

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Physician Insurers Association of American Political Action Committee

ADDRESS (number and street) 2275 Research Boulevard Ste. 250 Rockville MD 20850-6213 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00319319 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 / 01 / 2014 through 09 / 30 / 2014

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

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

Signature of Treasurer Mr. Brian K. Atchinson [Electronically Filed] Date 05 / 21 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="28924.50"/>	<input type="text" value="28924.50"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="41877.02"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1561.48"/>	<input type="text" value="18874.45"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="43438.50"/>	<input type="text" value="47798.95"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="32354.00"/>	<input type="text" value="36714.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="11084.50"/>	<input type="text" value="11084.50"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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 American Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1200.00	15750.00
(ii) Unitemized .....	0.00	1995.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1200.00	17745.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	750.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1200.00	18495.00
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).....	360.45	377.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.03	2.45
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1561.48	18874.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1561.48	18874.45

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	354.00	714.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	354.00	714.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32000.00	36000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32354.00	36714.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32354.00	36714.45

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1200.00	18495.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1200.00	18495.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	354.00	714.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	360.45	377.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-6.45	337.45

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Dr. Maryanne Bombaugh**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 55178  
One Financial Center

City Boston State MA Zip Code 02205-5178

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

Name of Employer Coversys Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
07 / 08 / 2014  
**Transaction ID : A77D8747FDF844D7C88C**

Amount of Each Receipt this Period  
600.00

**B. Dr. Maryanne Bombaugh**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 55178  
One Financial Center

City Boston State MA Zip Code 02205-5178

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

Name of Employer Coversys Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
07 / 20 / 2014  
**Transaction ID : AF519B3BF72824A5B853**

Amount of Each Receipt this Period  
600.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

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

FOR LINE NUMBER: PAGE 7 OF 18  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. PIAA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2275 Research Boulevard  
 Ste. 250  
 City Rockville State MD Zip Code 20850-6213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 377.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2014  
**Transaction ID : A76FAD48AA33743F691B**  
 Amount of Each Receipt this Period  
 360.45  
 Reimbursement of credit card fees

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	360.45
<b>TOTAL</b> This Period (last page this line number only).....▶	360.45

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Aristotle**

Mailing Address 205 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2014

**Transaction ID : B6630F0BB118B44BEA08**

Amount of Each Disbursement this Period

27.00

Full Name (Last, First, Middle Initial)

**B. Aristotle**

Mailing Address 205 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

**Transaction ID : B2FA9BC1330234E1FB8E**

Amount of Each Disbursement this Period

27.00

Full Name (Last, First, Middle Initial)

**C. Merrill Lynch**

Mailing Address 1040 Stoney Hill Road Ste. 1050

City Yardley State PA Zip Code 19067-5509

Purpose of Disbursement  
Acct. mgmt. fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2014

**Transaction ID : BB56C76BA2CFF4156833**

Amount of Each Disbursement this Period

300.00

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

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

354.00

354.00



**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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ALEXANDER FOR SENATE INC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Sen. Lamar Alexander**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District:

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : BEB6DFC4E9D1F482AB6D**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. BERA FOR CONGRESS**

Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Ami Bera**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : B0E696D1D19C044048CE**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. BILL CASSIDY FOR US SENATE**

Mailing Address PO BOX 80505

City BATON ROUGE State LA Zip Code 70898

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**William Cassidy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District:

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2014

**Transaction ID : BCBC49F2B9156499CBD5**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CAPITO FOR WEST VIRGINIA**

Mailing Address PO BOX 11519

City CHARLESTON State WV Zip Code 25339

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Shelley Moore Capito**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	4

Transaction ID : B44C6A7744F4A438D993

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. CAPITO FOR WEST VIRGINIA**

Mailing Address PO BOX 11519

City CHARLESTON State WV Zip Code 25339

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Shelley Moore Capito**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : B3E0D4E37FDE64A4B92B

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. CATHY MCMORRIS RODGERS FOR CONGRESS**

Mailing Address BOX 137

City SPOKANE State WA Zip Code 99210-0137

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Rep. Cathy A. McMorris Rodgers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : BBF77E6455D114F368E3

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. COLLINS FOR SENATOR**

Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Sen. Susan M. Collins**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: ME District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	4

**Transaction ID : BEA4D28C43D324B8D84D**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. COMMITTEE TO RE-ELECT TRENT FRANKS TO CONGRESS**

Mailing Address PO BOX 8105

City GLENDALE State AZ Zip Code 85312-8105

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Rep. Trent Franks**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

**Transaction ID : B3FEE94D31E934DC383B**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. CORY GARDNER FOR SENATE**

Mailing Address 9227 E. LINCOLN AVE., #200-234

City LONE TREE State CO Zip Code 80124

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Cory Gardner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	4

**Transaction ID : BAA428F0F4F99421A806**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

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

4	5	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DAVID SCOTT FOR CONGRESS**

Mailing Address P.O. BOX 960821

City RIVERDALE State GA Zip Code 30296

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Rep. David A. Scott**

Office Sought:  House  
 Senate  
 President  
State: GA District: 13

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2014

**Transaction ID : B52CD1EEF00304606A13**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. ENZI FOR US SENATE**

Mailing Address PO BOX 2775

City CODY State WY Zip Code 82414

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Sen. Mike B. Enzi**

Office Sought:  House  
 Senate  
 President  
State: WY District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2014

**Transaction ID : B46924FBF27014FE1AB7**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. FAMILIES FOR JAMES LANKFORD**

Mailing Address PO BOX 1639

City BETHANY State OK Zip Code 73008

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Sen. James P. Lankford**

Office Sought:  House  
 Senate  
 President  
State: OK District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2014

**Transaction ID : B2DF50055D3554AAD842**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOE PITTS**

Mailing Address PO BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Rep. Joe R. Pitts**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2014

Transaction ID : B9476F5D315B44AEF831

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF PAT TOOMEY**

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Sen. Pat J. Toomey**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : B25643A0FCAAC4258993

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. JENKINS FOR CONGRESS**

Mailing Address PO BOX 727

City HUNTINGTON State WV Zip Code 25711

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Evan H Jenkins**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

Transaction ID : BB0E3D56734944543874

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JONI ERNST FOR US SENATE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		25		2014

Mailing Address PO BOX 93441

City	State	Zip Code
DES MOINES	IA	50393

**Transaction ID : BCF1D181EB0FF45BC9B6**

Purpose of Disbursement  
Candidate Contribution

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Joni K Ernst**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District:

Full Name (Last, First, Middle Initial)

**B. JONI ERNST FOR US SENATE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

Mailing Address PO BOX 93441

City	State	Zip Code
DES MOINES	IA	50393

**Transaction ID : B18E443C5D96F44E9A01**

Purpose of Disbursement  
Candidate Contribution

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Joni K Ernst**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District:

Full Name (Last, First, Middle Initial)

**C. MARSHA BLACKBURN FOR CONGRESS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2014

Mailing Address PO BOX 3750

City	State	Zip Code
BRENTWOOD	TN	37024-3750

**Transaction ID : B22EB0A840AFF40879EF**

Purpose of Disbursement  
Candidate Contribution

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**Rep. Marsha Blackburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

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

4000.00
---------

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

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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 NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. MCCONNELL SENATE COMMITTEE 14**

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement Candidate Contribution

Candidate Name **Sen. Mitch McConnell**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: KY District:

Date of Disbursement  /  /

Transaction ID : **B346237E21EAD4949ADA**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)  
**B. MCCONNELL SENATE COMMITTEE 14**

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement Candidate Contribution

Candidate Name **Sen. Mitch McConnell**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: KY District:

Date of Disbursement  /  /

Transaction ID : **B0C3294A838F9475881B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)  
**C. PAT ROBERTS FOR US SENATE INC**

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement Candidate Contribution

Candidate Name **Sen. Pat Roberts**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: KS District:

Date of Disbursement  /  /

Transaction ID : **B01B03C08C338406792C**

Amount of Each Disbursement this Period

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. PETERSON FOR CONGRESS**

Mailing Address 26192 FLOYD LAKE POINT ROAD

City State Zip Code  
DETROIT LAKES MN 56502

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
**Rep. Collin C. Peterson**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: MN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2014

Transaction ID : B155D6556309743CEB87

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. PRICE FOR CONGRESS**

Mailing Address PO BOX 425

City State Zip Code  
ROSWELL GA 30077

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
**Rep. Tom E. Price**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2014

Transaction ID : BD946CCDE8B8045E6BEC

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. ROBERTS FOR U S SENATE COMMITTEE**

Mailing Address 110 NORTH MAIN STREET

City State Zip Code  
CONCORD NH 03301

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
**George B Roberts JR**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : B9901EF1D5ED14F3080D

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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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 NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Mailing Address 1519 WASHINGTON STREET  
SUITE 200

**Transaction ID : BC2E86F6AC48C437286A**

City Laredo State TX Zip Code 78040-4412

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Candidate Contribution

Category/ Type
-------------------

Candidate Name

**Rep. Henry R. Cuellar**

Office Sought:  House  
 Senate  
 President  
State: TX District: 28

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. THOM TILLIS VICTORY COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2014

Mailing Address PO BOX 97275

**Transaction ID : B4ADB1B2FABC546F0BF0**

City RALEIGH State NC Zip Code 27624

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Candidate Contribution

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. TIM MURPHY FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2014

Mailing Address PO BOX 24551

**Transaction ID : B0B88515298FD40879F4**

City PTTSBURGH State PA Zip Code 15234

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Candidate Contribution

Category/ Type
-------------------

Candidate Name

**Rep. Tim F. Murphy**

Office Sought:  House  
 Senate  
 President  
State: PA District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

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

4000.00
---------

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

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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 NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. VOLUNTEERS FOR SHIMKUS**

Mailing Address PO BOX 661

City COLLINSVILLE State IL Zip Code 62234-0661

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
**Rep. John M. Shimkus**

Office Sought:  House  
 Senate  
 President  
State: IL District: 15

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2014

Transaction ID : BC6AD28FB6A304DF2A21

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

32000.00