

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 America Political Action Committee (PIAAPAC)

ADDRESS (number and street) 2275 Research Blvd. Ste. 250 Rockville MD 20850 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER 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) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2014 through 03 / 31 / 2014

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 Mr. Mike Stinson [Electronically Filed] Date 04 / 10 / 2014

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 table with columns for reporting details and FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Physician Insurers Association of America Political Action Committee (PIAAPAC)

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="2014"/>		28924.50
(b) Cash on Hand at Beginning of Reporting Period.....	28924.50	
(c) Total Receipts (from Line 19)	617.23	617.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	29541.73	29541.73
7. Total Disbursements (from Line 31).....	3000.00	3000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	26541.73	26541.73
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. 06/2004)

Write or Type Committee Name

Physician Insurers Association of America Political Action Committee (PIAAPAC)

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).....	600.00	600.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	600.00	600.00
(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)	600.00	600.00
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).....	16.55	16.55
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))..... ▶	617.23	617.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	617.23	617.23

DETAILED SUMMARY PAGE

of Disbursements

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	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.....	3000.00	3000.00
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)) ..	3000.00	3000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	3000.00

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)	600.00	600.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	600.00	600.00
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).....	16.55	16.55
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-16.55	-16.55

**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 OF 8
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 (PIAAPAC)

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : SA11AI.4896
 Amount of Each Receipt this Period
 600.00
 Individual Contribution

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
 M M / D D / Y Y Y Y Y Y
 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
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

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

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 7 OF 8
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
Physician Insurers Association of America

Mailing Address 2275 Research Blvd., Ste. 250

City State Zip Code
Rockville MD 20850

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
16.55

Date of Receipt
MM / DD / YYYY
01 / 27 / 2014
Transaction ID : SA15.4894

Amount of Each Receipt this Period
16.55

Reimbursement for credit card expenses

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
MM / DD / YYYY

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
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	16.55
TOTAL This Period (last page this line number only).....▶	16.55

**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

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 (PIAAPAC)

Full Name (Last, First, Middle Initial)

A. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	26	/	2014

Mailing Address 1519 Washington Street
Second Floor, Suite 200

City Laredo State TX Zip Code 78042

Transaction ID : SB23.4898

Purpose of Disbursement
Campaign contribution

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

HENRY R. CUELLAR

Office Sought: House
 Senate
 President
State: TX District: 28

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. TEXANS FOR SENATOR JOHN CORNYN INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	25	/	2014

Mailing Address PO BOX 13026

City AUSTIN State TX Zip Code 78711

Transaction ID : SB23.4899

Purpose of Disbursement
Campaign contribution

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

JOHN CORNYN

Office Sought: House
 Senate
 President
State: TX District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. UPTON FOR ALL OF US

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2014

Mailing Address P.O. BOX 490

City ST. JOSEPH State MI Zip Code 49085

Transaction ID : SB23.4904

Purpose of Disbursement
Campaign contribution

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

FREDERICK STEPHEN UPTON

Office Sought: House
 Senate
 President
State: MI District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

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

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

3000.00

3000.00
