

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.

Physician Insurers Association of American Political Action Committee

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

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

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 / / in the State of

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Brian K. Atchinson

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

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>		28924.50
(b) Cash on Hand at Beginning of Reporting Period.....	26541.73	
(c) Total Receipts (from Line 19)	16445.74	17062.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	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 TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Physician Insurers Association of American Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14700.00	15300.00
(ii) Unitemized	1745.00	1745.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16445.00	17045.00
(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)	16445.00	17045.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	16.55
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.74	1.42
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))..... ▶	16445.74	17062.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16445.74	17062.97

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	360.45	360.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	360.45	360.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	4000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1360.45	4360.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1360.45	4360.45

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

**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 22
	<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	

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. Mr. Brian K. Atchinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 13209 Moran Dr
 City North Potomac State MD Zip Code 20878-3924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation 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
 04 / 25 / 2014
Transaction ID : ACA3824DD8D6A4FD78E8
 Amount of Each Receipt this Period
 300.00

B. Dr. Jack J. Beller
 Full Name (Last, First, Middle Initial)
 Mailing Address 4423 Ridgeline Dr
 City Norman State OK Zip Code 73072-1789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation PLICO Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2014
Transaction ID : ABE02998BDCE745D8A7A
 Amount of Each Receipt this Period
 300.00

C. Ms. Jeanne H. Braun
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 9007
 City Roslyn State NY Zip Code 11576-9007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Physicians' Reciprocal Insurers Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : AA8BF729B1F5D47CC84F
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Bill Burgess
 Full Name (Last, First, Middle Initial)
 Mailing Address 713 Kersey Rd
 City Silver Spring State MD Zip Code 20902-3054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : ABD878B25E7A14A6F89D
 Amount of Each Receipt this Period
 600.00

B. Dr. James F. Carland III
 Full Name (Last, First, Middle Initial)
 Mailing Address 2602 E Thomas Rd
 City Phoenix State AZ Zip Code 85016-8202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2014
Transaction ID : A791EBD6C43E14847877
 Amount of Each Receipt this Period
 500.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : A01FEDBF60F8E439AB0A
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00
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 8 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Fabiola Cobarrubias
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 Ord St
 City San Francisco State CA Zip Code 94114-1415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORCAL Mutual Insurance Company Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 14 / 2014**
Transaction ID : A443DDAB9DDC340799FC
 Amount of Each Receipt this Period **250.00**

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

Date of Receipt **04 / 15 / 2014**
Transaction ID : AB117A327658344A0AD4
 Amount of Each Receipt this Period **300.00**

C. Mr. M. Walt Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 2602 E Thomas Rd
 City Phoenix State AZ Zip Code 85016-8202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MICA Occupation Insurance Exec
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 29 / 2014**
Transaction ID : A9EB01FBAC8464159A70
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **800.00**
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 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Lewis N. Estabrooks
Full Name (Last, First, Middle Initial)

Mailing Address 2319 Andalusia Way NE

City Saint Petersburg State FL Zip Code 33704-3535

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

Name of Employer OMSNIC Occupation Board Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
04 / 12 / 2014
Transaction ID : AE5C24C6396754A08AE2

Amount of Each Receipt this Period
250.00

B. Ms. Gloria H. Everett
Full Name (Last, First, Middle Initial)

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 The Mutual RRG Inc Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 06 / 2014
Transaction ID : A7E406BFED2324E48BD4

Amount of Each Receipt this Period
250.00

C. Mr. Gregg L. Hanson
Full Name (Last, First, Middle Initial)

Mailing Address Arch St Cove 101

City Boston State MA Zip Code 02110-1147

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

Name of Employer Medical Professional Mutual Insurance Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 03 / 2014
Transaction ID : A832C289DFE8E4A44BA5

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Donald W. Hatton
Full Name (Last, First, Middle Initial)

Mailing Address 404 Maine St

City Lawrence State KS Zip Code 66044-1361

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

Name of Employer The Reed Medical Group Occupation Chairman of the Board

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2014

Transaction ID : A5B8A4CBD24C84C25910

Amount of Each Receipt this Period
 250.00

B. Dr. Katrina M. Hood
Full Name (Last, First, Middle Initial)

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 Pediatric & Adolescent Assoc. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2014

Transaction ID : AE43C20D66E164A8589E

Amount of Each Receipt this Period
 250.00

C. Dr. Carl T. Hook
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1838

City Oklahoma City State OK Zip Code 73101-1838

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

Name of Employer PLICO Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2014

Transaction ID : AB9302C02F90941C28BD

Amount of Each Receipt this Period
 600.00

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
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 22
<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)
Physician Insurers Association of American Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. John Hornby		Date of Receipt MM / DD / YYYY 06 / 26 / 2014 Transaction ID : A1A8515B8173A4995931
Mailing Address 48 Main St		Amount of Each Receipt this Period 250.00
City Old Saybrook	State CT	Zip Code 06475-1564
FEC ID number of contributing federal political committee. C		
Name of Employer Connecticut Medical Insurance Co.	Occupation Board Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms. Tamara D. Huffman		Date of Receipt MM / DD / YYYY 05 / 08 / 2014 Transaction ID : A2B29AF9C7E1E4F2FBA7
Mailing Address West Virginia Mutual Insurance Com 500 Virginia Street, East		Amount of Each Receipt this Period 600.00
City Charleston	State WV	Zip Code 25301-2164
FEC ID number of contributing federal political committee. C		
Name of Employer WV Mutual Insurance Company	Occupation Executive Vice President & Chief Opera	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Mr. Robert M. Jones		Date of Receipt MM / DD / YYYY 04 / 18 / 2014 Transaction ID : A98A9CD0FCECB40D3960
Mailing Address 404 W Parkway PI		Amount of Each Receipt this Period 300.00
City Ridgeland	State MS	Zip Code 39157-6010
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Assurance Co. of MS	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
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 22
<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)
Physician Insurers Association of American Political Action Committee

A. Mr. Ronald E. Malpiedi
Full Name (Last, First, Middle Initial)

Mailing Address 2602 E Thomas Rd

City Phoenix State AZ Zip Code 85016-8202

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

Name of Employer Mutual Insurance Co. of AZ Occupation Insurance Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : A138E9B07BA064D6CB5C

Amount of Each Receipt this Period
 300.00

B. Dr. Paul C. McNabb II
Full Name (Last, First, Middle Initial)

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 University of TN Occupation Medical doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2014

Transaction ID : A8B1B04C9FE5346169A8

Amount of Each Receipt this Period
 250.00

C. Mr. John H. Mize
Full Name (Last, First, Middle Initial)

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 SVMIC Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2014

Transaction ID : A9138BFF60E954C6B994

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Mark D. Odland
Full Name (Last, First, Middle Initial)

Mailing Address HCMC-Surgery Dept.
701 Park Ave

City Minneapolis State MN Zip Code 55415-1623

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

Name of Employer MMIC Group
Occupation Chair, Board of Directors

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 06 / 2014
Transaction ID : A2D236F6E3F244983913

Amount of Each Receipt this Period
300.00

B. Dr. Steve J. Packer
Full Name (Last, First, Middle Initial)

Mailing Address 5 Huckleberry Ct

City Monterey State CA Zip Code 93940-4147

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

Name of Employer Community Hospital of Monterey
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 12 / 2014
Transaction ID : A84FB89DCBBD64233BF3

Amount of Each Receipt this Period
250.00

C. Mr. Timothy J. Padovese
Full Name (Last, First, Middle Initial)

Mailing Address 655 Beach St

City San Francisco State CA Zip Code 94109-1342

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

Name of Employer OMIC
Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
05 / 09 / 2014
Transaction ID : A08AA4EEBDF0C4091B9D

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. William Passolt		Date of Receipt
Mailing Address 6133 North River Road Suite 650		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Mundelein	State IL	Zip Code 60060
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AF086C024E0424FA19D2
Name of Employer OMS National Insurance Co.	Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="600.00"/>
	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. Rebecca J. Patchin		Date of Receipt
Mailing Address 18195 Kross Rd		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Riverside	State CA	Zip Code 92508-8897
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A11204D3D1E4743A8901
Name of Employer NORCAL Mutual Insurance Company	Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. Kurt Scott		Date of Receipt
Mailing Address 623 SW 10th Ave		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City Topeka	State KS	Zip Code 66612-1615
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A9CA070D5382C4757A38
Name of Employer KAMMCO	Occupation President & CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1100.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 15 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Andrew Sew Hoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 S Hope St
 City Los Angeles State CA Zip Code 90071-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2014
Transaction ID : AC99579F2E3374598AC5
 Amount of Each Receipt this Period
 300.00
 Aggregate Year-to-Date ▼
 300.00

B. Mr. Robert Sheridan
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Camelot Drive
 City Hingham State MA Zip Code 02043-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coverys Occupation Board Member
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2014
Transaction ID : A141D944DE0E34864A35
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

C. Dr. Jaan E. Sidorov
 Full Name (Last, First, Middle Initial)
 Mailing Address PMSLIC Insurance Company
 1700 Bent Creek Blvd.
 City Mechanicsburg State PA Zip Code 17050-1870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORCAL Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2014
Transaction ID : A69FAC0C471884C86A51
 Amount of Each Receipt this Period
 600.00
 Aggregate Year-to-Date ▼
 600.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00
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 16 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. W. Stancil Starnes
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 590009
 City Birmingham State AL Zip Code 35259-0009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ProAssurance Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2014
Transaction ID : A4A056990746D414CB55
 Amount of Each Receipt this Period
 600.00

B. Mr. Michael C. Stinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3006 Bryan St
 City Alexandria State VA Zip Code 22302-3904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Director of Gov't Relations
 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 / 10 / 2014
Transaction ID : A2F30B248EC50421CA17
 Amount of Each Receipt this Period
 600.00

C. Dr. Daniel J. Suiter
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 Country Club Rd
 City Pratt State KS Zip Code 67124-3125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KAMMCO Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : A59830C728D7D426E87A
 Amount of Each Receipt this Period
 250.00

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 17 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

City Minneapolis State MN Zip Code 55455

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

Name of Employer OMSNIC Occupation Chair of Board

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2014

Transaction ID : AB82B8126ECDC48748C5

Amount of Each Receipt this Period
 250.00

B. The Doctors Company Federal PAC (DOCPAC)
Full Name (Last, First, Middle Initial)

Mailing Address 185 Greenwood Road

City Napa State CA Zip Code 94558-6270

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2014

Transaction ID : A6DFE3B9472DF4BE9B4D

Amount of Each Receipt this Period
 750.00

PAC luncheon

c. Dr. Phillip Unger
Full Name (Last, First, Middle Initial)

Mailing Address 333 S Hope St

City Los Angeles State CA Zip Code 90071-1406

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

Name of Employer CAP Occupation Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2014

Transaction ID : AC696946B83494556965

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 18 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. R. Austin Wallace
 Full Name (Last, First, Middle Initial)
 Mailing Address West Virginia Mutual Insurance Com
 500 Virginia Street, East
 City Charleston State WV Zip Code 25301-2164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WVMIC Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : A2CB73F1626834AAE8C2
 Amount of Each Receipt this Period
 300.00

B. Mr. Paul Weber
 Full Name (Last, First, Middle Initial)
 Mailing Address 655 Beach St
 City San Francisco State CA Zip Code 94109-1342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OMIC Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : A2B338D08A8D042609C9
 Amount of Each Receipt this Period
 600.00

C. Mr. James L. Weidner
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 S Hope St
 City Los Angeles State CA Zip Code 90071-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAP Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2014
Transaction ID : AD7B49DEB571641489D7
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Robert L. Wheeler

Mailing Address 200 Maplewood Ave

City Ronceverte State WV Zip Code 24970-1334

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

Name of Employer WVMIC Occupation vice chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : A6C8FD348471D4E568E8

Amount of Each Receipt this Period
 250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	14700.00

**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 20 OF 22
<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)
Physician Insurers Association of American Political Action Committee

Full Name (Last, First, Middle Initial) A. Merrill Lynch		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 Transaction ID : A561E1876EA7D45B0B82
Mailing Address 1040 Stoney Hill Road Ste. 1050		Amount of Each Receipt this Period 0.22
City Yardley	State PA	Zip Code 19067-5509
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1.11	

Full Name (Last, First, Middle Initial) B. Merrill Lynch		Date of Receipt MM / DD / YYYY 04 / 30 / 2014 Transaction ID : ABB66A8817F154251BC8
Mailing Address 1040 Stoney Hill Road Ste. 1050		Amount of Each Receipt this Period 0.21
City Yardley	State PA	Zip Code 19067-5509
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.89	

Full Name (Last, First, Middle Initial) C. Merrill Lynch		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : A5B03F3097E36445EA9C
Mailing Address 1040 Stoney Hill Road Ste. 1050		Amount of Each Receipt this Period 0.31
City Yardley	State PA	Zip Code 19067-5509
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1.42	

SUBTOTAL of Receipts This Page (optional).....▶	0.74
TOTAL This Period (last page this line number only).....▶	0.74

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Physician Insurers Association of American Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2014

Transaction ID : B6914A3C43A8A4505845

Amount of Each Disbursement this Period

334.35

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2014

Transaction ID : B50ADE5C784A34C09AA1

Amount of Each Disbursement this Period

26.10

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

360.45

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

360.45

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Physician Insurers Association of American Political Action Committee

Full Name (Last, First, Middle Initial)

A. DAVID SCOTT FOR CONGRESS

Mailing Address P.O. BOX 960821

City RIVERDALE State GA Zip Code 30296

Purpose of Disbursement

Candidate Name

Rep. David A. Scott

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2014

Transaction ID : BA29A96835A68407088F

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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

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

1000.00

1000.00
