

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
Medical Professional Liability Association 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 OR AMENDED (N) (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)
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 04 / 01 / 2020 through 06 / 30 / 2020

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 07 / 08 / 2020

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)

Write or Type Committee Name

**Medical Professional Liability Association 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="2020"/>		28509.16
(b) Cash on Hand at Beginning of Reporting Period.....	26620.89	
(c) Total Receipts (from Line 19) .....	9787.09	9912.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	36407.98	38421.48
7. Total Disbursements (from Line 31).....	306.00	2319.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	36101.98	36101.98
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Medical Professional Liability Association 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).....	9450.00	9450.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9450.00	9450.00
(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) .....	9450.00	9450.00
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).....	306.00	306.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	31.09	156.32
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)).....▶	9787.09	9912.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9787.09	9912.32

**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 .....	306.00	319.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	306.00	319.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2000.00
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)) ..	306.00	2319.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	306.00	2319.50

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9450.00	9450.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9450.00	9450.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	306.00	319.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	306.00	306.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	13.50

**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 16
<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)  
**Medical Professional Liability Association Political Action Committee**

**A. Adamo, Victor, T., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1573 Woodridge Pl

City Vestavia Hills	State AL	Zip Code 35216-1657
------------------------	-------------	------------------------

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

Name of Employer (for Individual) The Mutual	Occupation (for Individual) 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
04	/	15	/	2020

**Transaction ID : A2B42C894E8974C0F98B**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Bombaugh, Maryanne, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Financial Center  
675 Atlantic Avenue

City Boston	State MA	Zip Code 02111-2621
----------------	-------------	------------------------

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

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

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
06	/	19	/	2020

**Transaction ID : ACEDC18821F654AEF8CE**

Amount of Each Receipt this Period  
600.00

Memo Item

**C. Calianos, Theodore, A., Dr., II**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Financial Center  
675 Atlantic Avenue

City Boston	State MA	Zip Code 02111-2621
----------------	-------------	------------------------

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

Name of Employer (for Individual) Coverys	Occupation (for Individual) 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
06	/	16	/	2020

**Transaction ID : A625623439BF9479997F**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> 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 16
	<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)  
**Medical Professional Liability Association Political Action Committee**

**A. Driscoll, Michael, B., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Financial Center  
675 Atlantic Avenue

City Boston State MA Zip Code 02111-2621

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
06 / 15 / 2020  
Transaction ID : **AEC6EC0EDA31342FE997**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Gillespie, John, H., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Financial Center  
675 Atlantic Avenue

City Boston State MA Zip Code 02111-2621

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

Name of Employer (for Individual) Coverys Occupation (for Individual) Board Member

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
06 / 16 / 2020  
Transaction ID : **ADBFF26A3E6454807905**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Guyette, Robert, F., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6412 E Maverick Rd

City Paradise Valley State AZ Zip Code 85253-2631

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

Name of Employer (for Individual) Dr. Robert F. Guyette Occupation (for Individual) Oral surgeon

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
05 / 30 / 2020  
Transaction ID : **AFD5CE44D6DA14181A1F**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
	<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)  
**Medical Professional Liability Association Political Action Committee**

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

Mailing Address One Financial Center  
675 Atlantic Avenue

City Boston State MA Zip Code 02111-2621

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 ▼ 1000.00

Date of Receipt 06 / 10 / 2020  
**Transaction ID : AFB2B2101E81944B0A97**

Amount of Each Receipt this Period 1000.00

Memo Item

**B. Johnson, Elizabeth, , Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Financial Center  
675 Atlanic Center

City Boston State MA Zip Code 02111-2621

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt 06 / 17 / 2020  
**Transaction ID : A0D8385C870BD4A419E1**

Amount of Each Receipt this Period 150.00

Memo Item

**C. Langlois, Stephen, J., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Financial Center  
675 Atlantic Avenue

City Boston State MA Zip Code 02111-2621

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

Name of Employer (for Individual) Coverys Occupation (for Individual) VP, Actuary

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 17 / 2020  
**Transaction ID : A880C019EC610455EA5B**

Amount of Each Receipt this Period 300.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1450.00

**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 16
	<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)  
**Medical Professional Liability Association Political Action Committee**

**A. McDonough, William, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7701 France Ave S  
 City Minneapolis State MN Zip Code 55435-5288  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Constellation/MMIC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt 06 / 10 / 2020  
**Transaction ID : ADE6158D82DAA49F4992**  
 Amount of Each Receipt this Period 150.00  
 Memo Item Contribution

**B. Medd, William, L., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 126  
 City Norway State ME Zip Code 04268-0126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical Mutual Insurance Co. of ME Occupation (for Individual) Board Chair  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 15 / 2020  
**Transaction ID : A72D3ACFCF6F74C77928**  
 Amount of Each Receipt this Period 300.00  
 Memo Item Contribution

**C. Mize, John, H., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1065  
 City Brentwood State TN Zip Code 37024-1065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SVMIC Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 24 / 2020  
**Transaction ID : A731D15B20CE14D128CB**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> 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 16
	<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)  
**Medical Professional Liability Association Political Action Committee**

**A. Murphy, Joseph, G., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Financial Center  
 675 Atlantic Avenue  
 City Boston State MA Zip Code 02111-2621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coverys Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 16 / 2020  
**Transaction ID : A592BD6D24C8E4F17B95**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

**B. Passolt, William, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 425 N Martingale Rd  
 Ste 900  
 City Schaumburg State IL Zip Code 60173-2206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OMS National Insurance Co. Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 02 / 2020  
**Transaction ID : A79E531341356426AA3C**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

**C. Richardson, Brenda, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Financial Center  
 675 Atlantic Avenue  
 City Boston State MA Zip Code 02111-2621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coverys Occupation (for Individual) Board Chair  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 18 / 2020  
**Transaction ID : ADFAE9C26823543089F9**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1850.00  
**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 16
<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)  
**Medical Professional Liability Association Political Action Committee**

**A. Richardson, Brenda, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Financial Center  
 675 Atlantic Avenue  
 City Boston State MA Zip Code 02111-2621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coverys Occupation (for Individual) Board Chair  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 26 / 2020  
**Transaction ID : AB98A122DA2E242A4891**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Robertson, Peter, T., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Financial Center  
 675 Atlantic Avenue  
 City Boston State MA Zip Code 02111-2621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coverys Occupation (for Individual) Board Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 15 / 2020  
**Transaction ID : A8F285FB80DBA4CA0A2A**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Sheridan, Robert, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Financial Center  
 675 Atlantic Avenue  
 City Boston State MA Zip Code 02111-2621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coverys Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 23 / 2020  
**Transaction ID : A45DCCD0E50524F21A17**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**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 16
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Medical Professional Liability Association Political Action Committee**

**A. Swift, James, Q., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) OMSNIC Occupation (for Individual) Chair of Board

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 09 / 2020  
**Transaction ID : ADE2EEAA00A1A4FAAA8**

Amount of Each Receipt this Period 600.00

Memo Item

**B. Wallace, Austin, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) WVMIC Occupation (for Individual) President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 19 / 2020  
**Transaction ID : A60F08F4AB6D34DAA920**

Amount of Each Receipt this Period 300.00

Memo Item

**C. Zarlengo, Gerald, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2542 Taft Ct

City Lakewood State CO Zip Code 80215-1100

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

Name of Employer (for Individual) COPIC Insurance Occupation (for Individual) Physician

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 19 / 2020  
**Transaction ID : A40D8CE037B214A359EA**

Amount of Each Receipt this Period 300.00

Memo Item  
Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	9450.00

**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 13 OF 16
<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

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NAME OF COMMITTEE (In Full)  
**Medical Professional Liability Association Political Action Committee**

**A. Medical Professional Liability Association**

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

Mailing Address 2275 Research Blvd  
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 ▼  
306.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2020

**Transaction ID : A909A0E5F0B774B3B9F9**

Amount of Each Receipt this Period  
306.00

Memo Item

**B.**

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

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	306.00
<b>TOTAL</b> This Period (last page this line number only).....	306.00

**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 14 OF 16
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Medical Professional Liability Association Political Action Committee**

**A. Capital One**

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

Mailing Address 7933 Preston Rd

City Plano	State TX	Zip Code 75024-2302
---------------	-------------	------------------------

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 ▼

139.11

Date of Receipt

**04 / 30 / 2020**

**Transaction ID : ACC25D9D4314A4B51951**

Amount of Each Receipt this Period

13.88

Memo Item  
Bank account interest

**B. Capital One**

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

Mailing Address 7933 Preston Rd

City Plano	State TX	Zip Code 75024-2302
---------------	-------------	------------------------

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 ▼

147.76

Date of Receipt

**05 / 29 / 2020**

**Transaction ID : A7994A4A213EA4322BE8**

Amount of Each Receipt this Period

8.65

Memo Item  
Bank account interest

**C. Capital One**

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

Mailing Address 7933 Preston Rd

City Plano	State TX	Zip Code 75024-2302
---------------	-------------	------------------------

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 ▼

156.32

Date of Receipt

**06 / 30 / 2020**

**Transaction ID : ABFAB2278841041DB85E**

Amount of Each Receipt this Period

8.56

Memo Item  
Interest on savings acct

<b>SUBTOTAL</b> of Receipts This Page (optional).....	31.09
<b>TOTAL</b> This Period (last page this line number only).....	31.09

**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)

**Medical Professional Liability Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Aristotle**

Mailing Address 205 Pennsylvania Ave 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	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	2	0

FEC Identification Number

**C** [Redacted]  
**Transaction ID : BEE6BDF78C**  
Amount of Each Disbursement this Period  
[Redacted] 4.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle**

Mailing Address 205 Pennsylvania Ave 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	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	0

FEC Identification Number

**C** [Redacted]  
**Transaction ID : BC24C21CEF**  
Amount of Each Disbursement this Period  
[Redacted] 27.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle**

Mailing Address 205 Pennsylvania Ave 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	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	2	0

FEC Identification Number

**C** [Redacted]  
**Transaction ID : B0D4CD0E61**  
Amount of Each Disbursement this Period  
[Redacted] 45.00

Memo Item

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

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

[Redacted] 76.50
[Redacted]

**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)

**Medical Professional Liability Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Aristotle**

Mailing Address 205 Pennsylvania Ave 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	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	2	0

FEC Identification Number

C [REDACTED]

**Transaction ID : B0D5D72186**  
Amount of Each Disbursement this Period

[REDACTED] 96.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle**

Mailing Address 205 Pennsylvania Ave 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	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	2	0

FEC Identification Number

C [REDACTED]

**Transaction ID : BEB8F3116E**  
Amount of Each Disbursement this Period

[REDACTED] 83.25

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle**

Mailing Address 205 Pennsylvania Ave 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	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	2	0

FEC Identification Number

C [REDACTED]

**Transaction ID : BB221630AC**  
Amount of Each Disbursement this Period

[REDACTED] 49.50

Memo Item

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

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

[REDACTED] 229.50

[REDACTED] 306.00