Image# 14961601132					PAGE 1 / 22
	EPORT OF F ND DISBURS Other Than An Auth	SEMENTS	S	<b>0</b> //	
1. NAME OF TYP	PE OR PRINT V	Example: If typin	a, type	Office U	se Only
COMMITTEE (in full)	- ·	over the lines.	12	2FE4M5	
Physician Insurers Assoc	iation of American I	Political Action		<b>)</b> 	
ADDRESS (number and street)	275 Research Boulevard				
Check if different	Ste. 250				
them musicipality	Rockville			MD 20850	0-6213
2. FEC IDENTIFICATION NUME			STA		ZIP CODE
C C00319319	3. IS RE	THIS N PORT X (N	EW ≬) <b>OR</b>	AMENDED (A)	
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	Report Due On: Mar 2	20 (M3)	lay 20 (M5) un 20 (M6) ul 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)
April 13 Quarterly Report (Q1)         X       July 15 Quarterly Report (Q2)         October 15 Quarterly Report (Q3)	(c) 12-Day <b>PRE</b> -Election Report for the:	Primary (12P) Convention (1		General (12G) Special (12S)	Runoff (12R)
January 31 Year-End Report (YE)	Election	on /	DD/Y	YYYY	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the:	General (30G	)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	on /	D D / Y	YYYY	in the State of
5. Covering Period 04	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through	06 /	D     D     /     Y     Y       30     20	Y Y 14
I certify that I have examined this F	eport and to the best of n	ny knowledge and b	elief it is true,	correct and comple	te.
Type or Print Name of Treasurer	Mr. Brian K. Atchinson				
Signature of Treasurer	K. Atchinson	[Electronically	Filed] Date		D / Y Y Y Y 2014
NOTE: Submission of false, erroneous	, or incomplete information	may subject the pers	on signing this I	Report to the penalti	es of 2 U.S.C. §437g.
Office Use Only					FORM 3X Rev. 12/2004

#### 07/15/2014 15 : 38

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

#### Physician Insurers Association of American Political Action Committee

R	eport Covering the Period: From: 04	M / D D / Y Y Y Y 01 2014 To:	06 / D D / Y Y Y Y 30 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		28924.50
	(b) Cash on Hand at Beginning of Reporting Period	26541.73	
	(c) Total Receipts (from Line 19)	16445.74	17062.97
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	42987.47	45987.47
7.	Total Disbursements (from Line 31)	1360.45	4360.45
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	41627.02	41627.02
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

X

Г	DETAILED SUMMARY PAGE of Receipts	Г
FEC Form 3X (Rev. 06/2004)		Page <b>3</b>
Write or Type Committee Name		
Physician Insurers Association of	American Political Action Committee	9
	04 01 2014 To:	06 / Y Y Y Y 06 30 2014
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	14700.00	15300.00
(i) Itemized (use Schedule A)	7 7	
(ii) Unitemized	1745.00	1745.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	16445.00	17045.00
		0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs) (d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	16445.00	17045.00
12. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
13. All Loans Received	7 7 7	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	16.55
16. Refunds of Contributions Made	/3/3	
to Federal Candidates and Other		
Political Committees	0.00	0.00
17. Other Federal Receipts		
(Dividends, Interest, etc.)	0.74	1.42
18. Transfers from Non-Federal and Levin Fund	IS	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	7 7 7 7	0.00
(b) Lovin Funda (from Cabadula 115)	0.00	0.00
(b) Levin Funds (from Schedule H5)	/3/3	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d),		17000 67
12, 13, 14, 15, 16, 17, and 18(c))▶	16445.74	17062.97
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)►	16445.74	17062.97

Image# 14961601134

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4				
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
. 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	360.45	360.45				
<ul><li>(c) Total Operating Expenditures</li></ul>	300.43	300.43				
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	360.45	360.45				
Committees	0.00	0.00				
Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	4000.00				
Independent Expenditures	0.00	0.00				
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d))						
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
Loan Repayments Made	0.00	0.00				
Loans Made	0.00	0.00				
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	0.00	0.00				
(add Lines 28(a), (b), and (c))►						
Other Disbursements	0.00	0.00				
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity						
(from Schedule H6) (i) Federal Share	0.00	0.00				
<ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activity Paid Entirely</li></ul>	0.00	0.00				
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				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1360.45	4360.45				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1360.45	4360.45				
· · · /	7 7 7	7 7 7				

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#### DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	16445.00	17045.00
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	16445.00	17045.00
<ul> <li>S. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ul>	360.45	360.45
<ul> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ul>	0.00	16.55
8. Net Operating Expenditures (subtract Line 37 from Line 36)	360.45	343.90

FOR LINE NUMBER:

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22

			Detailed Summary Page		11a 13		11b 14	11c	12	17								
	y information copied from such Reports an for commercial purposes, other than using				for the	purp	ose of	soliciting	contrib	utions								
	NAME OF COMMITTEE (In Full)																	
$\rangle$	Physician Insurers Association	on of Americ	an Political Action Co	mmit	tee													
Α.	Full Name (Last, First, Middle Initial) Mr. Brian K. Atchinson				Date o	f Rec	ceipt											
	Mailing Address 13209 Moran Dr				м м 04	/	25	/ Y	2014	Y								
	City	State	Zip Code	Transaction ID : ACA3824DD8D6A4FD78E														
	North Potomac	MD	20878-3924	Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	C		300.00														
	Name of Employer	Occupation President 8																
	Receipt For:		Year-to-Date ▼															
	Primary General	Aggregate		11.														
	Other (specify)		300.00	4														
В.	Full Name (Last, First, Middle Initial) Dr. Jack J. Beller				Date o	f Rec	ceipt											
	Mailing Address 4423 Ridgeline Dr								05 29 _2014 _									
	City Norman	State	Transaction ID : ABE02998BDCE745D8A7															
		OK	73072-1789	Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	С					7		30	0.00								
	Name of Employer	Occupation		_														
	PLICO	Medical Dire	ector															
	Receipt For:	Aggregate	Year-to-Date ▼															
	Primary General	33 - 3 - 4		11.														
	Other (specify)		300.00	4														
с.	Full Name (Last, First, Middle Initial) Ms. Jeanne H. Braun				Date o	f Rec	ceipt											
	Mailing Address PO Box 9007				м м 05	/	D D D	/ Y	2014	Y								
	City	State	Zip Code		Trans	sactio	on ID :	AA8BF7	29B1F5	D47CC84								
	Roslyn	NY	11576-9007		Amoun	t of E	Each R	eceipt thi	is Perio	d								
FEC ID number of contributing federal political committee.		С					,	7	25	0.00								
	Name of Employer	Occupation		_														
	Physicians' Reciprocal Insurers	Executive \	/ice President															
	Receipt For:	Aggregate	Year-to-Date ▼															
	Primary General			<b>1</b>   -														
	Other (specify)		250.00															
s	UBTOTAL of Receipts This Page (optiona	l)					,		85	0.00								

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OF

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		Detailed Summary Page		-	111	_	11c	12	
Any information copied from such Reports	and Statements m	A not be sold or used by any r	erson f	13 or the	purpos		15 soliciting	16 contribu	17 tions
or for commercial purposes, other than usi									
NAME OF COMMITTEE (In Full)									
Physician Insurers Associat	tion of Americ	can Political Action Co	nmitt	tee					
Full Name (Last, First, Middle Initial) A. Mr. Bill Burgess									
¥					f Receip				
Mailing Address 713 Kersey Rd				м м 05		30	/ Y	2014	Y
City	State	Zip Code			action		BD878B		4A6F89
Silver Spring	MD	20902-3054					ceipt this		
FEC ID number of contributing federal political committee.	С							600	.00
Name of Employer	Occupatior	1	_						
	Vice Presic	lent							
Receipt For:	Aggregate	Year-to-Date <b>V</b>							
Primary General		000.00	11.						
Other (specify)		600.00	41.						
Full Name (Last, First, Middle Initial)									
B. Dr. James F. Carland III				Date o	f Receip	pt			
Mailing Address 2602 E Thomas Rd				M M	/ 0	06		Y Y	Y
City	State	Zip Code	-	05		06	791EBD	2014	4047077
Phoenix	AZ	85016-8202					ceipt this		<u>404<i>1</i>011</u>
FEC ID number of contributing			-	anoun				, 1 01104	_
federal political committee.	C				7			500	.00
Name of Employer	Occupation	1							
MICA	CEO								
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General			11.						
Other (specify)		500.00	4						
Full Name (Last, First, Middle Initial) C. Dr. Theodore J. Clarke				Date o	f Receir	ot			
Mailing Address 25149 US Highway 40				м м 05	/ [	15	/ Y	y y 2014	Y
City	State	Zip Code			saction		01FEDB		439AB0
Golden	CO	80401-9347		Amoun	t of Ead	ch Re	ceipt this	S Period	
FEC ID number of contributing	0							200	00
federal political committee.	C			_		-		300	0.00
Name of Employer	Occupatior	1							
COPIC Insurance	Chairman	of the Board							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify)		300.00	11						
		300.00	1						
	I			_		-	_	_	_
SUBTOTAL of Receipts This Page (option	nal)							1400.	.00
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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Physician Insurers Association	on of Americ	an Political Action Co	mmittee
Full Name (Last, First, Middle Initial)         A. Dr. Fabiola Cobarrubias         Mailing Address 38 Ord St         City         San Francisco         FEC ID number of contributing federal political committee.         Name of Employer         NORCAL Mutual Insurance Company         Receipt For:         Primary       General         Other (specify) ▼	State CA Ccupation Director	Zip Code 94114-1415	Date of Receipt 05 / 14 / 2014 Transaction ID : A443DDAB9DDC340799F( Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial)         B.       Dr. Patricia A. Dailey         Mailing Address 1501 Trousdale Dr			Date of Receipt
City Burlingame FEC ID number of contributing	State CA	Zip Code 94010-4506	04     15     2014       Transaction ID : AB117A327658344A0AD4       Amount of Each Receipt this Period       300.00
federal political committee. Name of Employer Anesthesia Care Associates Medical Gro	Occupation Anesthesio		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]
Full Name (Last, First, Middle Initial) C. Mr. M. Walt Davis			Date of Receipt
Mailing Address 2602 E Thomas Rd		7. 0. 1	05 / Y Y Y Y 29 2014
City Phoenix	State AZ	Zip Code 85016-8202	Transaction ID : A9EB01FBAC8464159A70           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer MICA	Occupation Insurance I		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]
SUBTOTAL of Receipts This Page (optional	)		800.00

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Physician Insurers Association of	of Americ	can Political Action Con	nmittee
Α.	Mailing Address 2319 Andalusia Way NE	01-1-	The Order	Date of Receipt
	City Saint Petersburg	State FL	Zip Code 33704-3535	Transaction ID : AE5C24C6396754A08AE2 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation		
	OMSNIC       Receipt For:       Primary       General       Other (specify) ▼	Board Mem	year-to-Date ▼ 250.00	
в.	Full Name (Last, First, Middle Initial) Ms. Gloria H. Everett			Date of Receipt
	Mailing Address 3000 Oak Rd			05 06 _2014 _
	City	State	Zip Code	Transaction ID : A7E406BFED2324E48BD4
	Walnut Creek	CA	94597-2092	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer The Mutual RRG Inc	Occupation		
	Receipt For:	President &		
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 250.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Gregg L. Hanson			Date of Receipt
	Mailing Address Arch St Cove 101			05 03 _2014 _
	City	State	Zip Code	Transaction ID : A832C289DFE8E4A44BA5
	Boston FEC ID number of contributing	MA	02110-1147	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer	Occupation	l	
	Medical Professional Mutual Insurance Receipt For:	CEO		
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			. 1000.00

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••			Detailed Summary Page		<b>(</b> 11a		11b	11c	12					
<u> </u>					13		14	15	16	-	17			
	ny information copied from such Reports and S for commercial purposes, other than using the													
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)		<b>B</b> 10 1 1 2 5											
	Physician Insurers Association	of Americ	an Political Action Cor	nmit	tee									
•	Full Name (Last, First, Middle Initial) Dr. Donald W. Hatton				Data at									
Α.	Mailing Address 404 Maine St			_	Date of			_			_			
	Maining Address 404 Maine St				0 <u>4</u>	1	10	/ Y	2014					
	City	State	Zip Code			act	ion ID : /	A5B8A4			C2591			
	Lawrence	KS	66044-1361				Each Re							
	FEC ID number of contributing federal political committee.	С					7		2	250.0	0			
	Name of Employer	Occupation		_										
	The Reed Medical Group	Chairman c	f the Board											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		050.00	11										
	Other (specify)		250.00	4										
B	Full Name (Last, First, Middle Initial) Dr. Katrina M. Hood				Date of	Re	aceint							
υ.	Mailing Address PO Box 1065			_				/ V	Y	v	7			
	Maining Address FO Box 1005				05	<i>'</i>	20	/ 1	_2014					
	City	State	Zip Code			acti	ion ID : /	AE43C2			48589E			
	Brentwood	TN	37024-1065	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7	- 7	2	250.0	0			
	Name of Employer	Occupation												
	Pediatric & Adolescent Assoc.	Physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		250.00	11										
	Other (specify)		250.00	4										
С.	Full Name (Last, First, Middle Initial) Dr. Carl T. Hook				Date of	Be	eceipt							
	Mailing Address PO Box 1838				M M		D D	/ Y	Y					
	City	State	Zip Code		05 Trans	204	29 ion ID : .	A B0202	2014		C2005			
	Oklahoma City	OK	73101-1838	$\vdash$			Each Re				UZ0DL			
	FEC ID number of contributing federal political committee.	С						, j		600.0	00			
	Name of Employer	Occupation												
	PLICO	CEO												
	Receipt For:		Year-to-Date ▼											
	Primary General	Ayyreyale		11										
	Other (specify)		600.00											
					_			_	_	_	_			
s	UBTOTAL of Receipts This Page (optional)			•			7		11	00.0	0			
<b></b>				_										

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			Detailed Summary Page		<b>X</b> 11a		11b		11c	12										
	y information copied from such Reports and S																			
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to s	olicit co	ntrik	outions	s fro	om such	ı comm	ittee.									
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Physician Insurers Association (	of Americ	an Political Action Cor	nmi	ttee															
/	-																			
^	Full Name (Last, First, Middle Initial) Dr. John Hornby				Data a	f D/	aggint													
Α.	Mailing Address 48 Main St	-									Date of Receipt									
	Maining Address 46 Main St			06 26 _ 2014 _																
	City	State	Zip Code			sact			1A8515		A4995931									
	Old Saybrook	СТ	06475-1564		Amoun	t of	Each	Re	ceipt th	is Perio	d									
	FEC ID number of contributing federal political committee.	С					7		7	25	50.00									
	Name of Employer	Occupation	1	_																
	Connecticut Medical Insurance Co.	Board Mem																		
	Receipt For:	Aggregate	Year-to-Date ▼																	
	Primary General			11.																
	Other (specify)		250.00																	
				_																
R	Full Name (Last, First, Middle Initial) Ms. Tamara D. Huffman				Date o	fRe	eceint													
	Mailing Address West Virginia Mutual Insurance	e Com			M M		D	D	/ Y	V V	V									
	500 Virginia Street, East		05	ľ		8	, ,	2014												
	City	State		Transaction ID : A2B29AF9C7E1E4F2FB/																
	Charleston	WV	25301-2164		Amount of Each Receipt this Period															
	FEC ID number of contributing federal political committee.	С		· · · · ·					600.00											
	Name of Employer	Occupation	 	-																
	WV Mutual Insurance Company	Executive V	ice President & Chief Opera																	
	Receipt For:	Aggregate	Year-to-Date ▼																	
	Primary General			11.																
	Other (specify)		600.00	4																
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Robert M. Jones				Date o	f D/	accipt													
0.	Mailing Address 404 W Parkway Pl						D	D	/	Y Y	V									
					04	ľ		8	, 1	2014										
	City	State	Zip Code		Trans	sact	tion ID	):A	98A9C	DOFEC	EB40D396									
	Ridgeland	MS	39157-6010		Amoun	t of	Each	Re	ceipt th	is Perio	d									
	FEC ID number of contributing federal political committee.				7		7	30	00.00											
	Name of Employer																			
	Medical Assurance Co. of MS	CEO																		
	Receipt For:	Aggregate	Year-to-Date ▼																	
	Primary General	33 - 3		11.																
	Other (specify)		300.00																	
_				-																
										445	0.00									
S	UBTOTAL of Receipts This Page (optional)				<u></u>		7			110	0.00									

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Physician Insurers Associatior	n of Americ	can Political Action Co	mmittee
Full Name (Last, First, Middle Initial)         A.         Mr. Ronald E. Malpiedi         Mailing Address 2602 E Thomas Rd			Date of Receipt
City Phoenix	State AZ	Zip Code 85016-8202	Transaction ID : A138E9B07BA064D6CB5 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer Mutual Insurance Co. of AZ	Occupatior Insurance I		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]
Full Name (Last, First, Middle Initial) B. Dr. Paul C. McNabb II			Date of Receipt
Mailing Address PO Box 1065			04 11 _2014 _
City	State	Zip Code	Transaction ID : A8B1B04C9FE5346169A8
Brentwood	TN	37024-1065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer University of TN	Occupation Medical do		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1
Full Name (Last, First, Middle Initial) C. Mr. John H. Mize			Date of Receipt
Mailing Address PO Box 1065	-		04 / Y Y Y Y Y 04 14 2014
City Brentwood	State TN	Zip Code 37024-1065	Transaction ID : A9138BFF60E954C6B994           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer	Occupation	1	
SVMIC	President &	& CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1
SUBTOTAL of Receipts This Page (optional).			850.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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			Detailed Summary Page	×	11a		-	1b	11c	12						
	y information copied from such Reports and Sta for commercial purposes, other than using the							se of s								
	NAME OF COMMITTEE (In Full) Physician Insurers Association of								511 500	on commu						
	Full Name (Last, First, Middle Initial) Dr. Mark D. Odland Mailing Address HCMC-Surgery Dept. 701 Park Ave City Minneapolis FEC ID number of contributing federal political committee.	State MN	Zip Code 55415-1623	Date of Receipt												
	Name of Employer MMIC Group Receipt For: Primary General Other (specify) ▼		d of Directors Year-to-Date ▼ 300.00													
В.	Full Name (Last, First, Middle Initial) Dr. Steve J. Packer Mailing Address 5 Huckleberry Ct City	State	Zip Code 93940-4147			/ acti	ion	12 1 <b>D : A</b>		2014	Ý 64233BF					
	Monterey         FEC ID number of contributing federal political committee.         Name of Employer         Community Hospital of Monterey         Receipt For:         Primary       General         Other (specify) ▼	Occupation President			Amount	. 01	,		ceipt ti	his Period 250	.00					
C.	Full Name (Last, First, Middle Initial)         Mr. Timothy J. Padovese         Mailing Address 655 Beach St         City         San Francisco         FEC ID number of contributing federal political committee.         Name of Employer         OMIC         Receipt For:         Primary       General         Other (specify)	State CA Occupation President 8 Aggregate				/ acti	ior	09 n ID : /		2014 4EEBDF0 his Period 300	C4091B9					
s	UBTOTAL of Receipts This Page (optional)		•				,		7	850	00					
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NAME OF COMMITTEE (In Full)						_										
Physician Insurers Asso		can Political Action Cor	nmitt	ee												
Full Name (Last, First, Middle Initia Mr. William Passolt	l)			Date of	f Re	eceipt	t									
Mailing Address 6133 North River F Suite 650	Road			м м 04	/		D 15	/ Y	2014	Y						
City	State	Zip Code		Trans	act	ion II	D : A	F086C0	024E0424	FA19D2						
Mundelein	IL	60060	A	Mount	t of	Each	n Re	ceipt th	is Period							
FEC ID number of contributing federal political committee.	C					7		3	600							
Name of Employer	Occupation	1														
OMS National Insurance Co.	President															
Receipt For:	Aggregate	Year-to-Date ▼														
Primary General Other (specify) ▼		600.00	]													
Full Name (Last, First, Middle Initia B. Dr. Rebecca J. Patchin	l)			Date of	f Re	eceipt	t									
Mailing Address 18195 Kross Rd							05 15 2014									
City	State	Zip Code		Transaction ID : A11204D3D1E4743A8901												
Riverside	CA	92508-8897	A	mount	t of	Each	ו Re	ceipt th	is Period							
FEC ID number of contributing federal political committee.	C					7		7	250.	.00						
Name of Employer	Occupation	1	$\neg$													
NORCAL Mutual Insurance Compan	y Director															
Receipt For:	Aggregate	Year-to-Date ▼														
Primary General Other (specify) ▼		250.00	]													
Full Name (Last, First, Middle Initia C. Mr. Kurt Scott	l)			Date of	f Re	eceipt	t									
Mailing Address 623 SW 10th Ave				м м 05	1		09	/ Y	y y 2014	Y						
City	State KS	Zip Code							0D5382C	4757A38						
Торека	KS	66612-1615	A	mount	t of	Each	n Re	ceipt th	is Period							
FEC ID number of contributing federal political committee.	C					7		7	250	.00						
Name of Employer	Occupation	1														
KAMMCO	President 8															
Receipt For:	Aggregate	Year-to-Date ▼														
Primary General		250.00	1													
Other (specify)		250.00														
SUBTOTAL of Receipts This Page (	optional)					7		7	1100.	00						
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Physician Insurers Association	of Americ	an Political Action Cor	nmittee
Α.	Full Name (Last, First, Middle Initial) Dr. Andrew Sew Hoy Mailing Address 333 S Hope St City Los Angeles FEC ID number of contributing federal political committee. Name of Employer Self	State CA C Occupation Orthopedic		Date of Receipt
	Receipt For: Primary General Other (specify) ▼	-	Year-to-Date ▼ 300.00	
в.	Full Name (Last, First, Middle Initial) Mr. Robert Sheridan Mailing Address 16 Camelot Drive			Date of Receipt
	City Hingham	State MA	Zip Code 02043-4866	Transaction ID : A141D944DE0E34864A35           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Coverys	Occupation Board Mem		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Jaan E. Sidorov			Date of Receipt
	Mailing Address PMSLIC Insurance Company 1700 Bent Creek Blvd.	Chatta	Zie Oode	05 / 29 / 2014
	City Mechanicsburg	State PA	Zip Code 17050-1870	Transaction ID : A69FAC0C471884C86A51           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		600.00
	Name of Employer NORCAL			
	Receipt For: Primary General Other (specify) ▼	Physician Aggregate	Year-to-Date ▼ 600.00	
s	UBTOTAL of Receipts This Page (optional)			1400.00

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

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22

		Detailed Summary Page		11a		11b	11c	12							
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NAME OF COMMITTEE (In Full)															
Physician Insurers Associat	ion of Americ	can Political Action Cor	mmitt	ee											
Full Name (Last, First, Middle Initial)				Date of	Rec	eipt									
Mailing Address PO Box 590009				M = M / D = D / Y = Y = Y = Y 04 16 2014											
City	State	Zip Code			actic		A4A0569	990746D4	14CB5						
Birmingham	AL	35259-0009	/					nis Period							
FEC ID number of contributing federal political committee.	C		600.00												
Name of Employer	Occupation	1													
ProAssurance	CEO														
	Aggregate	Year-to-Date ▼													
Other (specify) ▼		600.00													
Full Name (Last, First, Middle Initial) B. Mr. Michael C. Stinson				Date of	Rec	eipt									
Mailing Address 3006 Bryan St				M M	/	D D D 10	/ Y	2014	Y						
City	State	Zip Code			actio		A2E30B		1210 1						
Alexandria	VA	22302-3904	A	Transaction ID : A2F30B248EC50421C/         Amount of Each Receipt this Period         600.00											
FEC ID number of contributing federal political committee.	С														
Name of Employer	Occupation	1													
	Director of	Gov't Relations													
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General			11.												
Other (specify)		600.00													
Full Name (Last, First, Middle Initial) C. Dr. Daniel J. Suiter				Date of	Rec	eipt									
Mailing Address 420 Country Club Rd				м м 05	/	D D D	/ Y	2014	Y						
City	State	Zip Code			actio		A598300	C728D7D	426E87						
Pratt	KS	67124-3125						nis Period							
FEC ID number of contributing federal political committee.	C					,	-	250	.00						
Name of Employer															
КАММСО															
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General Other (specify) ▼		250.00													
SUBTOTAL of Receipts This Page (option	al)						7	1450.	.00						

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An or	y information copied from such Reports and St for commercial purposes, other than using the	atements mand a	I ay not be sold or used by any pendotress of any political committee	erson for to sol	13 or the icit co	purp ntrib	14 pos outic	se of s	15 soliciting om sucl	g conti	6 ributic mittee	17 ons e.
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Physician Insurers Association of	of Americ	can Political Action Con	nmitt	ee							
<b>A</b> .	Full Name (Last, First, Middle Initial)         Dr. James Q. Swift         Mailing Address University of Minnesota, Dept.         Moos Tower 7-174         City         Minneapolis         FEC ID number of contributing federal political committee.         Name of Employer         OMSNIC         Receipt For:         Primary	State MN C Occupation Chair of Bo				/ acti	ion	07 07	/ Y AB82B8 ceipt th	nis Per	4 CDC4	8748C
В.	Other (specify) ▼ Full Name (Last, First, Middle Initial) The Doctors Company Federal PAC	(DOCPA	250.00 C)		Date of	Re	ecei	ipt				
	Mailing Address 185 Greenwood Road City Napa				ion		6DFE3		4 2 <b>DF4</b> E	3E9B4		
	FEC ID number of contributing federal political committee. Name of Employer	CA C	94558-6270	Amount of Each Receipt this Period 750.00 PAC luncheon								0
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00									
C.	Full Name (Last, First, Middle Initial) Dr. Phillip Unger Mailing Address 333 S Hope St				Date of		_	D D	/ Y	Y		
	City Los Angeles	State CA	Zip Code 90071-1406	A					C6969		34945	56965
	FEC ID number of contributing federal political committee.	С				300.0	0					
	Name of Employer         CAP         Receipt For:         Primary         General         Other (specify) ▼	Occupation Board Mem Aggregate										
s	UBTOTAL of Receipts This Page (optional)		••••••		_		5		- 1	13	300.00	)
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soli or for commercial purposes, other than using the name and address of any political committee to solicit contributions from         NAME OF COMMITTEE (in Full)       Physician Insurers Association of American Political Action Committee         Full Name (Last, First, Middle Initial)       A. Dr. R. Austin Wallace       Date of Receipt         Mailing Address West Virginia Mutual Insurance Com       500 Virginia Street, East       Date of Receipt         City       State       Zip Code       Transaction ID : A2Z         Name of Employer       Occupation       Primary       General         Other (specify)       General       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address 655 Beach St       City       State       Zip Code         Mailing Address 655 Beach St       City       State       Zip Code         Mailing Address 655 Beach St       City       State       Zip Code         City       State       Zip Code       Transaction ID : A2Z         San Francisco       CA       94109-1342       Transaction ID : A2E         FEC ID number of contributing federal political committee.       City       State       Zip Code         San Francisco       CA       94109-1342       Transaction ID : A2E	11c 12									
NAME OF COMMITTEE (in Full)         Physician Insurers Association of American Political Action Committee         Full Name (Last, First, Middle Initia)         A. Dr. R. Austin Wallace         Mailing Address West Virginia Mutual Insurance Com         500 Virginia Street, East         City         State       Zip Code         Charleston       WV         FEC ID number of contributing       C         Ideal of Receipt       Amount of Each Receipt         Mailing Address       General         Other (specify) ▼       Occupation         WVMIC       President & CEO         Receipt For:       Aggregate Year-to-Date ▼         Mailing Address 655 Beach St       Other (specify) ▼         Gity       State       Zip Code         San Francisco       CA       94109-1342         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation       Amount of Each Receipt         Mailing Address 333 S Hope St       City       State       Zip Code         Chr. James L. Weidheler       Aggregate Year-to-Date ▼       Transaction ID : A2E         Name of Employer       Occupation       Manager       Amount of Each Receipt         City <td< td=""><td></td></td<>										
Physician Insurers Association of American Political Action Committee         Full Name (Last, First, Middle Initial)         A. Dr. R. Austin Wallace         Mailing Address West Virginia Mutual Insurance Com         500 Virginia Street, East         City         Charleston         WV         FEC ID number of contributing federal political committee.         Name of Employer         WWNC         President & CEO         Receipt For:         Primary         General         Other (specify) ▼         Augregate Year-to-Date ▼         Mailing Address 665 Beach St         City         San Francisco         Cate of Eccipt For:         Primary         General         Other (specify) ▼         Aggregate Year-to-Date ▼         Mailing Address 655 Beach St         City         San Francisco         Cate of Receipt For:         Primary         General         Other (specify) ▼         Aggregate Year-to-Date ▼         Occupation         Mailing Address 333 S Hope St         City       State         City       State         Mailing	such committee.									
Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address West Virginia Mutual Insurance Com       04       30         City       State       Zip Code         City constraints       WV       25301-2164         FEC. ID number of contributing tederal political committee.       C       Agregate Year-to-Date ▼         Name of Employer       Occupation       President & CEO         WVMC       President & CEO       Aggregate Year-to-Date ▼         Primary       General       300.00         FUI Name (Last, First, Middle Initial)       Date of Receipt for:       04         Mailing Address 656 Beach St       C       300.00         Full Name of Employer       Occupation       Occupation         Maling Address 655 Beach St       C       C         Gity       State       Zip Code         San Francisco       C A 94109-1342       C         Receipt For:       Occupation       OManager         Receipt For:       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address 333 Shope St       C       000,00       C         City       State       Zip Code       C         Mailing Address 333 Shope St       C       00071-106       Tos Angeles										
A. Dr. R. Austin Wallace       Date of Receipt         Mailing Address West Virginia Street, East       Zip Code         City       State       Zip Code         Charleston       WV       25301-2164         FEC ID number of contributing tederal political committee.       C       Amount of Each Receipt         Name of Employer       Occupation       President & CEO         WWIC       President & CEO       Aggregate Year-to-Date ▼         Primary       General       Other (specify) ▼       Date of Receipt         B. Mr. Paul Weber       Mailing Address 655 Beach St       Other (specify) ▼       Date of Receipt         Mailing Address 655 Beach St       C       Transaction ID : A2C         Mailing Address 655 Beach St       C       C         Other (specify) ▼       C       Transaction ID : A2E         Name of Employer       Occupation       Manager         PEC ID number of contributing tederal political committee.       C       Aggregate Year-to-Date ▼         Other (specify) ▼       General       Other (specify) ▼       Each Receipt         Mailing Address 333 S Hope St       C       C       Transaction ID : AD2         City       State       Zip Code       C       Transaction ID : AD2         Receipt For:										
Mailing Address West Virginia Mutual Insurance Com       04       04         500 Virginia Street, East       Zip Code         City       State       Zip Code         FEC ID number of contributing federal political committee.       C       Amount of Each Rece         Name of Employer       Occupation       President & CEO         President & CEO       Receipt For:       Aggregate Year-to-Date ▼         Other (specify)       General       300.00         B. Mr. Paul Weber       Date of Receipt         Mailing Address 655 Beach St       C         City       State       Zip Code         San Francisco       CA       94109-1342         FEC ID number of contributing federal political committee.       Aggregate Year-to-Date ▼         Name of Employer       Occupation         Other (specify) ▼       General         Other (specify) ▼       General         Other (specify) ▼       General         City       State       Zip Code         Name of Employer       Occupation         Other (specify) ▼       General         Other (specify) ▼       General         Other (specify) ▼       C         Receipt For:       C         Mailing Address 333 S Hope St										
500 Virginia Street, East       04       30         City       State       Zip Code       Transaction ID: A2X         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt         Name of Employer       Occupation       President & CEO         WVMIC       President & CEO       Aggregate Year-to-Date ▼         Primary       General       300.00         B. Mr. Paul Weber       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address 655 Beach St       C       Year State       Zip Code         City       State       Zip Code       Transaction ID: A2X         San Francisco       CA       94109-1342       Pate of Receipt         FEC ID number of contributing federal political committee.       Occupation Manager       Manager       Aggregate Year-to-Date ▼       Amount of Each Receipt         Name of Employer OMIC       Occupation Manager       Aggregate Year-to-Date ▼       Each Receipt       Transaction ID: A2Z         Receipt For:										
City       State       Zip Code       Transaction ID : A2C         Charleston       WV       25301-2164       Amount of Each Rece         FEC ID number of contributing federal political committee.       C       Aggregate Year-to-Date ▼       C         Name of Employer       Occupation       President & CEO       Aggregate Year-to-Date ▼       Date of Receipt         B. Mr. Paul Weber       Aggregate Year-to-Date ▼       Date of Receipt       Date of Receipt         Mailing Address 655 Beach St       C       Amount of Each Receipt       Transaction ID : A2C         City       State       Zip Code       Transaction ID : A2C         San Francisco       CA       94109-1342       Pare of Receipt         FEC ID number of contributing federal political committee.       Occupation       Manager         Receipt For:       Aggregate Year-to-Date ▼       C       Transaction ID : A2E         Name of Employer       Occupation       Manager       Aggregate Year-to-Date ▼       Date of Receipt         City       State       Zip Code       Transaction ID : A2E       Transaction ID : A2E         Receipt For:       General       Other (specify) ▼       Aggregate Year-to-Date ▼       Other (specify) ▼         City       State       Zip Code       State       Zi	2014									
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federal political committee.       Occupation         Name of Employer       Occupation         WVMIC       President & CEO         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       300.00         B. Mr. Paul Weber       Date of Receipt         Mailing Address 655 Beach St       04         City       State       Zip Code         San Francisco       CA       94109-1342         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         OMIC       Manager         Receipt For:       Occupation         Other (specify) ▼       600.00         Full Name (Last, First, Middle Initial)       C         C. Mr. James L. Weidner       Aggregate Year-to-Date ▼         Mailing Address 333 S Hope St       City         City       State       Zip Code         Los Angeles       CA       90071-1406         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         CA       90071-1406         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation <t< td=""><td>ipt this Period</td></t<>	ipt this Period									
WVMIC       President & CEO         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       300.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address 655 Beach St       Image: Class Francisco       CA         City       State       Zip Code         San Francisco       CA       94109-1342         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         Mailing Address 333 S Hope St       Aggregate Year-to-Date ▼         City       State       Zip Code         Primary       General       General         Other (specify) ▼       General       600.00         FEC ID number of contributing federal political committee.       C       State       Zip Code         City       State       Zip Code       General       Other (specify) ▼         City       State       Zip Code       Transaction ID : ADI         Mailing Address 333 S Hope St       C       Aggregate Year-to-Date ▼       Amount of Each Receipt         City       State       Zip Code       Amount of Each Receipt       Amount of Each Receipt         Receipt For:       Name of Employer       Occupation	300.00									
WVMIC       President & CEO         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       300.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address 655 Beach St       Image: Class Comparison (Class										
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       300.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address 655 Beach St       04       / 30         City       State       Zip Code         San Francisco       CA       94109-1342         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         OMIC       Manager         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       600.00         FEC ID number of contributing federal political committee.       600.00         Full Name (Last, First, Middle Initial)       C         C.       Mr. James L. Weidner       Boate of Receipt         Mailing Address 333 S Hope St       05       29         City       State       Zip Code         Los Angeles       CA       90071-1406         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         CEO       Aggregate Year-to-Date ▼         Rece										
Primary       General       Aggregate real to bate V         Other (specify) ▼       300.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address 655 Beach St       Transaction ID : A2E         City       State       Zip Code         San Francisco       CA       94109-1342         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt         Name of Employer       Occupation       Manager         Receipt For:       Aggregate Year-to-Date ▼       Oate of Receipt         Mailing Address 333 S Hope St       C       State       Zip Code         City       State       Zip Code       Transaction ID : ADE         Mailing Address 333 S Hope St       C       Amount of Each Receipt         City       State       Zip Code       Transaction ID : ADE         Name of Employer       Occupation       Amount of Each Receipt         City       State       Zip Code       Transaction ID : ADE         Name of Employer       Occupation       Aggregate Year-to-Date ▼       Amount of Each Receipt         Receipt For:       Primary       General       Occupation       Amount of Each Receipt         Receipt For:       Aggregate Year-to-Date ▼										
□ Other (specify) ▼       300.00         Full Name (Last, First, Middle Initial)       B. Mr. Paul Weber         Mailing Address 655 Beach St       □         City       State       Zip Code         San Francisco       CA       94109-1342         FEC ID number of contributing federal political committee.       C										
Full Name (Last, First, Middle Initial)         B. Mr. Paul Weber         Mailing Address 655 Beach St         City       State       Zip Code         San Francisco       CA       94109-1342         FEC ID number of contributing federal political committee.       C       Adgregate Year-to-Date ▼         Name of Employer       Occupation       Manager         Receipt For:       Primary       General         Other (specify)) ▼       Aggregate Year-to-Date ▼       Date of Receipt         City       State       Zip Code         Receipt For:       Aggregate Year-to-Date ▼       Date of Receipt         City       State       Zip Code         Mailing Address 333 S Hope St       C       29         City       State       Zip Code         Los Angeles       CA       90071-1406         FEC ID number of contributing federal political committee.       C       Aggregate Year-to-Date ▼         Name of Employer       Occupation       CEO       Aggregate Year-to-Date ▼         Name of Employer       Occupation       CEO       Aggregate Year-to-Date ▼         Primary       General       Aggregate Year-to-Date ▼       Image: Ceo										
B. Mr. Paul Weber       Date of Receipt         Mailing Address 655 Beach St       City         City       State       Zip Code         San Francisco       CA       94109-1342         FEC ID number of contributing tederal political committee.       C       Amount of Each Receipt         Name of Employer       Occupation Manager       Aggregate Year-to-Date ▼         Primary       General       600.00       Date of Receipt         City       State       Zip Code       Zip Code         Mailing Address 333 S Hope St       City       State       Zip Code         City       State       Zip Code       Amount of Each Receipt         Mailing Address 333 S Hope St       City       State       Zip Code         Los Angeles       CA       90071-1406       Amount of Each Receipt         FEC ID number of contributing tederal political committee.       C       Amount of Each Receipt         Name of Employer       Occupation       CEO       Aggregate Year-to-Date ▼         Receipt For:       CEO       Aggregate Year-to-Date ▼       Manount of Each Receipt         Mailing Address pointice       C       Aggregate Year-to-Date ▼       Manount of Each Receipt										
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NAME OF COMMITTEE (In Full) Physician Insurers Association o	f American Political Action Co	mmittee
Full Name (Last, First, Middle Initial)         A.       Dr. Robert L. Wheeler         Mailing Address 200 Maplewood Ave         City         Ronceverte         FEC ID number of contributing federal political committee.         Name of Employer         WVMIC         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         WV       24970-1334         C       C         Occupation       C         Vice chairman       C         Aggregate Year-to-Date ▼         250.00	Date of Receipt
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Ĺ	Physician Insurers Association	of Americ	can Political Action Cor	nmit	tee											
Α.	Full Name (Last, First, Middle Initial) Merrill Lynch				Date of	Re	ecei	pt								
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ITEMIZED DISBURSEMENTS       Use separate schedul(s) br dealed Summary Page       (check only one) 27       23       24       25       26         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commentation schedule purpose, 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         Full Name (Last, First, Middle Initial)       Date of Disbursement Credit Card Processing       Date of Disbursement Candidate Name       2003-1164         Purpose of Disbursement Credit Card Processing       Disbursement For: Primary Credit Card Processing       Disbursement For: Primary Candidate Name       Disbursement For: Primary Candidate Name       Date of Disbursement Category/ Type         Full Name (Last, First, Middle Initial)       B. Aristotle       Date of Disbursement Credit Card Processing       Date of Disbursement Category/ Type         Full Name (Last, First, Middle Initial)       B. Aristotle       Date of Disbursement Credit Card Processing       Date of Disbursement Category/ Type         Mailing Address 206 Pennsylvania Avenue, SE       Disbursement For: President       Disbursement For: Category/ Type       Date of Disbursement this Period         Category/ Transaction ID       Bsonate President       Disbursement For: Category/ Type       Transaction ID       BsouPESC784A34	SC	CHEDULE B (FEC Form 3X)			F	OR	LINE	ΞN	NUMBER: PAGE 21 OF 22										
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Physician Insurers Association of American Political Action Committee         Full Name (Last, First, Middle Initial)         A. Aristotle         Mailing Address 205 Pennsylvania Avenue, SE         City         Credit Carl Processing         Candidate Name         Office Sought:         House         Disbursement         Credit Carl Processing         Candidate Name         Office Sought:         House         Disbursement         City         State:         Disbursement         City         Mailing Address         Coth Carl Processing         City         State:         Disbursement         Disbursement         Mailing Address         City         Cardidate Name         Cardidate Name         Cardidate Name         City         State:         Disbursement         City         Cardidate Name         City         Cardidate Name         City         City         State:       Disbursement For:         President       Disbursement For:																	;		
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER PAGE 22 OF 22											
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)											
	Detailed Summary Page	21b	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$											
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam		d by any perso	on for the purpose of soliciting contributions											
NAME OF COMMITTEE (In Full)														
Physician Insurers Association of A	merican Political Ac	tion Comn	nittee											
Full Name (Last, First, Middle Initial) A. DAVID SCOTT FOR CONGRESS			Date of Disbursement											
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,	GA Zip Code GA 30296		Transaction ID : BA29A96835A68407088F											
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