FEC FORM 3X	AND	ORT OF RE DISBURSE	MENTS	ee	Office Use	Only
1. NAME OF COMMITTEE (in fu		C MAILING LABEL E OR PRINT ₩	Example:If typing over the lines	ı, type]
	Association of Ame	rica Political Action Com	mittee (PIAAPAC)			
ADDRESS (number and	street) 2275	Research Blvd.				
Check if differ than previousl reported. (AC	ent LLL V Bock				D 208	50
2. FEC IDENTIFICAT	ION NUMBER		4	STA	TEA ZI	PCODE 🔺
C00319319		3. IS T REP		NEW (N) OR	AMENDED (A)	
X July 15 Quarterly Cotober Quarterly January 2 Quarterly July 31 M Report(N Year Only	Report(Q1) (c Report(Q2) (5 Report(Q3) 81 Report(YE) (c lid-Year (c	Monthly Report Feb 20 Due On: Mar 20 Apr 20 2) 12-Day PRE-Election Report for the: Election c d) 30-Day Post -Election Report for the: Election c	(M3) (M4) Primary (12F Convention (on General (300	12C)	Runoff (30R)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) the Special (30S) the tate of
Type or Print Name of T Signature of Treasurer	ined this Report and reasurer <u>Mr. N</u> Ele <u>ctronically File</u>	1 2 0 1 0 d to the best of my knowled Mike Stinson ad by Mr. Mike Stinson ncomplete information methods		Date	10 14	2 0 1 0 2 U.S.C 437g.
Office Use Only					FEC F	ORM 3X 12/2004)

Image# 10931442203

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

	Write or Type Committee Name Physician Insurers Association of America Po	litical Action Committee (PIAAF	AC)
l	Report Covering the Period: From:	0 1 Y Y Y Y 0 1 2 0 1 0	To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 ^{Y Y Y}		18734.94
	(b) Cash on Hand at Begining of Reporting Period	29530.73]
	(c) Total Receipts (from Line 19)	5300.66	16096.45
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34831.39	34831.39
7.	Total Disbursements (from Line 31)	25500.00	25500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9331.39	9331.39
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

FE6AN026

Image# 10931442204

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Physician Insurers Association of America Political Action Committee (PIAAPAC)

F	Report Covering the Period: From:	01 2010	To: 09 30 Y Y Y Y 30 2010
	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)	5000.00	15795.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii) ►	5000.00	15795.00
	(b) Political Party Committees	0.00	0.00
	 (c) Other Political Committees (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) 🕨	5000.00	15795.00
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
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	300.00	300.00
	to Federal candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.66	1.45
8.	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 Transfer (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))	5300.66	16096.45
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	5300.66	16096.45

FE6AN026

Image# 10931442205

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		of Disbursements	4 / 23
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared 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	0.00	0.00
	 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) 	0.00	0.00
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	25500.00	25500.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
	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) Shared 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))	25500.00	25500.00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	25500.00	25500.00

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DETAILED SUMMARY PAGE

of Disbursements FEC Form 3X (Rev. 02/2003)

5 / 23

	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)	5000.00	15795.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000.00	15795.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	300.00	300.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	-300.00	-300.00

FE6AN026

or for comn NAME (Physic	PF COMMITTEE (In Full) an Insurers Association of Ame (Last, First, Middle Initial)	tatements may not be sold or used by any perso name and address of any political committee to prica Political Action Committee (PIAAPA	n for the purpose of soliciting contributions solicit contributions from such committee.
Physic	an Insurers Association of Ame	erica Political Action Committee (PIAAPA	
Full Nor			.C)
A. John O.	-iexalluel		Date of Receipt
Mailing A	Address 10104 Swan Valley La	ne	M M / D D / Y Y Y Y 09 30 2010
City		State Zip Code	Transaction ID: SA11AI.4245
<u>Austin</u>		TX 78759	Amount of Each Receipt this Period
FEC ID federal p	number of contributing olitical committee.	C	250.00
Name of TMLT	Employer	Occupation	PAC Contribution
Receipt	For:	Sr. VP, Underwriting Aggregate Year-to-Date	-
	mary General her (specify) ▼	350.00	
Full Nan B. Dr. Alan	ne (Last, First, Middle Initial) C. Baum		Date of Receipt
Mailing	Address 651 Bering Drive #2004		M M / D D / Y Y Y Y 09 30 2010
City		State Zip Code	Transaction ID: SA11AI.4217
Housto		TX 77057	Amount of Each Receipt this Period
	number of contributing olitical committee.		250.00
Name of TMLT	Employer	Occupation Ophthalmologist	PAC Contribution
Receipt		Aggregate Year-to-Date V	-
	imary General her (specify) ▼	250.00	
	ne (Last, First, Middle Initial) Id R. Butts	I	Date of Receipt
Mailing			
City	010. 2 0	State Zip Code	Transaction ID: SA11AI.4224
<u>Housto</u>		TX 77090	Amount of Each Receipt this Period
	number of contributing olitical committee.	C	250.00
Name of Self	Employer	Occupation Surgeon	PAC Contribution
Receipt		Aggregate Year-to-Date ▼	-
	mary General her (specify) ▼	250.00	
SUBTOTA	L of Receipts This Page (optional)	·····	750.00
		only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any person g the name and address of any political committee to	FOR LINE NUMBER: PAGE 7 / 23 (check only one) X X 11a 13 14 15 16 17
NAME OF COMMITTEE (In Full)	America Political Action Committee (PIAAPA	
Full Name (Last, First, Middle Initial) Donald J. Chow Mailing Address 10104 Baxter Land	9	Date of Receipt
	-	09 30 2010
City Austin	State Zip Code TX 78736	Transaction ID: SA11AI.4239
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer TMLT	Occupation SVP, Sales & Marketing	PAC Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Cristie Columbus Mailing Address 6226 Mimosa		Date of Receipt
		09 30 2010
City	State Zip Code	Transaction ID: SA11AI.4231
Dallas FEC ID number of contributing federal political committee.	TX 75230	Amount of Each Receipt this Period
Name of Employer North Texas ID Associates	Occupation Physician	PAC Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Carrol Ray Demel	I	Date of Receipt
Mailing Address 11115 Aldenburgh	Court	09 / 0 · · · · · · · · · · · · · · · · · ·
City	State Zip Code	Transaction ID: SA11AI.4246
Austin FEC ID number of contributing federal political committee.	TX 78737	Amount of Each Receipt this Period
Name of Employer TMLT	Occupation Accountant	 PAC Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00
TOTAL This Period (last page this line nut	mber only)	

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 8 / 23 (check only one) 11a X 11a 11b 13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions solicit contributions
	NAME OF COMMITTEE (In Full) Physician Insurers Association of Ame			
Z A.	Full Name (Last, First, Middle Initial) John J. Devin Mailing Address 10018 Wild Dunes Driv	/e		Date of Receipt
	City Austin	State TX	Zip Code 78747	09 30 2010 Transaction ID: SA11AI.4215 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer TMLT	Occupatio AVP Cla	ims	PAC Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 100.00]
– В.	Full Name (Last, First, Middle Initial) Arthur Evans Mailing Address 116 St. Andrews Circle))		Date of Receipt
	City	State	Zip Code	0 9 3 0 2 0 1 0 Transaction ID: SA11AI.4227
	Hideaway	TX	75771	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self	Occupatio Physicia		PAC Contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00]
– C.	Full Name (Last, First, Middle Initial) Bobby R. Fields			Date of Receipt
	Mailing Address 3852 Royal Troon Driv	e		09 / 0 · · · · · · · · · · · · · · · · · ·
	City	State	Zip Code	Transaction ID: SA11AI.4205
	Round Rock FEC ID number of contributing federal political committee.	TX C	78664	Amount of Each Receipt this Period 300.00
	Name of Employer TMLT	Occupatio CEO	n	PAC Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 300.00]
Γ	SUBTOTAL of Receipts This Page (optional)			650.00
	TOTAL This Period (last page this line number	only)		

ć			FOR LINE NUMBER: PAGE 9/23
	SCHEDULE A (FEC Form 3X)	Use separate schedule for each category of th	e(s) (check only one)
ſ	TEMIZED RECEIPTS	Detailed Summary Pag	ye X 11a 11b 11c 12
			13 14 15 16 17
0	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by ar e name and address of any political comn	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	Physician Insurers Association of Am	erica Political Action Committee (P	IAAPAC)
	Full Name (Last, First, Middle Initial) Jane R. Holeman		Date of Receipt
	Mailing Address 5704 Sunset Ridge		M M / D D / Y Y Y Y 09 30 2010
	City	State Zip Code	Transaction ID: SA11AI.4235
	Austin	TX 78735	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer TMLT	Occupation VP, Risk Management	Dwain
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify)	250.0	
	Full Name (Last, First, Middle Initial) David G. Joseph	1	Date of Receipt
	Mailing Address 4208 Farhills Drive		0 9 3 0 Y Y Y Y Y 0 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.4219
	Austin	TX 78731	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Austin Diagnostic Clinic	Occupation physician	PAC Contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	250.0	00
_	Full Name (Last, First, Middle Initial) Vincent Kasch	1	Date of Receipt
	Mailing Address 16912 Tidewater Cov	е	
	City	State Zip Code	Transaction ID: SA11AI.4203
	Austin	TX 78717	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer TMLT	Occupation CPA/Accounting	PAC Contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) v	100.0	00
Γ			
	SUBTOTAL of Receipts This Page (optional)		▶ 600.00
	TOTAL This Period (last page this line numbe	r only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate so for each catego Detailed Summa	ry of the	FOR LINE NUMBER: PAGE 10 / 23 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements maname and ad	ay not be sold or use ddress of any politica	d by any persor l committee to s	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Physician Insurers Association of Ame	rica Politica	al Action Commit	tee (PIAAPA)	C)
۷ A.	Full Name (Last, First, Middle Initial) Dana L. Leidig				Date of Receipt
	Mailing Address 500 Young Ranch Rd.				09 / D D / Y Y Y Y 2010
	City	State	Zip Code		Transaction ID: SA11AI.4241
	Georgetown	TX	78628		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer TMLT	Occupation	on nmunications		PAC Contribution
	Receipt For:		te Year-to-Date V		-
	Primary General Other (specify) ▼			250.00	
- B.	Full Name (Last, First, Middle Initial) M. Dwain McDonald				Date of Receipt
	Mailing Address 3808 Branch Road				09 / D D / Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code		Transaction ID: SA11AI.4233
	Forth Worth	TX	76109		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self	Occupation physicia			- Dwain
	Receipt For:	1	te Year-to-Date 🔻		-
	Other (specify) ▼	0 0		250.00	
- C.	Full Name (Last, First, Middle Initial) Stuart McDonald				Date of Receipt
	Mailing Address 1521 Cooper Street				09 30 2010
	City	State	Zip Code		Transaction ID: SA11AI.4211
	Fort Worth	TX	76104		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self	Occupatio Physicia			PAC Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregat	te Year-to-Date 🔻	250.00	
Г		0.0	0 0 0 0 0	0 0 0	
	SUBTOTAL of Receipts This Page (optional)			····· ►	750.00
Ī	TOTAL This Period (last page this line number of	only)			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 23 (check only one) X X 11a 11b 11c 12 13 14 15 16 1
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	nerica Political Action Committee (PIAAPA	
Z	, · ·		
	Full Name (Last, First, Middle Initial) Jill H. McLain		Date of Receipt
	Mailing Address 315 Eanes School Ro	bad	09 / D D / Y Y Y Y 09 30 2010
	City	State Zip Code	Transaction ID: SA11AI.4248
	Austin	TX 78746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer TMLT	Occupation Insurance	PAC Contribution
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	250.00	
-	Full Name (Last, First, Middle Initial) Sue Mills	<u> </u>	Date of Receipt
	Mailing Address 10700 Scioto Ct.		09 / ^D ^D / ^Y ^Y ^Y ^Y ^Y ^Y
	City	State Zip Code	Transaction ID: SA11AI.4213
	Austin	TX 78747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer VP, Claims Operations	Occupation TMLT	 PAC Contribution
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	150.00	
_	Full Name (Last, First, Middle Initial) Gail A. Nichols	1	Date of Receipt
	Mailing Address 9120 Hopeland Drive		M M / D D / Y Y Y Y 09 30 2010
	City	State Zip Code	Transaction ID: SA11AI.4237
	Austin	TX 78749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer TMLT	Occupation VP, Human Resources	PAC Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1	650.00

	(EEC Farme OV)		FOR LINE NUMBER: PAGE 12/23
	(FEC Form 3X)	Use separate schedule(s)	(check only one)
ITEMIZED RE	CEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16
		atements may not be sold or used by any personame and address of any political committee to	
NAME OF COMM	, ,		
Physician Insur	ers Association of Ame	rica Political Action Committee (PIAAP)	AC)
Full Name (Last, F H. B. Pantermuehl	irst, Middle Initial)		Date of Receipt
Mailing Address	150 Fischer Cove Drive)	M + M / D + D Y Y + Y Y 0 9 3 0 2 0 1 0
City		State Zip Code	Transaction ID: SA11AI.4207
Wimberely		TX 78676	Amount of Each Receipt this Period
FEC ID number of federal political cor		C	100.00
Name of Employer TMLT		Occupation VP, Undewriting Services	PAC Contribution
Receipt For:		Aggregate Year-to-Date ▼	
Primary	General		
Other (speci	∫y) ▼	100.00	
Full Name (Last, F Robert I. Parks, Jr.	irst, Middle Initial)		Date of Receipt
Mailing Address	3454 Granada Ave		0 9 3 0 2 0 1 0
City		State Zip Code	Transaction ID: SA11AI.4225
Dallas		TX 75205	Amount of Each Receipt this Period
FEC ID number of federal political cor		C	250.00
Name of Employer Pinnacle Anesthes	sia	Occupation Anesthesiologist	PAC Contribution
Receipt For:		Aggregate Year-to-Date V	
Primary	General		1
Other (speci	íy) ▼	250.00	
Full Name (Last, F Treg V. Russell	irst, Middle Initial)		Date of Receipt
Treg V. Russell	irst, Middle Initial) 3333 Azalea Blossom [Dr.	Date of Receipt
Treg V. Russell Mailing Address City	,	Dr. State Zip Code	M M / D D / Y Y Y Y
Treg V. Russell Mailing Address	,		M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
Treg V. Russell Mailing Address City	3333 Azalea Blossom [State Zip Code	M M M / D D / Y Y Y Y Y 0 9 3 0 2 0 1 0 Transaction ID: SA11AI.4243 Amount of Each Receipt this Period 250.00
Treg V. Russell Mailing Address City <u>Austin</u> FEC ID number of	3333 Azalea Blossom [contributing mmittee.	State Zip Code TX 78748	M M
Treg V. Russell Mailing Address City <u>Austin</u> FEC ID number of federal political cor	3333 Azalea Blossom [contributing mmittee.	State Zip Code TX 78748	M M M / D D / Y Y Y Y Y 0 9 3 0 2 0 1 0 Transaction ID: SA11AI.4243 Amount of Each Receipt this Period 250.00
Treg V. Russell Mailing Address City Austin FEC ID number of federal political cor Name of Employer TMLT Receipt For: Primary	3333 Azalea Blossom I contributing mmittee.	State Zip Code TX 78748 C Occupation Info. Systems Aggregate Year-to-Date	M M M / D D / Y Y Y Y Y 0 9 3 0 2 0 1 0 Transaction ID: SA11AI.4243 Amount of Each Receipt this Period 250.00
Treg V. Russell Mailing Address City Austin FEC ID number of federal political cor Name of Employer TMLT Receipt For:	3333 Azalea Blossom I contributing mmittee.	State Zip Code TX 78748 C Image: Constraint of the second	M M M / D D Y </td
Treg V. Russell Mailing Address City Austin FEC ID number of federal political cor Name of Employer TMLT Receipt For: Primary Other (speci	3333 Azalea Blossom [contributing mmittee.	State Zip Code TX 78748 C Occupation Info. Systems Aggregate Year-to-Date	M M M / D D Y Y Y Y

Α.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 23 (check only one) Image: Comparison of the state o
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and addr	not be sold or used by any person ess of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Physician Insurers Association of Ame	rica Political	Action Committee (PIAAPA	C)
Full Name (Last, First, Middle Initial) Jimmy Strong			Date of Receipt
Mailing Address 433 Avenida De Leon			M M / D D Y
City	State	Zip Code	Transaction ID: SA11AI.4229
Abilene	TX	79602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Prof. Assoc. of Pediatrics	Occupation physician		PAC Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	►	250.00
TOTAL This Period (last page this line number only)	▶	5000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 14 / 23 (check only one) 11a 11a 11b 11c 12 13 14 X 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n				
	NAME OF COMMITTEE (In Full)				
	Physician Insurers Association of Ameri	ica Politica	I Action Committe	e (PIAAPA)	C)
Α.	Full Name (Last, First, Middle Initial) Physician Insurers Association of America Political	Action Comm	ittee (PIAAPAC)		Date of Receipt
	Mailing Address 2275 Research Blvd. Ste. 250				M M / D D / Y Y Y Y 09 27 2010
	City	State	Zip Code		Transaction ID: SA15.4335
	Rockville	MD	20850		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C coo	319319	1	300.00
	Name of Employer	Occupatio	n		Refund for Credit Cards
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	300.00	

SUBTOTAL of Receipts This Page (optional)	►	300.00
TOTAL This Period (last page this line number only)	►	300.00

SCHEDULE B (FEC Form ITEMIZED DISBURSEMEN	Use separate schedule(s)	FOR LINE (check only 21b 27	
Any Information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) Physician Insurers Association o		committee to sol	or the purpose of soliciting contributions licit contributions from such committee
Full Name (Last, First, Middle Initial) BOREN FOR CONGRESS Mailing Address PO Box 1924			Transaction ID:SB23.4252Date of Disbursement $M = M$ $0 = 9$ $' = 1 = 5$ $' = 2 = 0 = 10$
City Muskogee	State Zip Code OK 74402		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution			1000.00
Candidate Name DAVID DANIEL BOREN Office Sought: X House	Disbursement For: 2010	Category/ Type	
Office Sought: X House Senate President State: OK District: 02	Disbursement For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) BUCK FOR COLORADO			Transaction ID: SB23.4280 Date of Disbursement
Mailing Address PO BOX 10146	5		$\begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{bmatrix} 7 \\ 2 & 8 \end{bmatrix} \begin{bmatrix} 7 \\ 2 & 0 \end{bmatrix} \begin{bmatrix} 2 \\ 1 & 0 \end{bmatrix}$
City DENVER	State Zip Code CO 80250		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution Candidate Name KENNETH R BUCK		Category/ Type	1000.00
Office Sought: House X Senate President State: CO District: 00	Disbursement For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) CARLY FOR CALIFORNIA INC			Transaction ID: SB23.4270 Date of Disbursement
Mailing Address 520 CAPITOL I	MALL SUITE 220		$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ 9 \end{array} \\ \begin{array}{c} \prime \\ \end{array} \\ \left(\begin{array}{c} D \\ 2 \end{array} \\ 2 \end{array} \\ \left(\begin{array}{c} Y \\ 2 \end{array} \\ \left(\begin{array}{c} Y \\ 2 \end{array} \\ 0 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \end{array} \\ \left(\begin{array}{c} Y \\ 2 \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2 \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \end{array} \right) \\ \left(Y \\ $
City SACRAMENTO	State Zip Code CA 95814		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution			1000.00
Candidate Name CARLY FIORINA	Diterration of the second	Category/ Type	
Office Sought: House X Senate President State: CA District: 00	Disbursement For: 2010 Primary X General Other (specify) ▼		
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	
Any Information copied from such Reports and States or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) Physician Insurers Association of America	ne and address of any political of	committee to soli	icit contributions from such committee
Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS Mailing Address PO Box 442			Transaction ID: SB23.4282 Date of Disbursement
City Allentown	State Zip Code PA 18105		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution Candidate Name CHARLES W REP DENT		Category/ Type	1000.00
Office Sought: X House Disburs Senate President State: PA District: 15	ement For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010 Mailing Address POST OFFICE BOX 97	7		Transaction ID: SB23.4254 Date of Disbursement 0 9 / 1 5 / Y Y Y Y 2 0 1 0
City MUSKOGEE	State Zip Code OK 74402		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution Candidate Name THOMAS A COBURN		Category/ Type	1000.00
Office Sought: House Disburs X Senate President State: OK District: 00	ement For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) DAVID SCOTT FOR CONGRESS			Transaction ID: SB23.4256 Date of Disbursement
Mailing Address P.O. BOX 960821			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ 9 \end{array} \\ \begin{array}{c} \prime \\ 0 \end{array} \\ \begin{array}{c} P \\ 1 \end{array} \\ \begin{array}{c} 0 \\ 0 \end{array} \\ \begin{array}{c} P \\ 1 \end{array} \\ \begin{array}{c} 0 \\ 0 \end{array} \\ \begin{array}{c} P \\ 1 \end{array} \\ \begin{array}{c} 0 \\ 0 \end{array} \\ \begin{array}{c} P \\ 1 \end{array} \\ \begin{array}{c} 0 \\ 1 \end{array} \\ \end{array} \\$
City RIVERDALE	State Zip Code GA 30296		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution			1000.00
Candidate Name DAVID ALBERT SCOTT		Category/ Type	
Office Sought: X House Disburs Senate President State: GA District: 13	ement For: 2010 Primary X General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		······ Þ	3000.00
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Full Name (Last, First, Middle Initial) DR DONNA CAMPBELL FOR CONGRES	S				Tran s Date				SB23. ent	429	4	
Mailing Address PO BOX 156					[™] 9	М	D	2 9 ^D	/ Y	Ź	0 ľ C)
City COLUMBUS	State Zip Code TX 78934				Amou	unt of	Eacl	h Di	sburse	-		
Purpose of Disbursement Campaign Contribution					L.					10	00.00)
Candidate Name DONNA DR. CAMPBELL			ateg Type									
Office Sought: X House Disburse Senate President State: TX District: 25	ement For: 2010 Primary X General Other (specify) ▼											
Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS					Tran s Date		sburs	sem			-	Y
Mailing Address Post Office Box 9336					0 [™] 9			2 1		Ź	0 ľ C)
City Fargo	State Zip Code ND 58106				Amou	unt of	Eacl	h Di	sburse			
Purpose of Disbursement Campaign Contribution					L.					10	00.00)
Candidate Name EARL R. POMEROY			ateg Type									
Office Sought: X House Disburse Senate President State: ND District: 00	ement For: 2010 Primary X General Other (specify) ▼											
Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE					Date	of Di	sburs	sem		427	4	
Mailing Address PO BOX 233					0 [™] 9	М	D	27		ź	0 ľ C) Y
City NASHUA	State Zip Code NH 03061				Amou	unt of	Eacl	h Di	sburse			
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Candidate Name KELLY A AYOTTE			ateg Type									
X Senate President	ement For: 2010 Primary X General Other (specify) ▼											
State: NH District: 00												

SCHEDULE B (FEC Form 3)	Use separate schedule(s)		OR LINE	-	R:			PA	GE	18/2	23
ITEMIZED DISBURSEMENTS	Detailed Summary Page	Ē	21b 27	22 28a	X	23 28b		24 28c		25 29	23
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NAME OF COMMITTEE (In Full) Physician Insurers Association of A	merica Political Action Commit	tee (P	PIAAPAC)							
Full Name (Last, First, Middle Initial)											
FRIENDS OF ROY BLUNT				Trans Date o	of Di	sburse	eme			-	
Mailing Address P.O. BOX 50100				0 ^M 9	M /	2	22	/ Y	ź	0 ľ C) *
City SPRINGFIELD	State Zip Code MO 65805			Amou	nt of	Each	n Dis	burse	-		
Purpose of Disbursement Campaign Contribution			-						10	00.00	
Candidate Name ROY BLUNT			egory/ ype								
X Senate President	Disbursement For: 2010 Primary X General Other (specify) ▼										
State: MO District: 00											
Full Name (Last, First, Middle Initial) FRIENDS OF SHARRON ANGLE				Trans Date o	of Di	sburse	eme	-			X
Mailing Address PO BOX 33058				0 ^M 9	M /	1	6	/ Y	ž	οľα) ^Y
City RENO	State Zip Code NV 89533			Amou	nt of	Each	ı Dis	burse	men	t this F	Period
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Candidate Name SHARRON E ANGLE			egory/ ype								
Office Sought: House I X Senate President	Disbursement For: 2010 Primary X General Other (specify)										
State: NV District: 00											
Full Name (Last, First, Middle Initial) GARDNER FOR CONGRESS				Trans Date o	of Di	sburse	eme	-			
Mailing Address PO Box 2408				0 ^M 9	M /	□2	23	/ Y	ž	0 ľ C) [*]
City Loveland	State Zip Code CO 80539			Amou	nt of	Each	ı Dis	burse	men	t this F	Period
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Candidate Name CORY SCOTT REP. GARDNER			egory/ ype								
Senate President	Disbursement For: 2010 Primary X General Other (specify) ▼										
State: CO District: 04											
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			(/ / / / / /											
Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS						Trans Date $0^{M}7$	of D		urse		ent		99 2 0 1	۰ ^۲	1
Mailing Address PO Box U						07			5	0			-01	U	
City Marietta	State Zip Code GA 30060					Amou	nt o	fΕ	ach	Di	sburse	-	nt this	-	iod
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J PHILLIP MD GINGREY			Ту												
Office Sought: House D X Senate President State: GA District: 00	isbursement For: 2010 Primary X General Other (specify) ▼														
Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC						Trans Date			urse	eme	ent	.429	90		
Mailing Address PO BOX 1000						0 [™] 9	М	1	^D 3	D 0	/	Y 2	ŹOľ	0 [×]	
City DES MOINES	State Zip Code IA 50304					Amou	nt o	of E	ach	Di	sburs				iod
Purpose of Disbursement Campaign Contribution						L.			0			1(00.0	0	
Candidate Name CHARLES E SENATOR GRASSLE	,		ate Ty	gory/ pe											
Office Sought: House D X Senate President State: IA District: 00	isbursement For: 2010 Primary X General Other (specify) ▼	1		- -											
Full Name (Last, First, Middle Initial) JOHN CAMPBELL FOR CONGRES	S					Trans Date		-				.429	96		
Mailing Address 4590 Macarthur Bo Suite 500	pulevard					0 ^M 7	М	/	^D 2	D 0	/	Ŷ	201	0 ^Y	
City Newport Beach	State Zip Code CA 92660	_				Amou	nt o	of E	ach	Di	sburs	0	-	-	iod
Purpose of Disbursement Campaign Contribution						L.						1(00.0	Ů	
Candidate Name JOHN BT III CAMPBELL			ate Ty	gory/ pe											
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/													
Full Name (Last, First, Middle Initial) KIRK FOR SENATE					Trans Date	of D	sburs	ser	nent	3.4	-		
Mailing Address P.O. Box 8					0 ^M 9	М	D	22	2	Y	ž 0) ľ O	Y
City Winnetka	State Zip Code IL 60093				Amou	int o	Eac	h C	Disbur		-		
Purpose of Disbursement Campaign Contribution					L.						100	0.00	
Candidate Name MARK STEVEN KIRK			atego Type										
X Senate President	ursement For: 2010 Primary X General Other (specify) ▼												
State: IL District: 00													
Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS					Trans Date	of D	sburs	ser	nent	3.4			V
Mailing Address P.O. BOX 521048					0 [™] 9	м	D	3 (D /	Y	² C) ¹ 0	Ŷ
City SALT LAKE CITY	State Zip Code UT 84152	_			Amou	int o	Eac	h C	Disbur	-			
Purpose of Disbursement Campaign Contribution					L.,						1000	0.00	
Candidate Name JAMES D MATHESON			atego Type										
Office Sought: X House Disk Senate President State: UT District: 02	ursement For: 2010 Primary X General Other (specify) ▼	1											
Full Name (Last, First, Middle Initial)					Trans	sacti	on IF).	SR2	3 /	292		
PAUL GOSAR FOR CONGRESS					Date		-				-92		
Mailing Address 2222 E. Cedar Ave.					0 ^M 9	М	D	2 9	9	Y	² c) ľ O	Y
City Flagstaff	State Zip Code AZ 86004				Amou	int o	Eac	h C	Disbur	sem			
Purpose of Disbursement Campaign Contribution					L.						50	0.00	
Candidate Name PAUL ANTHONY GOSAR			atego Type	-									
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30
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Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE COMMITTEE Mailing Address 8331 LITTLE HARBOR E	DRIVE		Transaction ID:SB23.4301Date of Disbursement $\begin{aligned} M & 7 & M & 7 \\ \hline 0 & 7 & 7 & 7 \\ \hline \end{array} \begin{aligned} M & 7 & M & 7 \\ \hline 0 & 7 & 7 & 7 \\ \hline \end{array} \begin{aligned} M & 7 & M & 7 \\ \hline 0 & 7 & 7 & 7 \\ \hline \end{array} \begin{aligned} M & 7 & M & 7 \\ \hline 0 & 7 & 7 & 7 \\ \hline \end{array} \begin{aligned} M & 7 & M & 7 \\ \hline 0 & 7 & 7 & 7 \\ \hline \end{array} \begin{aligned} M & 7 & M & 7 \\ \hline \end{aligned} M & 7 & M & 7 \\ \hline \end{aligned} M & 7 & M & 7 \\ \hline \end{aligned} M & 7 & M & 7 \\ \hline \end{aligned} $
CIŃCINNATI	State Zip Code OH 45244		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution Candidate Name ROB PORTMAN		Category/ Type	1000.00
Office Sought: House Disburse X Senate President State: OH District: 00	ment For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address P.O. Box 425			Transaction ID: SB23.4278 Date of Disbursement 0 9 / 2 8 / 2 0 1 0
	State Zip Code GA 30077		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution Candidate Name THOMAS EDMUNDS PRICE		Category/ Type	1000.00
Office Sought: X House Disburse Senate President State: GA District: 06	ment For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) ROBERT HURT FOR CONGRESS			Transaction ID: SB23.4262 Date of Disbursement
Mailing Address PO Box 2			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ \end{array} \\ \end{array} \\ \left(\begin{array}{c} D \\ 2 \end{array} \right) \\ \end{array} \\ \left(\begin{array}{c} D \\ 2 \end{array} \right) \\ \end{array} \\ \left(\begin{array}{c} Y \\ 2 \end{array} \right) \\ \end{array} \\ \left(\begin{array}{c} Y \\ 2 \end{array} \right) \\ \end{array} \\ \left(\begin{array}{c} Y \\ 2 \end{array} \right) \\ \end{array} \\ \left(\begin{array}{c} Y \\ 2 \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \\ \\ \left(\begin{array}{c} Y \\ Y $
,	State Zip Code VA 24531		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution Candidate Name ROBERT HURT		Category/	1000.00
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Physician Insurers Association of America	Political A	ction Committ	ee (PIA	APAC)								
Full Name (Last, First, Middle Initial) RON JOHNSON FOR SENATE INC						Trans Date					3.428	34	
Mailing Address 601 OREGON STREET S	SUITE A					^м 9	M		2 5	D /	Y 2) Y
	State WI	Zip Code 54902				Amou	nt of	Each	ו D	isburs		nt this	
Purpose of Disbursement Campaign Contribution						L.					10	00.00)
Candidate Name RONALD HAROLD JOHNSON				atego Type									
Office Sought: House Disburser X Senate President	ment For: Primary Other (spec	2010 X General cify) ▼											
State: WI District: 00													
Full Name (Last, First, Middle Initial) ROSSI FOR SENATE						Trans Date		sburs	en	nent	8.426	68	
Mailing Address PO BOX 50713						0 [™] 9	M		2 2	2	Y Z	źoł	ר ^י כ
	State WA	Zip Code 98015				Amou	nt of	Each	n D	isburs	emer	nt this	Period
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Candidate Name DINO ROSSI				atego Type									
Office Sought: House Disburser X Senate President	nent For: Primary Other (spec	2010 X General											
State: WA District: 00													
Full Name (Last, First, Middle Initial) TEXANS FOR HENRY CUELLAR CONGRI	ESSIONAI	L CAMPAIGN				Trans Date					3.42	50	
Mailing Address 1519 Washington Street Second Floor, Suite 200						^м 9	M	D.	1 4	D /	Y Z	źoł) Y
City S	State TX	Zip Code 78042				Amou	nt of	Each	ו D	isburs	emer	nt this	Period
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Candidate Name HENRY R. CUELLAR				atego Type									
Office Sought: X House Disburser Senate President	ment For: Primary Other (spec	2010 X General cify) ▼											
State: TX District: 28													
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6	ny Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r 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 o	f America Political Action Commi	ttee (PIAAPAC)		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB23.4276 Date of Disbursement		
Α.	THE RICHARD BURR 2010 VICTORY COMMITTEE					
	Mailing Address PO Box 5456			09 ^M /28/YYYYY 2010 ^Y		
	City Winston-Salem	State Zip Code NC 27113		Amount of Each Disbursement this Period		
	Purpose of Disbursement Campaign Contribution			1000.00		
	Candidate Name RICHARD BURR		Category/ Type			
	Office Sought: House X Senate President	Disbursement For: 2010 Primary X General Other (specify) ▼				
_	State: NC District: 00					
В.	Full Name (Last, First, Middle Initial) TOOMEY FOR SENATE COMMITTEE			Transaction ID: SB23.4286 Date of Disbursement		
	Mailing Address 2720 JORDAN ROAD			$ \begin{array}{c} \stackrel{M}{0}9 \stackrel{M}{} \\ \hline \\ 0 \\ 9 \end{array} \right) \left(\begin{array}{c} \stackrel{D}{2} \\ 2 \\ 9 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 2 \\ 0 \\ 1 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 2 \\ 0 \\ 1 \\ 0 \\ \end{array} \right) \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 2 \\ 0 \\ 1 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 1 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 1 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 1 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 1 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 1 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 1 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 1 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 1 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 1 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 1 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 1 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ 0 \\ \end{array} \right) \left(\begin{array}{c} \stackrel{V}{2} \\ 0 \\ \end{array} \right) \left(\begin{array}{c} $		
	City OREFIELD	State Zip Code PA 18069		Amount of Each Disbursement this Period		
	Purpose of Disbursement Campaign Contribution			1000.00		
	Candidate Name PATRICK JOSEPH TOOMEY		Category/ Type			
	Office Sought: House X Senate President	Disbursement For: 2010 Primary X General Other (specify) ▼				
	State: PA District: 00					

TOTAL This Period (last page this line number only)	25500.00
SUBTOTAL of Disbursements This Page (optional)	2000.00