

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
Suite 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 2009 through 06 30 2009

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 21 2009

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:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		10831.87
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	10831.87									
(c) Total Receipts (from Line 19)	5404.91	5404.91								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	16236.78	16236.78								
7. Total Disbursements (from Line 31)	81.00	81.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16155.78	16155.78								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

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)	5400.00	5400.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5400.00	5400.00
(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)	5400.00	5400.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	4.91	4.91
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))	5404.91	5404.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5404.91	5404.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	0.00	0.00
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.....	81.00	81.00
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))..	81.00	81.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	81.00	81.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	5400.00	5400.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5400.00	5400.00
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)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 16
(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. Donald H. Alexander

Mailing Address 2301 21st Avenue South

City State Zip Code
Nashville TN 37027

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

Name of Employer Occupation
TN Medical Association Association Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.4545

Amount of Each Receipt this Period
300.00

PAC Contribution

B. Full Name (Last, First, Middle Initial)
Ms. Cynthia J. Belcher

Mailing Address 6316 Jasmine Drive

City State Zip Code
Huntington Beach CA 92648

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

Name of Employer Occupation
CAP-MPT SVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.4539

Amount of Each Receipt this Period
150.00

PAC Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Robert P. Boren

Mailing Address 1611 S. Martha Ct.

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
State Volunteer Mutual In- s. Co EVP & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.4538

Amount of Each Receipt this Period
100.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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 7 / 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

A.	Full Name (Last, First, Middle Initial) Mr. M. Walt Davis		Date of Receipt
	Mailing Address 143 E. Citation Lane		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Tempe	AZ	85284
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Mutual Ins. Co. of Arizona		Occupation Insurance Executive	Transaction ID: SA11AI.4555
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"/>	Amount of Each Receipt this Period <input type="text" value="150.00"/>
			PAC Contribution

B.	Full Name (Last, First, Middle Initial) Mr. Jeffrey M. Holden		Date of Receipt
	Mailing Address 606 Forest Ave.		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Glen Ellyn	IL	60137
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer ISMIE		Occupation COO	Transaction ID: SA11AI.4567
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	Amount of Each Receipt this Period <input type="text" value="500.00"/>
			PAC Contribution

C.	Full Name (Last, First, Middle Initial) Mr. Jeffrey M. Holden		Date of Receipt
	Mailing Address 606 Forest Ave.		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Glen Ellyn	IL	60137
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer ISMIE		Occupation COO	Transaction ID: SA11AI.4568
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"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
			PAC Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 16
(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

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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 ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2009

Transaction ID: SA11AI.4560

Amount of Each Receipt this Period
300.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)
Mr. A. Peter Kezirian, Jr.

Mailing Address 383 S. Hope Street, 8th Floor

City State Zip Code
Los Angeles CA 90071

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

Name of Employer CAP-MPT Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: SA11AI.4554

Amount of Each Receipt this Period
300.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)
Mr. Kenneth Ludwig

Mailing Address 6133 N. River Rd ste. 650

City State Zip Code
Rosemont IL 60018

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

Name of Employer OMSNIC Occupation Insurance Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: SA11AI.4546

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

A.	Full Name (Last, First, Middle Initial) Mr. William L. Medd	Date of Receipt MM / DD / YYYY 01 / 05 / 2009
	Mailing Address P.O. Box 126	Transaction ID: SA11AI.4525
	City State Zip Code Norway ME 04268	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation Oxford Hills Internal Medicine MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. William L. Medd	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address P.O. Box 126	Transaction ID: SA11AI.4556
	City State Zip Code Norway ME 04268	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation Oxford Hills Internal Medicine MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 450.00	

C.	Full Name (Last, First, Middle Initial) Gary L. Morse	Date of Receipt MM / DD / YYYY 06 / 29 / 2009
	Mailing Address 106 N. 73rd Street	Transaction ID: SA11AI.4558
	City State Zip Code Seattle WA 98103	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation Physicians Insurance A Mutual Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 300.00	

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 10 / 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

A.	Full Name (Last, First, Middle Initial) Mr. Gordon T. Ownby, Esq.		Date of Receipt
	Mailing Address 3715 Los Olivos Lane		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	La Crescente	CA	91214
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4542
Name of Employer Mutual Protection Trust		Occupation Lawyer	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="100.00"/>
		<input type="text" value="100.00"/>	PAC Contribution

B.	Full Name (Last, First, Middle Initial) Mr. Mukesh T. Parekh		Date of Receipt
	Mailing Address 5722 Parkland Ave., #240		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Oklahoma City	OK	73112
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4557
Name of Employer Self		Occupation MD	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="100.00"/>
		<input type="text" value="100.00"/>	PAC Contribution

C.	Full Name (Last, First, Middle Initial) Mr. Andrew L. Sew Hoy		Date of Receipt
	Mailing Address 1414 South Grand Avenue, Ste. 300		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Los Angeles	CA	90015
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4541
Name of Employer Self		Occupation Orthopedic 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" value="300.00"/>
		<input type="text" value="300.00"/>	PAC Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

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NAME OF COMMITTEE (In Full)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

A.	Full Name (Last, First, Middle Initial) Mr. Lawrence E. Smarr		Date of Receipt
	Mailing Address 14600 Poplar Hill Rock		<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 0 1 / 0 7 / 2 0 0 9
	City	State	Zip Code
	Germantown	MD	20874
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer PIAA		Occupation President	Transaction ID: SA11AI.4526
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 300.00
		<input type="text"/> 300.00	PAC Contribution

B.	Full Name (Last, First, Middle Initial) James E. Smith		Date of Receipt
	Mailing Address 268 Gillette 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 0 4 / 2 9 / 2 0 0 9
	City	State	Zip Code
	Franklin	TN	37069
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer State Volunteer Mutual In- suran		Occupation Insurance Manager	Transaction ID: SA11AI.4550
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 150.00
		<input type="text"/> 150.00	PAC Contribution

C.	Full Name (Last, First, Middle Initial) Mr. Thomas H. Stearns		Date of Receipt
	Mailing Address 7331 Nolensville Rd		<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 0 5 / 0 2 / 2 0 0 9
	City	State	Zip Code
	Nolensville	TN	37135
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer SVMIC		Occupation VP, Medical Pract. Serv.	Transaction ID: SA11AI.4552
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 100.00
		<input type="text"/> 100.00	PAC Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 550.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

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NAME OF COMMITTEE (In Full)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

A.	Full Name (Last, First, Middle Initial) Ms Victoria J. Sterling	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 9
	Mailing Address 1827 W. Berwyn	Transaction ID: SA11AI.4544
	City State Zip Code Chicago IL 60640	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
Name of Employer OMSNIC	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

B.	Full Name (Last, First, Middle Initial) Mr. Mike Stinson	Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 9 / 2 0 0 9
	Mailing Address 3006 Bryan St.	Transaction ID: SA11AI.4527
	City State Zip Code Alexandria VA 22302	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
Name of Employer PIAA	Occupation Director of Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Mr. Paul Weber	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 9
	Mailing Address 4386 26th Street	Transaction ID: SA11AI.4536
	City State Zip Code San Francisco CA 94131	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
Name of Employer OMIC	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 13 / 16
(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 AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

A. Full Name (Last, First, Middle Initial)
Mr. James L. Weidner

Mailing Address 333 S. Hope Street, 8th FL

City State Zip Code
 Los Angeles CA 91105

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

Name of Employer Occupation
 CAP-MPT CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.4549

Amount of Each Receipt this Period
 300.00

PAC Contribution

B. Full Name (Last, First, Middle Initial)
Steven C. Williams

Mailing Address 645 Post Oak Circle

City State Zip Code
 Brentwood TN 37027

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.4540

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) ► 5400.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 16
(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 AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

A. Full Name (Last, First, Middle Initial)
Merrill Lynch

Mailing Address 1040 Stoney Hill Road, Ste. 1050

City Yardley State PA Zip Code 19067

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3.08

Date of Receipt: 01 / 30 / 2009
Transaction ID: SA17.4569
Amount of Each Receipt this Period: 3.08
Interest

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

Mailing Address 1040 Stoney Hill Road, Ste. 1050

City Yardley State PA Zip Code 19067

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3.42

Date of Receipt: 02 / 27 / 2009
Transaction ID: SA17.4570
Amount of Each Receipt this Period: 0.34
Interest

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

Mailing Address 1040 Stoney Hill Road, Ste. 1050

City Yardley State PA Zip Code 19067

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3.77

Date of Receipt: 03 / 31 / 2009
Transaction ID: SA17.4571
Amount of Each Receipt this Period: 0.35
Interest

SUBTOTAL of Receipts This Page (optional) ▶ 3.77

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

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NAME OF COMMITTEE (In Full)
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

A.	Full Name (Last, First, Middle Initial) Merrill Lynch		Date of Receipt
	Mailing Address 1040 Stoney Hill Road, Ste. 1050		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Yardley	PA	19067
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.4575
Name of Employer		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="0.34"/>
		<input type="text" value="4.11"/>	Interest

B.	Full Name (Last, First, Middle Initial) Merrill Lynch		Date of Receipt
	Mailing Address 1040 Stoney Hill Road, Ste. 1050		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Yardley	PA	19067
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.4576
Name of Employer		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="0.33"/>
		<input type="text" value="4.44"/>	Interest

C.	Full Name (Last, First, Middle Initial) Merrill Lynch		Date of Receipt
	Mailing Address 1040 Stoney Hill Road, Ste. 1050		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Yardley	PA	19067
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.4578
Name of Employer		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="0.47"/>
		<input type="text" value="4.91"/>	Interest

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1.14"/>
TOTAL This Period (last page this line number only)	<input type="text" value="4.91"/>

**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 16 / 16

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

A.

Full Name (Last, First, Middle Initial)

PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

Mailing Address 2275 Research Blvd
Suite 250

City Rockville State MD Zip Code 20850

Purpose of Disbursement

IRS Payment

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.4580

Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

57.00

B.

Full Name (Last, First, Middle Initial)

PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

Mailing Address 2275 Research Blvd
Suite 250

City Rockville State MD Zip Code 20850

Purpose of Disbursement

Payment to Comptroller of MD

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.4581

Date of Disbursement

03 / 13 / 2009

Amount of Each Disbursement this Period

24.00

SUBTOTAL of Disbursements This Page (optional)

81.00

TOTAL This Period (last page this line number only)

81.00