

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Physician Insurers Association of America Political Action Committee (PIAAPAC)

ADDRESS (number and street) 2275 Research Blvd.  
Ste. 250  
 Check if different than previously reported. (ACC)  
Rockville MD 20850

2. **FEC IDENTIFICATION NUMBER** C00319319  
**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 Quarterly 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 (12G)  
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 01 01 2011 through 06 30 2011

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. Mike Stinson

Signature of Treasurer Electronically Filed by Mr. Mike Stinson Date 07 18 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Physician Insurers Association of America Political Action Committee (PIAAPAC)

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="2011"/>		9031.86
(b) Cash on Hand at Beginning of Reporting Period .....	9031.86	
(c) Total Receipts (from Line 19) .....	9320.13	9320.13
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	18351.99	18351.99
7. Total Disbursements (from Line 31) .....	2015.00	2015.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	16336.99	16336.99
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

Physician Insurers Association of America Political Action Committee (PIAAPAC)

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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) .....	9305.00	9305.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9305.00	9305.00
(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) .....	9305.00	9305.00
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) .....	15.00	15.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.13	0.13
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 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)) .....	9320.13	9320.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9320.13	9320.13

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.....	2000.00	2000.00
24. 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
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.....	15.00	15.00
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))..	2015.00	2015.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2015.00	2015.00

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) .....	9305.00	9305.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9305.00	9305.00
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) .....	15.00	15.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-15.00	-15.00

# 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 6 / 21
	<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 America Political Action Committee (PIAAPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Donald H. Alexander	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 2301 21st Avenue South	<b>Transaction ID:</b> SA11AI.4413
	City State Zip Code Nashville TN 37027	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	PAC contribution
	Name of Employer Occupation TN Medical Association Association Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Eric R. Anderson	Date of Receipt MM / DD / YYYY 04 / 27 / 2011
	Mailing Address 13433 Burnt Woods Place	<b>Transaction ID:</b> SA11AI.4404
	City State Zip Code Germantown MD 20874	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation Dir. of Marketing & PR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Cynthia J. Belcher	Date of Receipt MM / DD / YYYY 04 / 27 / 2011
	Mailing Address 16184 Marmer Drive	<b>Transaction ID:</b> SA11AI.4394
	City State Zip Code Huntington Beach CA 92649	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	PAC contribution
	Name of Employer Occupation Coop of American Physicians SVP, Membership	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	625.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 21
	<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 America Political Action Committee (PIAAPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Nancy Brusegaard		Date of Receipt
	Mailing Address 1340 S. Beverly Glen Blvd. No. 311		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 06 / 2011
	City	State	Zip Code
	Los Angeles	CA	90024
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4410
Name of Employer Coop. of American Physicians		Occupation VP, Human Resources	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"/> 300.00
			PAC contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) William E. Burgess		Date of Receipt
	Mailing Address 713 Kersey Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 25 / 2011
	City	State	Zip Code
	Silver Spring	MD	20902
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4389
Name of Employer PIAA		Occupation VP, Associate Services	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"/> 300.00
			PAC contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Juan Carlos Cobo		Date of Receipt
	Mailing Address 29731 Orange Oak		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 13 / 2011
	City	State	Zip Code
	Laguna	CA	92677
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4414
Name of Employer Cobo Surgical Medical Assoc.		Occupation Surgeon	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"/> 300.00
			PAC contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 900.00
<b>TOTAL</b> 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 8 / 21
	<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 America Political Action Committee (PIAAPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. M. Walt Davis	Date of Receipt MM / DD / YYYY 06 / 06 / 2011
	Mailing Address 143 E. Citation Lane	<b>Transaction ID:</b> SA11AI.4418
	City State Zip Code Tempe AZ 85284	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAC contribution
	Name of Employer Insurance Executive Occupation Mutual Ins. Co. of AZ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 150.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. John A. Donaldson	Date of Receipt MM / DD / YYYY 04 / 05 / 2011
	Mailing Address 443 Bellmore Way	<b>Transaction ID:</b> SA11AI.4363
	City State Zip Code Pasadena CA 91103	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAC contribution
	Name of Employer Coop. of American Physicians Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 150.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Ginny Echeverria	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 9728 Byeford Road	<b>Transaction ID:</b> SA11AI.4427
	City State Zip Code Kensington MD 20895	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAC Contribution
	Name of Employer PIAA Occupation Director of Membership Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 30.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>330.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 9 / 21

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Lewis N. Estabrooks

Mailing Address 2319 Andalusia Way, NE

City State Zip Code  
St. Petersburg FL 33704

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

Name of Employer Occupation  
OMSNIC Board Member

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.4395

Amount of Each Receipt this Period  
150.00

PAC contribution

**B.**

Full Name (Last, First, Middle Initial)

Ms. Cindy Lesonsky Farrington

Mailing Address 14603 Greenleaf Street

City State Zip Code  
Sherman Oaks CA 91403

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

Name of Employer Occupation  
Coop. of American Physi- SVP Operations  
cians

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.4375

Amount of Each Receipt this Period  
300.00

PAC contribution

**C.**

Full Name (Last, First, Middle Initial)

Timothy P. Foley

Mailing Address 126 Birchwood Ave

City State Zip Code  
Traverse City MI 49686-2819

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

Name of Employer Occupation  
Cooperative of American Insurance  
Physic

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4354

Amount of Each Receipt this Period  
150.00

2011 PAC Contribution

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

600.00

**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 / 21		
	<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

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 America Political Action Committee (PIAAPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas H. Grimstad		Date of Receipt
	Mailing Address 1 Farnham Place		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Metairie	LA	70005
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4421
Name of Employer LAMMICO		Occupation 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="300.00"/>
			PAC contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey Holden		Date of Receipt
	Mailing Address 606 Forest Avenue		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Glen Ellyn	IL	60137
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4349
Name of Employer ISMIE		Occupation COO	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"/>
			2011 PAC Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Katrina M. Hood		Date of Receipt
	Mailing Address 751 Brookhill Drive		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Lexington	KY	40502
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4419
Name of Employer Pediatric & Adolescent As- soc.		Occupation Physician	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="50.00"/>
			PAC contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="950.00"/>
<b>TOTAL</b> 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: PAGE 11 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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 America Political Action Committee (PIAAPAC)

**A.** Full Name (Last, First, Middle Initial)  
Mr. Carl T. Hook

Mailing Address 1916 Whispering Pines

City State Zip Code  
Norman OK 73072

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

Name of Employer PLICO Occupation MD/CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

**Transaction ID:** SA11AI.4358

Amount of Each Receipt this Period  
600.00

2011 PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter Kezirian

Mailing Address 300 S Allen Avenue

City State Zip Code  
Pasadena CA 91106

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

Name of Employer Coop. of American Physicians Occupation SVP, Corporate Strategy

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 1 1

**Transaction ID:** SA11AI.4391

Amount of Each Receipt this Period  
300.00

PAC contribution

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Jill K. Knerr

Mailing Address 13832 Dayton Meadows Court

City State Zip Code  
Dayton MD 21036

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

Name of Employer Director of Administration Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

**Transaction ID:** SA11AI.4429

Amount of Each Receipt this Period  
30.00

PAC contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **930.00**

**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 / 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Constantinios Levanos		Date of Receipt
	Mailing Address PO box 835		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	West Brookfield	MA	01585
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4425
Name of Employer Retired		Occupation Dentist	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="150.00"/>	<input type="text" value="150.00"/>
			PAC contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Michael L. McCall		Date of Receipt
	Mailing Address 8 Cottage Farms Road		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Cumberland	MD	04021
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4351
Name of Employer Insurance Executive		Occupation	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="150.00"/>	<input type="text" value="150.00"/>
			2011 PAC Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Paul Carter McNabb, II		Date of Receipt
	Mailing Address 2000 Church Street		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Nashville	TN	37236
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4407
Name of Employer University of Tennessee		Occupation Medical doctor	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="150.00"/>	<input type="text" value="150.00"/>
			PAC contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="450.00"/>
<b>TOTAL</b> 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 13 / 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Gary E. Meredith		Date of Receipt
	Mailing Address 613 Marr Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Signal Mountain	TN	37377
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4384
Name of Employer Pediatric Diagnostic Assoc.		Occupation Pediatrician	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"/> 100.00
			PAC contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Mearl A. Naponic		Date of Receipt
	Mailing Address 700 Front Street Unit 2003		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	San Diego	CA	92101
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4370
Name of Employer Coop. of American Physicians		Occupation Physician	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"/> 300.00
			PAC contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Othella T. Owens		Date of Receipt
	Mailing Address 1127 Wilshire Blvd., Ste 1604		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Los Angeles	CA	90017
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4352
Name of Employer Self		Occupation Physician	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"/> 150.00
			2011 PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 550.00
<b>TOTAL</b> 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 14 / 21
	<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 America Political Action Committee (PIAAPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Gordon T. Ownby, Esq.		Date of Receipt
	Mailing Address 2715 Los Olivos Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 27 / 2011
	City	State	Zip Code
	La Crescenta	CA	91214
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4398
Name of Employer Coop. of American Physicians		Occupation Attorney	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"/> 100.00
			PAC contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. P. Divya Parikh		Date of Receipt
	Mailing Address 12708 Circle Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 29 / 2011
	City	State	Zip Code
	Rockville	MD	20850
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4406
Name of Employer PIAA		Occupation Director of Loss Prevention & Research	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"/> 50.00
			PAC contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. David L. Rader		Date of Receipt
	Mailing Address PO Box 2426		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 27 / 2011
	City	State	Zip Code
	Charleston	WV	25329
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4400
Name of Employer WV Mutual Insurance Comp.		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"/> 100.00
			PAC contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 250.00
<b>TOTAL</b> 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: PAGE 15 / 21  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Harry B. Richardson, Jr.

Mailing Address 700 McDonald Avenue

City State Zip Code  
Santa Rosa CA 95404

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

Name of Employer Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2011

**Transaction ID:** SA11AI.4357

Amount of Each Receipt this Period  
100.00

2011 PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
Jan Ross

Mailing Address 5305 Connecticut Ave., NW

City State Zip Code  
Washington DC 20015

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

Name of Employer Occupation  
Director of Meetings & Education

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20.00

Date of Receipt  
MM / DD / YYYY  
04 / 25 / 2011

**Transaction ID:** SA11AI.4390

Amount of Each Receipt this Period  
20.00

PAC contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. George Schoephoerster

Mailing Address 3702 Sterling Drive

City State Zip Code  
St. Cloud MN 56301

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

Name of Employer Occupation  
Geriatric Services of MN Geriatrician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2011

**Transaction ID:** SA11AI.4423

Amount of Each Receipt this Period  
50.00

PAC contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **170.00**

**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 / 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Andrew L. Sew Hoy	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 1414 South Grand Avenue, Ste. 300	<b>Transaction ID:</b> SA11AI.4350
	City State Zip Code Los Angeles CA 90015	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	2011 PAC Contribution
Name of Employer Self Occupation Orthopedic Surgeon	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Stewart Shanfield	Date of Receipt MM / DD / YYYY 04 / 27 / 2011
	Mailing Address 811 Rancho Circle	<b>Transaction ID:</b> SA11AI.4402
	City State Zip Code Fullerton CA 92835	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAC contribution
Name of Employer Fullerton Orthopedics Occupation Surgeon	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Lawrence E. Smarr	Date of Receipt MM / DD / YYYY 04 / 25 / 2011
	Mailing Address 234 Bonnybrook Road	<b>Transaction ID:</b> SA11AI.4387
	City State Zip Code Carlisle PA 17015	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAC contribution
Name of Employer Physician Insurers Assn. Occupation CEO	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 21		
	<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

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 America Political Action Committee (PIAAPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. James E. Smith		Date of Receipt	
	Mailing Address 268 Gillette Drive		M M / D D / Y Y Y Y 05 / 17 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4415
	Franklin	TN	37069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		150.00	
Name of Employer State Volunteer Mutual In- s. Co		Occupation Insurance executive		PAC contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 150.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Thomas H. Stearns		Date of Receipt	
	Mailing Address 7331 Nolensville Rd		M M / D D / Y Y Y Y 04 / 15 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4372
	Nolensville	TN	37135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		100.00	
Name of Employer VP, Medical Pract. Serv.		Occupation		PAC contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 100.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Charles Steinmann		Date of Receipt	
	Mailing Address 213 Via Koron		M M / D D / Y Y Y Y 04 / 05 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4361
	Newport Beach	CA	92663	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		300.00	
Name of Employer Self		Occupation Physician		PAC contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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 America Political Action Committee (PIAAPAC)

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mike Stinson

Mailing Address 3006 Bryan St.

City State Zip Code  
Alexandria VA 22302

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

Name of Employer Occupation  
PIAA Director of Government Relations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	1	1

**Transaction ID:** SA11AI.4386

Amount of Each Receipt this Period  
300.00

PAC contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey L. Stoner

Mailing Address 4035 Pulido Court

City State Zip Code  
Calabasas CA 91302

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

Name of Employer Occupation  
Coop. of American Physi- ansq SVP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	6	/	2	0	1	1

**Transaction ID:** SA11AI.4411

Amount of Each Receipt this Period  
150.00

PAC contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Scott C. Syphax

Mailing Address 5601 Stanmore Way

City State Zip Code  
Elk Grove CA 95758

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

Name of Employer Occupation  
The Nehemiah Company CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	1	1

**Transaction ID:** SA11AI.4377

Amount of Each Receipt this Period  
300.00

PAC contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**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 19 / 21
	<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 America Political Action Committee (PIAAPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Paul Weber	Date of Receipt MM / DD / YYYY 04 / 11 / 2011
	Mailing Address 655 Beach Street	<b>Transaction ID:</b> SA11AI.4367
	City State Zip Code San Francisco CA 94109	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAC contribution
	Name of Employer Occupation OMIC Risk Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. James L. Weidner	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 556 S. Fair Oaks Avenue #128	<b>Transaction ID:</b> SA11AI.4356
	City State Zip Code Pasadena CA 91105	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	2011 PAC Contribution
	Name of Employer Occupation Coop. of American Physicians CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. James L. Weidner	Date of Receipt MM / DD / YYYY 04 / 15 / 2011
	Mailing Address 556 S. Fair Oaks Avenue #128	<b>Transaction ID:</b> SA11AI.4382
	City State Zip Code Pasadena CA 91105	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAC Contribution
	Name of Employer Occupation Coop. of American Physicians CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 20 / 21

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Physician Insurers Association of America Political Action Committee (PIAAPAC)

**A.**

Full Name (Last, First, Middle Initial)

Dr. Glenn H. Weissman

Mailing Address 320 Sycamore Lane

City State Zip Code  
Bradbury CA 91008

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

Name of Employer Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.4373

Amount of Each Receipt this Period

300.00

PAC contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steven C. Williams

Mailing Address PO Box 1761

City State Zip Code  
Brentwood TN 37024

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

Name of Employer Occupation  
State Volunteer Mutual In- s. Co Executive

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.4365

Amount of Each Receipt this Period

300.00

PAC contribution

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

600.00

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

9305.00

**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)

PAGE 21 / 21

<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

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 America Political Action Committee (PIAAPAC)

A.	Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS		Transaction ID: SB23.4431	
	Mailing Address P.O. Box 425		Date of Disbursement 05 / 02 / 2011	
	City Roswell	State GA	Zip Code 30077	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Campaign contribution		Category/ Type	
	Candidate Name THOMAS EDMUNDS PRICE			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: GA	District: 06		

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

2000.00

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

2000.00