.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	459.00	459.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	14000.00	14000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14000.00	14000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	459.00	459.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	459.00	459.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 17
	(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"/> 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 American Political Action Committee

A. Dr. James F. Carland III
 Full Name (Last, First, Middle Initial)
 Mailing Address 2602 E Thomas Rd
 City Phoenix State AZ Zip Code 85016-8202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MICA Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2015
Transaction ID : A9EAC7BB8F45444B5A00
 Amount of Each Receipt this Period
600.00

B. Dr. Theodore J. Clarke
 Full Name (Last, First, Middle Initial)
 Mailing Address 25149 US Highway 40
 City Golden State CO Zip Code 80401-9347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COPIC Insurance Occupation Chairman of the Board
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2015
Transaction ID : A89CFC4D127464E83896
 Amount of Each Receipt this Period
300.00

C. Dr. Juan Carlos Cobo
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 S Hope St
 City Los Angeles State CA Zip Code 90071-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAP-MPT Occupation Chairman, Board of Trustees
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2015
Transaction ID : AC29DCD1993A74D7A91D
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 7 OF 17
	<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 American Political Action Committee

A. Dr. Patricia A. Dailey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 Trousdale Dr
 City Burlingame State CA Zip Code 94010-4506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORCAL Mutual Insurance Company Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2015
Transaction ID : A5A0393A3E85D4A339A4
 Amount of Each Receipt this Period
 300.00

B. Mr. Scott Diener
 Full Name (Last, First, Middle Initial)
 Mailing Address 560 Davis St
 City San Francisco State CA Zip Code 94111-1973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORCAL Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : AD68A1E6F8FF64C5086A
 Amount of Each Receipt this Period
 300.00

C. Dr. Lewis N. Estabrooks
 Full Name (Last, First, Middle Initial)
 Mailing Address 2319 Andalusia Way NE
 City Saint Petersburg State FL Zip Code 33704-3535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OMSNIC Occupation Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : AF13FEDC95C294C0E92E
 Amount of Each Receipt this Period
 300.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 17
	(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"/> 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 American Political Action Committee

A. Ms. Alice H. Gannon
 Full Name (Last, First, Middle Initial)
 Mailing Address 6423 Longhouse Ct
 City San Antonio State TX Zip Code 78238-1525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORCAL Mutual Occupation Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2015
Transaction ID : AA78491ABBC034905B71
 Amount of Each Receipt this Period
 300.00

B. Mr. Gregg L. Hanson
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 55178
 One Financial Center
 City Boston State MA Zip Code 02205-5178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coverys Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2015
Transaction ID : AA03BADA9013E44CBBDE
 Amount of Each Receipt this Period
 750.00

C. Mr. Jeffrey Holden
 Full Name (Last, First, Middle Initial)
 Mailing Address 586 Crescent Blvd
 Apt 404
 City Glen Ellyn State IL Zip Code 60137-4122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ISMIE Mutual Insurance Co. Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2015
Transaction ID : A1FFAAC1AB7394D0180B
 Amount of Each Receipt this Period
 600.00

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
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 9 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of American Political Action Committee

A. Dr. Carl T. Hook
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1838
 City Oklahoma City State OK Zip Code 73101-1838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PLICO Occupation CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **600.00**

Date of Receipt **05 / 07 / 2015**
Transaction ID : AC3BB380A3AA84A92BBC
 Amount of Each Receipt this Period **600.00**

B. Ms. Tamara D. Huffman
 Full Name (Last, First, Middle Initial)
 Mailing Address West Virginia Mutual Insurance Com
 500 Virginia Street, East
 City Charleston State WV Zip Code 25301-2164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WV Mutual Insurance Company Occupation Executive Vice President & Chief Opera
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **600.00**

Date of Receipt **05 / 07 / 2015**
Transaction ID : A52446C1E5D144EEF83B
 Amount of Each Receipt this Period **600.00**

C. Mr. Robert M. Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 W Parkway PI
 City Ridgeland State MS Zip Code 39157-6010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Assurance Co. of MS Occupation CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 05 / 2015**
Transaction ID : A344CD1A95DD14C02ADF
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 10 OF 17
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of American Political Action Committee

A. Mr. Stephen J. Langlois
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 55178
 One Financial Center
 City Boston State MA Zip Code 02205-5178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coverys Occupation VP, Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : A2673E648A26949FE86F
 Amount of Each Receipt this Period
 300.00

B. Mr. Ronald E. Malpiedi
 Full Name (Last, First, Middle Initial)
 Mailing Address 2602 E Thomas Rd
 City Phoenix State AZ Zip Code 85016-8202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual Insurance Co. of AZ Occupation Insurance Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : A011DA059F1C34667A59
 Amount of Each Receipt this Period
 300.00

C. Mr. William McDonough
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Berkeley Street
 City Pittston State PA Zip Code 18640-2961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MMIC Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : A06DB33370FD64E8E8A5
 Amount of Each Receipt this Period
 300.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of American Political Action Committee

A. Mr. Joseph G. Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 55178
 One Financial Center
 City Boston State MA Zip Code 02205-5178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coversys Occupation COO
 Receipt For: Primary General Other (specify)

Date of Receipt
 05 / 05 / 2015
Transaction ID : AB5CEAC1D58554E9E9EB
 Amount of Each Receipt this Period
 300.00
 Aggregate Year-to-Date
 300.00

B. Mr. Frank B. O'Neil
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 590009
 City Birmingham State AL Zip Code 35259-0009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ProAssurance Occupation Senior Vice-President
 Receipt For: Primary General Other (specify)

Date of Receipt
 05 / 18 / 2015
Transaction ID : A20CFEFA80E4F4E1F960
 Amount of Each Receipt this Period
 300.00
 Aggregate Year-to-Date
 300.00

C. Ms. Sarah E. Pacini
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 S. Hope Street
 8th Floor
 City Los Angeles State CA Zip Code 90071-3001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cooperative of American Physicians/Mut Occupation CEO
 Receipt For: Primary General Other (specify)

Date of Receipt
 05 / 01 / 2015
Transaction ID : A35BA83F41A614454859
 Amount of Each Receipt this Period
 300.00
 Aggregate Year-to-Date
 300.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of American Political Action Committee

A. Dr. Steve J. Packer
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Huckleberry Ct
 City Monterey State CA Zip Code 93940-4147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community Hospital of Monterey Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : AF6E6D994A9144B17A26
 Amount of Each Receipt this Period
300.00

B. Mr. William Passolt
 Full Name (Last, First, Middle Initial)
 Mailing Address 6133 North River Road Suite 650
 City Rosemont State IL Zip Code 60018-5173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OMS National Insurance Co. Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2015
Transaction ID : AAB640860C77C4428833
 Amount of Each Receipt this Period
600.00

C. Dr. Rebecca J. Patchin
 Full Name (Last, First, Middle Initial)
 Mailing Address 6215 Bob Galbreath Rd.
 City Clinton State WA Zip Code 98236-9527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORCAL Mutual Insurance Company Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : A7F28CA431D3D42F382E
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 OF 17
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of American Political Action Committee

A. Mr. Kurt Scott
Full Name (Last, First, Middle Initial)

Mailing Address 623 SW 10th Ave

City Topeka State KS Zip Code 66612-1615

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

Name of Employer KAMMCO Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
05 / 09 / 2015
Transaction ID : **A7CE04B456D31401BA8A**

Amount of Each Receipt this Period
300.00

B. Dr. Andrew Sew Hoy
Full Name (Last, First, Middle Initial)

Mailing Address 333 S Hope St

City Los Angeles State CA Zip Code 90071-1406

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

Name of Employer Self Occupation Orthopedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
05 / 18 / 2015
Transaction ID : **AF2495F3C416641BC9C0**

Amount of Each Receipt this Period
300.00

C. Dr. Jaan E. Sidorov
Full Name (Last, First, Middle Initial)

Mailing Address PMSLIC Insurance Company
1700 Bent Creek Blvd.

City Mechanicsburg State PA Zip Code 17050-1870

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

Name of Employer NORCAL Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
05 / 18 / 2015
Transaction ID : **A3D5FB1851F0D4D8E934**

Amount of Each Receipt this Period
300.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 17
	<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 American Political Action Committee

A. Dr. Anthony M. Spina
Full Name (Last, First, Middle Initial)

Mailing Address 6133 N. River Road
Ste. 650

City Rosemont State IL Zip Code 60018-5173

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

Name of Employer OMS National Insurance Co. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
05 / 15 / 2015
Transaction ID : **AE2A9E7870D394311A2A**

Amount of Each Receipt this Period
600.00

B. Mr. W. Stancil Starnes
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 590009

City Birmingham State AL Zip Code 35259-0009

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

Name of Employer ProAssurance Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
05 / 26 / 2015
Transaction ID : **ADC9E965946974A64A6A**

Amount of Each Receipt this Period
1000.00

C. Dr. Daniel J. Suiter
Full Name (Last, First, Middle Initial)

Mailing Address 420 Country Club Rd

City Pratt State KS Zip Code 67124-3125

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

Name of Employer KAMMCO Occupation Chairman, Board of Directors

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
05 / 10 / 2015
Transaction ID : **AD6AC297D056043E08FA**

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1900.00

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 15 OF 17
	(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"/> 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 American Political Action Committee

A. Dr. James Q. Swift
Full Name (Last, First, Middle Initial)

Mailing Address University of Minnesota, Dept. of
Moos Tower 7-174

City Minneapolis State MN Zip Code 55455

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

Name of Employer OMSNIC Occupation Chair of Board

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
05 / 18 / 2015
Transaction ID : **A0289EE19DCED40588CA**

Amount of Each Receipt this Period
300.00

B. Dr. Austin Wallace
Full Name (Last, First, Middle Initial)

Mailing Address West Virginia Mutual Insurance Com
500 Virginia Street, East

City Charleston State WV Zip Code 25301-2164

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

Name of Employer WVMIC Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
05 / 04 / 2015
Transaction ID : **AE11BF0ED2CE04F3ABF5**

Amount of Each Receipt this Period
300.00

C. Mr. Paul Weber
Full Name (Last, First, Middle Initial)

Mailing Address 655 Beach St

City San Francisco State CA Zip Code 94109-1342

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

Name of Employer OMIC Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
05 / 08 / 2015
Transaction ID : **A4BE5655236C34DBAAB9**

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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 16 OF 17
(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 American Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jose R. Zorola

Mailing Address P.O. Box 55178
 One Financial Center

City Boston State MA Zip Code 02205-5178

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

Name of Employer Coverys Occupation Chief Underwriting Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 05 / 01 / 2015
Transaction ID : A1DD41DA12CE54BA5A27

Amount of Each Receipt this Period
 300.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	12550.00

**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 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 American Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : B51E749F0E24A487AAA9

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : BD3C2FC6DAC5E48C89ED

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C. Aristotle

Mailing Address 205 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : B65B1A02B748B4F1F8A8

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

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