

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) 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 M M / D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2016 through 09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Atchinson, Brian, K., Mr.,
Type or Print Name of Treasurer

Signature of Treasurer Atchinson, Brian, K., Mr., [Electronically Filed] Date 10 / 14 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2016"/>		27665.84
(b) Cash on Hand at Beginning of Reporting Period.....	24266.50	
(c) Total Receipts (from Line 19)	1485.66	19812.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	25752.16	47477.98
7. Total Disbursements (from Line 31).....	33336.00	38720.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	-7583.84	8757.23
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. 05/2016)

Write or Type Committee Name

Physician Insurers Association of American Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2016 To: M M / D D / Y Y Y Y 09 / 30 / 2016

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).....	800.00	15000.00
(ii) Unitemized	0.00	1625.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	800.00	16625.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	800.00	19125.00
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).....	684.75	684.75
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.91	2.39
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)).....▶	1485.66	19812.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1485.66	19812.14

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	336.00	720.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	336.00	720.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33000.00	38000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	33336.00	38720.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33336.00	38720.75

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	800.00	19125.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	800.00	19125.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	336.00	720.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	684.75	684.75
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-348.75	36.00

**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 OF 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

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. Everett, Gloria, H., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3000 Oak Rd

City Walnut Creek	State CA	Zip Code 94597-2092
----------------------	-------------	------------------------

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

Name of Employer (for Individual) The Mutual RRG Inc	Occupation (for Individual) President & 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
09	/	23	/	2016

Transaction ID : AC707B9844D8A45539E7

Amount of Each Receipt this Period
300.00

Memo Item

B. Hanson, Gregg, L., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Coverys	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2016

Transaction ID : A799A4B6FEB964C1B8BD

Amount of Each Receipt this Period
500.00

Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	800.00

**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 19
<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 checked="" 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. PIAA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2275 Research Boulevard
Ste. 250

City Rockville State MD Zip Code 20850-6213

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.75

Date of Receipt
MM / DD / YYYY
07 / 22 / 2016

Transaction ID : AC5B9D773955A482E815

Amount of Each Receipt this Period
384.75

Memo Item
Credit card fee reimbursement

B. PIAA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2275 Research Boulevard
Ste. 250

City Rockville State MD Zip Code 20850-6213

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
684.75

Date of Receipt
MM / DD / YYYY
08 / 10 / 2016

Transaction ID : AD3655AAAC6AD4339983

Amount of Each Receipt this Period
300.00

Memo Item
Offset of account mgmt fees

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	684.75
TOTAL This Period (last page this line number only).....	684.75

**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"/> 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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C [Redacted]
Transaction ID : B288B71D1F:
 Amount of Each Disbursement this Period
 [Redacted] 13.50

Memo Item

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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

C [Redacted]
Transaction ID : BE94055ACC
 Amount of Each Disbursement this Period
 [Redacted] 22.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Merrill Lynch

Mailing Address 1040 Stoney Hill Road
Ste. 1050

City
Yardley

State
PA

Zip Code
19067-5509

Purpose of Disbursement
Acct. mgmnt. fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	5			2	0	1	6		

FEC Identification Number

C [Redacted]
Transaction ID : B9CE337575
 Amount of Each Disbursement this Period
 [Redacted] 300.00

Memo Item

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

3	3	6	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

3	3	6	.	0	0
---	---	---	---	---	---

**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"/> 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. BERA FOR CONGRESS

Mailing Address POST OFFICE BOX 582496

City Elk Grove State CA Zip Code 95758-0042

Purpose of Disbursement
Candidate contribution

Candidate Name
Bera, Ami, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00461061
Transaction ID : BCC9A2E43C
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BUCSHON FOR CONGRESS

Mailing Address PO BOX 250

City Newburgh State IN Zip Code 47629-0250

Purpose of Disbursement
Candidate contribution

Candidate Name
Bucshon, Larry, D., Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number

C C00468256
Transaction ID : B9EA0ECC23
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address BOX 137

City Spokane State WA Zip Code 99210-0137

Purpose of Disbursement
Candidate contribution

Candidate Name
McMorris Rodgers, Cathy, A., Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2016

FEC Identification Number

C C00390476
Transaction ID : BC91DA639F
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

3000.00

**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"/> 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. COFFMAN FOR CONGRESS

Mailing Address 9249 SOUTH BROADWAY
#200-501

City HIGHLANDS RANCH State CO Zip Code 80129-5690

Purpose of Disbursement
Candidate contribution

Candidate Name
Coffman, Mike, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: CO District: 06

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number

C C00441006

Transaction ID : B233E751498

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DAVID SCOTT FOR CONGRESS

Mailing Address P.O. BOX 960821

City RIVERDALE State GA Zip Code 30296

Purpose of Disbursement
Candidate contribution

Candidate Name
Scott, David, A., Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: GA District: 13

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00369801

Transaction ID : B78FEA13B8

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DIANE BLACK FOR CONGRESS

Mailing Address PO BOX 1437

City Gallatin State TN Zip Code 37066-1437

Purpose of Disbursement
Candidate contribution

Candidate Name
Black, Diane, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2016

FEC Identification Number

C C00472878

Transaction ID : B0449DF4AC

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. DOLD FOR CONGRESS

Mailing Address PO BOX 6312

City
LIBERTYVILLE

State
IL

Zip Code
60048

Purpose of Disbursement
Candidate contribution

Candidate Name

Dold, Robert, J., Rep., Jr.

Office Sought: House
 Senate
 President
State: IL District: 10

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number

C C00465971

Transaction ID : B27CA1FF52

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DR. RAUL RUIZ FOR CONGRESS

Mailing Address PO BOX 6116

City
La Quinta

State
CA

Zip Code
92248-6116

Purpose of Disbursement
Candidate contribution

Candidate Name

Ruiz, Raul, , Rep.,

Office Sought: House
 Senate
 President
State: CA District: 36

Disbursement For: 2016
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2016

FEC Identification Number

C C00502575

Transaction ID : BEEB56EA78

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DUTCH RUPPERSBERGER FOR CONGRESS COMMITTEE

Mailing Address 22 W. PADONIA ROAD
SUITE C-141

City
Timonium

State
MD

Zip Code
21093-2238

Purpose of Disbursement
Candidate contribution

Candidate Name

Ruppersberger, Dutch, , Rep., III

Office Sought: House
 Senate
 President
State: MD District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2016

FEC Identification Number

C C00376673

Transaction ID : B7A1AD693A

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

**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"/> 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. FAMILIES FOR JAMES LANKFORD

Mailing Address PO BOX 1639

City
Bethany

State
OK

Zip Code
73008-1639

Purpose of Disbursement
Candidate contribution

Candidate Name

Lankford, James, P., Sen.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OK District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	6

FEC Identification Number

C C00466482

Transaction ID : BFF197E8DA

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE HECK

Mailing Address PO BOX 750114

City
Las Vegas

State
NV

Zip Code
89136-0114

Purpose of Disbursement
Candidate contribution

Candidate Name

Heck, Joe, J., Rep., Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: NV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	6

FEC Identification Number

C C00468421

Transaction ID : B14D032CC7:

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE HECK

Mailing Address PO BOX 750114

City
Las Vegas

State
NV

Zip Code
89136-0114

Purpose of Disbursement
Candidate contribution

Candidate Name

Heck, Joe, J., Rep., Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	6

FEC Identification Number

C C00468421

Transaction ID : BB5E2AC661

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

**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"/> 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. FRIENDS OF JOHN MCCAIN INC

Mailing Address 228 S WASHINGTON STREET SUITE 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
Candidate contribution

Candidate Name
McCain, John, , Sen., III

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: AZ District:

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00540310
Transaction ID : BBDF87E4CE
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF KELLY AYOTTE

Mailing Address PO BOX 937

City Manchester State NH Zip Code 03105-0937

Purpose of Disbursement
Candidate contribution

Candidate Name
Ayotte, Kelly, A., Sen.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: NH District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number

C C00464297
Transaction ID : BE3E7CB433
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MIA LOVE

Mailing Address PO BOX 255

City Riverton State UT Zip Code 84065-0255

Purpose of Disbursement
Candidate contribution

Candidate Name
Love, Mia, B., Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: UT District: 04

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2016

FEC Identification Number

C C00505776
Transaction ID : BF8D92F832
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

3000.00

**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"/> 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. FRIENDS OF PAT TOOMEY

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
Candidate contribution

Candidate Name
Toomey, Pat, J., Sen.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2016

FEC Identification Number

C C00461046
Transaction ID : BD709C706F
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ROY BLUNT

Mailing Address PO BOX 10178

City Columbia State MO Zip Code 65205-4002

Purpose of Disbursement
Candidate contribution

Candidate Name
Blunt, Roy, D., Sen.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: MO District:

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2016

FEC Identification Number

C C00304758
Transaction ID : B3DA685AC2
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ROY BLUNT

Mailing Address PO BOX 10178

City Columbia State MO Zip Code 65205-4002

Purpose of Disbursement
Candidate contribution

Candidate Name
Blunt, Roy, D., Sen.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: MO District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2016

FEC Identification Number

C C00304758
Transaction ID : B8012224D4
Amount of Each Disbursement this Period
1000.00

Memo Item

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

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. FRIENDS OF TODD YOUNG, INC.

Mailing Address PO BOX 1053

City
Bloomington

State
IN

Zip Code
47402-1053

Purpose of Disbursement
Candidate contribution

Candidate Name

Young, Todd, C., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2016

FEC Identification Number

C C00459255

Transaction ID : B9D9600588c

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GRASSLEY COMMITTEE INC

Mailing Address PO BOX 1000

City
DES MOINES

State
IA

Zip Code
50304

Purpose of Disbursement
Candidate contribution

Candidate Name

Grassley, Chuck, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2016

FEC Identification Number

C C00230482

Transaction ID : B5A484A127f

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City
Bowling Green

State
KY

Zip Code
42102-9639

Purpose of Disbursement
Candidate contribution

Candidate Name

Guthrie, Brett, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2016

FEC Identification Number

C C00445023

Transaction ID : BD7603F03B

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. JENKINS FOR CONGRESS

Mailing Address PO BOX 727

City
Huntington

State
WV

Zip Code
25711-0727

Purpose of Disbursement
Candidate contribution

Candidate Name

Jenkins, Evan, H, ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	6

FEC Identification Number

C C00548271

Transaction ID : B474C4B9CE

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KANSANS FOR MARSHALL

Mailing Address PO BOX 1588

City
GREAT BEND

State
KS

Zip Code
67530

Purpose of Disbursement
Candidate contribution

Candidate Name

Marshall, Roger, W, ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: KS District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	6

FEC Identification Number

C C00576173

Transaction ID : B4B93C9995f

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LISA MURKOWSKI FOR US SENATE

Mailing Address PO BOX 100847

City
ANCHORAGE

State
AK

Zip Code
99510

Purpose of Disbursement
Candidate contribution

Candidate Name

Murkowski, Lisa, A., Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	6

FEC Identification Number

C C00384529

Transaction ID : BBC4816E0f

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

A. MARCO RUBIO FOR US SENATE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 140420

City Miami State FL Zip Code 33114-0420

Purpose of Disbursement
Candidate contribution

Candidate Name
Rubio, Marco, , Sen.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District:

Date of Disbursement: 09 / 16 / 2016

FEC Identification Number: **C00458844**
Transaction ID : **BF961AC2D2**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. NEW PIONEERS PAC

Full Name (Last, First, Middle Initial)
Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Candidate contribution

Candidate Name
NEW PIONEERS PAC

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 16 / 2016

FEC Identification Number: **C00459123**
Transaction ID : **BE1D43C604I**
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. PORTMAN FOR SENATE COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 9856 ARCHER LANE

City Dublin State OH Zip Code 43017-8914

Purpose of Disbursement
Candidate contribution

Candidate Name
Portman, Rob, J., Sen.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: OH District:

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: **C00458463**
Transaction ID : **B82457CCD9I**
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. PORTMAN FOR SENATE COMMITTEE

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 26 / 2016

Mailing Address 9856 ARCHER LANE

FEC Identification Number

C C00458463

Transaction ID : BBC79AFE71

Amount of Each Disbursement this Period

1000.00

Memo Item

City Dublin State OH Zip Code 43017-8914

Purpose of Disbursement
Candidate contribution

Candidate Name

Portman, Rob, J., Sen.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: OH District:

Full Name (Last, First, Middle Initial)

B. RICHARD BURR COMMITTEE; THE

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 26 / 2016

Mailing Address POST OFFICE BOX 5928

FEC Identification Number

C C00385526

Transaction ID : B474475D539

Amount of Each Disbursement this Period

1000.00

Memo Item

City Winston Salem State NC Zip Code 27113-5928

Purpose of Disbursement
Candidate contribution

Candidate Name

Burr, Richard, M., Sen.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: NC District:

Full Name (Last, First, Middle Initial)

C. RON JOHNSON FOR SENATE INC

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 15 / 2016

Mailing Address 219 E WASHINGTON AVE
SUITE 101

FEC Identification Number

C C00482984

Transaction ID : B870349B561

Amount of Each Disbursement this Period

1000.00

Memo Item

City Oshkosh State WI Zip Code 54901-5005

Purpose of Disbursement
Candidate contribution

Candidate Name

Johnson, Ronald, Harold, ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: WI District:

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

3000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2016

Mailing Address 1519 WASHINGTON STREET
SUITE 200

City Laredo State TX Zip Code 78040-4412

Purpose of Disbursement
Candidate contribution

FEC Identification Number

C C00371302

Transaction ID : B7D7B002FD

Amount of Each Disbursement this Period

1000.00

Candidate Name

Cuellar, Henry, R., Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 28

Memo Item

Full Name (Last, First, Middle Initial)

B. TIM MURPHY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2016

Mailing Address PO BOX 24551

City PITTSBURGH State PA Zip Code 15234

Purpose of Disbursement
Candidate contribution

FEC Identification Number

C C00372201

Transaction ID : B344D3F7DC

Amount of Each Disbursement this Period

1000.00

Candidate Name

Murphy, Tim, F., Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 18

Memo Item

Full Name (Last, First, Middle Initial)

C. VOLUNTEERS FOR SHIMKUS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2016

Mailing Address PO BOX 661

City COLLINSVILLE State IL Zip Code 62234-0661

Purpose of Disbursement
Candidate contribution

FEC Identification Number

C C00258855

Transaction ID : B47615B496

Amount of Each Disbursement this Period

1000.00

Candidate Name

Shimkus, John, M., Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 15

Memo Item

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

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

3000.00

33000.00