PAGE 1 / 14

Image# 201601299004734185

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	For Other Than An Au	thorized Committee	Office	Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Physician Insurers Ass	ociation of Americar	n Political Action Comm	ttee	
ADDRESS (number and street)	2275 Research Boulevard			
Check if different than previously reported. (ACC)	Ste. 250 Rockville		MD 208	50-6213
2. FEC IDENTIFICATION NU	JMBER ▼ CI	TY▲	STATE A	ZIP CODE ▲
C C00319319		IS THIS NEW (N) OR	AMENDEI (A)	D
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Quarterly Report (Q	Report Due On: Ma Ap (c) 12-Day PRE-Election	b 20 (M2)		(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
October 15 Quarterly Report (Q January 31 Year-End Report (Y July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	E) Election (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	in the State of Special (30S) in the State of
5. Covering Period 07		through 12	31 2	2015
I certify that I have examined the Type or Print Name of Treasurer	•	f my knowledge and belief it is	true, correct and comp	lete.
Signature of Treasurer Mr. B	rian K. Atchinson	[Electronically Filed]		29 / 2016
NOTE: Submission of false, errone	eous, or incomplete information	on may subject the person signing	this Report to the pena	alties of 2 U.S.C. §437g.
Office Use Only			FE	C FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Physician Insurers Association of American Political Action Committee

Report Covering the Period: From: 07 01 2015 To: 12 31 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		10838.81
	(b) Cash on Hand at Beginning of Reporting Period	10838.81	
	(c) Total Receipts (from Line 19)	6799.10	20799.78
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	17637.91	31638.59
7.	Total Disbursements (from Line 31)	3513.75	3972.75
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14124.16	27665.84
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

R	eport Covering the Period: From: 07	01 2015 To:	12 31 2015
	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)	5200.00	17750.00
	(ii) Unitemized(iii) TOTAL (add	625.00	2075.00
	Lines 11(a)(i) and (ii)▶	5825.00	19825.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	5825.00	19825.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
10.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	972.75	972.75
16.	Refunds of Contributions Made to Federal Candidates and Other		
17.	Political Committees Other Federal Receipts	0.00	0.00
18.	(Dividends, Interest, etc.)	1.35	2.03
	(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))▶	6799.10	20799.78
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	6799.10	20799.78

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal	1000 11110 1 01100	Calelidal Teal-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Neg Federal Chara	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	513.75	972.75
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ▶	513.75	972.75
Transfers to Affiliated/Other Party	0.00	0.00
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	3000.00	3000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures		
(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		0.00
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
(656) 45 17166/	7	
(d) Total Contribution Refunds	0.00	
(add Lines 28(a), (b), and (c))▶	0.00	0.00
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
(I) I EUEIAI GIIAIE	3.00	
(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
Ellies so(a)(i), so(a)(ii) and so(b))		5.60
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3513.75	3972.75
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	3513.75	3972.75

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5825.00	19825.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5825.00	19825.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	513.75	972.75
7. Offsets to Operating Expenditures (from Line 15, page 3)	972.75	972.75
8. Net Operating Expenditures (subtract Line 37 from Line 36)	-459.00	0.00

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

FOR LINE NUMBER: PAGE 6 OF 14 U fo D

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or each category of the letailed Summary Page	×	11a		11b		11c		12			
		13		14		15		16	;		17

	g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) Physician Insurers Association	on of American Political Action Com	mittee
Full Name (Last, First, Middle Initial) Mr. Victor T. Adamo Mailing Address 3000 Oak Road Ste. 600 City Walnut Creek FEC ID number of contributing federal political committee. Name of Employer The Mutual Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code CA 94597-2071 C Occupation Director Aggregate Year-to-Date ▼ 300.00	Date of Receipt 07 01 2015 Transaction ID : AF6132ED12B254671879 Amount of Each Receipt this Period 300.00
Mr. Brian K. Atchinson Mailing Address 13209 Moran Dr City North Potomac FEC ID number of contributing federal political committee. Name of Employer PIAA Receipt For: Primary General Other (specify) ▼	State Zip Code MD 20878-3924 C Occupation President & CEO Aggregate Year-to-Date ▼ 300.00	Date of Receipt 11 16 2015 Transaction ID : AB017C9344DCD4CC7BE Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Dr. Sandra Beretta Mailing Address NORCAL Mutual Insurance 348 Barbara Way City Benicia FEC ID number of contributing federal political committee. Name of Employer NORCAL Receipt For: Primary General Other (specify)	State Zip Code CA 94510 C Occupation Board Member Aggregate Year-to-Date ▼ 600.00	Date of Receipt 11 09 2015 Transaction ID: A2CDFCAF2645F4553A4 Amount of Each Receipt this Period 600.00
SUBTOTAL of Receipts This Page (optional	l) >	1200.00
TOTAL This Period (last page this line num	ber only)	

SCHEDULE A (FEC Form 3X) IT

CHEDULE A (FEC Form 3X)		FOR LINE NUMBER:	PAGE	7 OF	14		
,	Use separate schedule(s)	(check only one)					
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 13	11c	12			
Any information copied from such Reports and Statements ma	ay not be sold or used by any pe			16 ontributio	ons		
r for commercial purposes, other than using the name and a	ddress of any political committee	to solicit contributions from	n such c	ommitte	ə.		
NAME OF COMMITTEE (In Full)		•					

Physician Insurers Associa	tion of American Political Action Com	mittee
Full Name (Last, First, Middle Initial) A. Dr. Patricia A. Dailey		Date of Receipt
Mailing Address 1501 Trousdale Dr		11 14 2015
City Burlingame	State Zip Code CA 94010-4506	Transaction ID : AF2FE482ECC4047AFB30 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer NORCAL Mutual Insurance Company Receipt For: Primary General	Occupation Anesthesiologist Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Ms. Gloria H. Everett Mailing Address 3000 Oak Rd	300.00	Date of Receipt 07 07 2015
City Walnut Creek FEC ID number of contributing	State Zip Code CA 94597-2092	Transaction ID : A1485F3C435ED425FB2D Amount of Each Receipt this Period 1500.00
federal political committee. Name of Employer The Mutual RRG Inc Receipt For:	Occupation President & CEO	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Ms. Alice H. Gannon Mailing Address 6423 Longhouse Ct		Date of Receipt
City San Antonio	State Zip Code TX 78238-1525	11 06 2015 Transaction ID : A1D9F5013AB8C4896919 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer NORCAL Mutual	Occupation Board Member	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (option	nal)	2000.00
TOTAL This Period (last page this line no	umber only)	

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

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

FOF	R LINE	NU	IMBER	:	PAGE	8	OF	14
(che	ck only	or or	ne)					
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	13		14		15	16	;	17

or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) Physician Insurers Association	on of American Political Action Com	mittee
Full Name (Last, First, Middle Initial) A. Ms. Diane Koken		Date of Receipt
Mailing Address 1102 Oakmont Dr		11 23 2015
City	State Zip Code	Transaction ID : A14535C4EDF5848A6A74
Lancaster	PA 17601-5074	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer	Occupation	1
NORCAL	Board Member	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Mr. John H. Mize	<u>'</u>	Date of Receipt
Mailing Address PO Box 1065		M = M / D = D / Y = Y = Y
City	State Zip Code	11 04 2015
City Brentwood	TN 37024-1065	Transaction ID : AA26ECDC37B4C4D8291
_	37024-1000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
SVMIC	President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Rebecca J. Patchin	l	Date of Receipt
Mailing Address 6215 Bob Galbreath Rd.		11 24 _ 2015 _
City	State Zip Code	Transaction ID : A2A0218A67E4B4D44948
Clinton	WA 98236-9527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	-
NORCAL Mutual Insurance Company	Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line numl	ber only)	

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

	FOR LINE NUMBER: PAGE 9 OF	14
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12	
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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 soliciting contributions

	using the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Physician Insurers Associa	ation of American Political Action Comr	mittee
Full Name (Last, First, Middle Initial) Dr. Jaan E. Sidorov Mailing Address BMSUG Incureose Co		Date of Receipt
Mailing Address PMSLIC Insurance Co	i.	11 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : A8BB9A53002AB4F7CA3
Mechanicsburg	PA 17050-1870	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	600.00
Name of Employer	Occupation	7
NORCAL	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	900.00	
Full Name (Last, First, Middle Initial) Mr. Michael C. Stinson		Date of Receipt
Mailing Address 3006 Bryan St		M = M / D = D / Y = Y = Y
City	State 7in Code	12 21 2015
City Alexandria	State Zip Code VA 22302-3904	Transaction ID : AB5B91B000CB54164821
Alexandria	VA 22302-3904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	7
PIAA	Director of Gov't Relations]
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)	·	Date of Receipt
Mailing Address		Mam / Dad / Yayayay
City	State Zip Code	
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer	Occupation	-
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	55 -5 153. 15 54.0 7	
Other (specify) ▼		
SUBTOTAL of Receipts This Page (opti	ional)	900.00
TOTAL This Period (last page this line)	number only)	5200.00

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SCHEDULE A (FEC Form	3X) Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 OF 14 (check only one)									
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 X 15 16 17									
or for commercial purposes, other than us	s and Statements may not be sold or used by any sing the name and address of any political commit	y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Physician Insurers Associa	ation of American Political Action C	ommittee									
Full Name (Last, First, Middle Initial) PIAA		Date of Receipt									
Mailing Address 2275 Research Boulev Ste. 250	rard	08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
City Rockville	State Zip Code MD 20850-6213	Transaction ID : A615EA7EB658C4E8C892									
FEC ID number of contributing federal political committee.	C 20030-0213	Amount of Each Receipt this Period 459.00									
Name of Employer	Occupation	Credit card processing fees									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 459.00										
Full Name (Last, First, Middle Initial) B. PIAA		Date of Receipt									
Mailing Address 2275 Research Boulev Ste. 250	ard	10 26 2015									
City Rockville	State Zip Code MD 20850-6213	Transaction ID : A6C55F4A205574DFF82E									
FEC ID number of contributing federal political committee.	MD 20850-6213	Amount of Each Receipt this Period 300.00									
Name of Employer	Occupation										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 759.00										
Full Name (Last, First, Middle Initial) C. PIAA		Date of Receipt									
Mailing Address 2275 Research Bouler Ste. 250		12 21 2015									
City Rockville	State Zip Code MD 20850-6213	Transaction ID : AFFCF1B382EA34AC987 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	ederal political committee.										
Name of Employer											
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 972.75										
SUBTOTAL of Receipts This Page (optic	onal)	972.75									
TOTAL This Period (last nage this line n		972.75									

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

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	CHEDULE B (FEC Form 3X)	Use separate schedule(s	, , TOTT EINE NOMBER.					GE 11	OF 14			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check only 21b 27	one) 22 28a	23 28b	24 28c	25 29	26 30b			
Ar	y information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may not be sold or u	ised l	by any perso	n for the p	ourpose o	of soliciting	contrib	utions			
7	NAME OF COMMITTEE (In Full)	To all a address of all point										
	Physician Insurers Association of A	American Political A	Actic	on Comm	ittee							
Δ.	Full Name (Last, First, Middle Initial) Aristotle				Date of	Disburse	ement					
	Anstotie		M M	/ D		YYY	Y					
	Mailing Address 205 Pennsylvania Avenue, SE				07	0	9	2015				
	City			Transa	action ID	: B8E8C0	CFCBA	9D416A9B				
	Washington Purpose of Disbursement	DC 20003-1164										
	Credit card processing fee		П		Amount	of Each	Disbursen	nent this	Period			
	Candidate Name		C	ategory/					2.50			
	0"			Type			7		3.50			
	Office Sought: House Disbursen Senate	nent For: Primary General										
	President	Other (specify)										
	State: District:											
	Full Name (Last, First, Middle Initial)											
В.	Aristotle				Date of	Disburse	ement					
	Mailing Address 205 Pennsylvania Avenue, SE			07	/ D 1	6 / Y	2015	Y				
	City S Washington	State Zip Code DC 20003-1164			Transaction ID : BA3D1EB6671EB420A8							
	Purpose of Disbursement	20003-1104										
	Credit card processing fee			: : 11	Amount of Each Disbursement this Period							
	Candidate Name		С	ategory/ Type			,	(67.50			
		nent For: Primary General Other (specify) ▼										
	State: District:	Other (specify)										
<u> </u>	Full Name (Last, First, Middle Initial) Aristotle				Date of	Disburse	ement					
•	Alistotie				M M	/ D		Y Y	Y			
	Mailing Address 205 Pennsylvania Avenue, SE			08		0	2015					
	City S Washington			Trans	action ID	: B6CA21	51300E	3455F989				
	Purpose of Disbursement											
	Credit card processing fee Candidate Name	Ļ		Amount	of Each	Disbursen	nent this	Period				
				ategory/ Type					6.75			
	Office Sought: House Disbursen Senate President	nent For: Primary General Other (specify)										
	State: District:											
H	UBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number only)					-1	7	8	7.75			

	CHEDULE B (FEC Form 3X)	Use separate schedule(s	, , TOTT EINE NOMBER.					AGE	E 12 OF 14				
IT _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check only 21b 27	1b 22 23 24				25 29	26 30b			
Ar	y information copied from such Reports and Stater for commercial purposes, other than using the name	nents may not be sold or u	ised	by any perso	n for the p	ourpose	of solicit	ing co	ntribu	tions			
01	NAME OF COMMITTEE (In Full)	ie and address of any poin	licai (committee to	Solicit Cori	indutions	5 110111 50	JOH CO	711111111				
	Physician Insurers Association of A	American Political A	Actio	on Comm	ittee								
Δ	Full Name (Last, First, Middle Initial)				Date of	Diehure	ament						
Λ.	Aristotle				M M M	/ D		Y Y	Y	Υ			
	Mailing Address 205 Pennsylvania Avenue, SE				11		12		015				
	City			Transa	action ID	: BC8B	E7A9[DB458	348B4BC				
	Purpose of Disbursement	DC 20003-1164											
	Credit card processing fees				Amount	of Each	Disburs	ement	this I	Period			
	Candidate Name		C	ategory/					<i>E</i> /	00			
	000			Type					54	1.00			
	Office Sought: House Disburser Senate	nent For: Primary General											
	President	Other (specify)											
	State: District:	· · · · · · · · · · · · · · · · · · ·											
	Full Name (Last, First, Middle Initial)												
В.	Aristotle				Date of	Disburse	ement						
	Mailing Address 205 Pennsylvania Avenue, SE			м в м 11	/ D	19		015	Y				
	City S Washington	State Zip Code DC 20003-1164			Transaction ID : B0192C3EEF1944AB5A								
	Purpose of Disbursement Credit card processing fees		Г		Amount	of Each	Disburs	amant	thie I	Pariod			
	Candidate Name		<u> </u>	'atagamı'	Amount	OI Lacii	Disbuis	CITICITE	1113	Cilou			
				ategory/ Type		-,-	,		27	7.00			
	Office Sought: House Disburser	nent For: Primary General Other (specify)											
_													
C.	Full Name (Last, First, Middle Initial) Aristotle				Date of	Disburse	ement						
	Mailing Address 205 Pennsylvania Avenue, SE			11	/ D	25)15	Y				
	City			Trans	notion IF) . D02D	A 0.72E	24 E 4	41C4884				
		DC 20003-1164			Halls	action il) . D32D	4913L	.21174	4104004			
	Purpose of Disbursement Credit card processing fees	Г				D: 1							
	Candidate Name		C	ategory/ Type	Amount	of Each	Disburs	ement	-	eriod 0.00			
	Office Sought: House Disburser					,	,						
		Primary General											
	State: President State:	Other (specify) ▼											
	District.												
s	UBTOTAL of Disbursements This Page (optional)			·····•	H	- 7			90	.00			
Τ	OTAL This Period (last page this line number only)			······		,	,						

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE				13 (OF 14				
ITEMIZED DISBURSEMENTS	Use separate for each cate	e schedule(s) egory of the	(check only one)									
	Detailed Sur		<u>×</u>	21b 27	22	23	3 8b	2		25 29		26 20h
					28a				8c			30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam												
NAME OF COMMITTEE (In Full)												
Physician Insurers Association of A	merican F	Political A	ction Co	omm	nittee							
Full Name (Last, First, Middle Initial)					_							
A. Aristotle					Date of	_	ırsem		V	Y	Y	
Mailing Address 205 Pennsylvania Avenue, SE					12	J L	03	_		2015		
		ip Code			Trans	action	י חוי	B38/	1020R	94E964	08F4	72
Washington	DC 2	0003-1164			mana	action	. טוי	D30-	13200	J-1_JU-1	JUI 7	
Purpose of Disbursement Credit card processing fees					Amoun	t of Ea	ach D)isbur	semer	nt this I	Period	t
Candidate Name			Categor Type	y/						36	5.00	٦
Office Sought: House Disbursen	nent For:		.,,,,			,			,			
Senate	Primary	General										
	Other (specify)	▼										
State: District:												
Full Name (Last, First, Middle Initial)					Doto	f Diabi		n+				
B. Merrill Lynch					Date of	_						
Mailing Address 1040 Stoney Hill Road Ste. 1050					08		07	_		2015	Y	
-	State Z	ip Code			Trong	nation	. ID .	D 400	00007	BEA11	1000	
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Purpose of Disbursement Acct. mgmnt. fee				\neg	Amoun	t of Ea	ach D)isbur	semer	nt this I	Period	t
Candidate Name			Categor	y/		-				300	0.00	٦
Office Sought: House Disbursen	nent For:		Туре			,			,			
	Primary	General										
	Other (specify)	\										
State: District:												
Full Name (Last, First, Middle Initial)												
C.					Date of	f Disbu	ırsem	nent				
Moiling Address					M = M	/	D I D	/	Υ	ΥΥ	Y	
Mailing Address							_	-				
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Purpose of Disbursement				_								
						t of Ea	ach D	Disbur	semer	nt this I	Perio	t
Candidate Name			Categor Type	y/								٦
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	Primary	General										
	Other (specify)	\										
State: District:												
SUBTOTAL of Disbursements This Page (optional)						-			-	336	.00	7
COSTOTAL OF DISDUISEMENTS THIS Page (Optional)				_	-	- 7	÷	#	,	#	+	4
TOTAL This Period (last page this line number only)				•					7	513	.75	

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SCHEDULE B (FEC Form 3X)	Liea canarata cabadula/a\	FOR LINE							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b						
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	nents may not be sold or use	ed by any perso	on for the purpose of soliciting contributions solicit contributions from such committee						
NAME OF COMMITTEE (In Full)	The second of any pointed		22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2						
Physician Insurers Association of A	merican Political Ac	tion Comm	nittee						
Full Name (Last, First, Middle Initial)			Data of Dishuwaamant						
A. FRIENDS OF PAT TOOMEY			Date of Disbursement						
Mailing Address 228 S. WASHINGTON ST., SUITE	115		12 11 2015						
City S ALEXANDRIA	State Zip Code VA 22314		Transaction ID : B4C4242B9E3E7409B8E						
Purpose of Disbursement Candidate contribution			Amount of Each Disbursement this Period						
Candidate Name		Category/	1000.00						
Sen. Pat J. Toomey		Type	1000.00						
Senate	nent For: 2016 Primary								
State: PA District:									
Full Name (Last, First, Middle Initial) B. KIRK FOR SENATE			Date of Disbursement						
Mailing Address P.O. BOX 8			11 09 2015						
WINNETKA	State Zip Code IL 60093		Transaction ID : B64C08D1B9378479EB53						
Purpose of Disbursement Candidate contribution			Amount of Each Disbursement this Period						
Candidate Name Sen. Mark S. Kirk		Category/ Type	1000.00						
X Senate	nent For: 2016 Primary								
Full Name (Last, First, Middle Initial) C. MARSHA BLACKBURN FOR CON	IGRESS, INC.		Date of Disbursement						
Mailing Address PO BOX 3750			12 22 7 2015						
•	State Zip Code TN 37024-3750		Transaction ID : BD92D7E8C68104422A36						
Purpose of Disbursement Candidate contribution		Amount of Each Disbursement this Period							
Candidate Name Rep. Marsha Blackburn	Category/ Type	1000.00							
Office Sought: House Disbursen	nent For: 2016 Primary General Other (specify)	Zr.:							
State: TN District: 07									
SUBTOTAL of Disbursements This Page (optional)		·····•	3000.00						
TOTAL This Period (last page this line number only)		·····•	3000.00						