

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								
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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: (check only one)	PAGE 6 / 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	

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	Date of Receipt MM / DD / YYYY 04 / 29 / 2009
	Mailing Address 2301 21st Avenue South	Transaction ID: SA11AI.4545
	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.	Full Name (Last, First, Middle Initial) Ms. Cynthia J. Belcher	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 6316 Jasmine Drive	Transaction ID: SA11AI.4539
	City State Zip Code Huntington Beach CA 92648	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation CAP-MPT SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

C.	Full Name (Last, First, Middle Initial) Mr. Robert P. Boren	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 1611 S. Martha Ct.	Transaction ID: SA11AI.4538
	City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation State Volunteer Mutual In- s. Co EVP & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

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: PAGE 7 / 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. M. Walt Davis

Mailing Address 143 E. Citation Lane

City State Zip Code
Tempe AZ 85284

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

Name of Employer Occupation
 Mutual Ins. Co. of Arizona Insurance Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **150.00**

Date of Receipt **06 / 08 / 2009**

Transaction ID: SA11AI.4555

Amount of Each Receipt this Period **150.00**

PAC Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey M. Holden

Mailing Address 606 Forest Ave.

City State Zip Code
Glen Ellyn IL 60137

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

Name of Employer Occupation
 ISMIE COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 10 / 2009**

Transaction ID: SA11AI.4567

Amount of Each Receipt this Period **500.00**

PAC Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Jeffrey M. Holden

Mailing Address 606 Forest Ave.

City State Zip Code
Glen Ellyn IL 60137

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

Name of Employer Occupation
 ISMIE COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **03 / 16 / 2009**

Transaction ID: SA11AI.4568

Amount of Each Receipt this Period **100.00**

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: PAGE 8 / 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. 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 Occupation
PLICO MD/CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 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 Occupation
CAP-MPT VP

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 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 Occupation
OMSNIC Insurance Executive

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 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"/> 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. William L. Medd		Date of Receipt	
	Mailing Address P.O. Box 126		M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.4525
	Norway	ME	04268	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Oxford Hills Internal Medicine		Occupation MD		PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) Mr. William L. Medd		Date of Receipt	
	Mailing Address P.O. Box 126		M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.4556
	Norway	ME	04268	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		200.00	
Name of Employer Oxford Hills Internal Medicine		Occupation MD		PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		450.00		

C.	Full Name (Last, First, Middle Initial) Gary L. Morse		Date of Receipt	
	Mailing Address 106 N. 73rd Street		M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.4558
	Seattle	WA	98103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
Name of Employer Physicians Insurance A Mutual		Occupation Attorney		PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		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: PAGE 10 / 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. Gordon T. Ownby, Esq.
Mailing Address 3715 Los Olivos Lane

City State Zip Code
La Crescente CA 91214

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

Name of Employer Occupation
Mutual Protection Trust Lawyer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2009

Transaction ID: SA11AI.4542

Amount of Each Receipt this Period
100.00

PAC Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Mukesh T. Parekh
Mailing Address 5722 Parkland Ave., #240

City State Zip Code
Oklahoma City OK 73112

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

Name of Employer Occupation
Self MD

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: SA11AI.4557

Amount of Each Receipt this Period
100.00

PAC Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Andrew L. Sew Hoy
Mailing Address 1414 South Grand Avenue, Ste. 300

City State Zip Code
Los Angeles CA 90015

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

Name of Employer Occupation
Self Orthopedic Surgeon

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

Date of Receipt
MM / DD / YYYY
04 / 29 / 2009

Transaction ID: SA11AI.4541

Amount of Each Receipt this Period
300.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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 11 / 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. 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. C		Transaction ID: SA11AI.4526
Name of Employer PIAA		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"/> 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. C		Transaction ID: SA11AI.4550
Name of Employer State Volunteer Mutual In- surance		Occupation Insurance Manager	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
			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. C		Transaction ID: SA11AI.4552
Name of Employer SVMIC		Occupation VP, Medical Pract. Serv.	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

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"/> 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	

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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																					
	Mailing Address 1827 W. Berwyn		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		2	9		2	0	0	9														
	City State Zip Code Chicago IL 60640		Transaction ID: SA11AI.4544																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00																						
Name of Employer Occupation OMSNIC Attorney		PAC Contribution																						
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																					
	Mailing Address 3006 Bryan St.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1		2	9		2	0	0	9														
	City State Zip Code Alexandria VA 22302		Transaction ID: SA11AI.4527																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00																						
Name of Employer Occupation PIAA Director of Government Relations		PAC Contribution																						
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																					
	Mailing Address 4386 26th Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	7		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		1	7		2	0	0	9														
	City State Zip Code San Francisco CA 94131		Transaction ID: SA11AI.4536																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00																						
Name of Employer Occupation OMIC Manager		PAC Contribution																						
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 **04 / 29 / 2009**
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 **04 / 14 / 2009**
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: (check only one)	PAGE 14 / 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="01"/> / <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: SA17.4569
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="3.08"/>
		<input type="text" value="3.08"/>	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="02"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Yardley	PA	19067
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.4570
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="3.42"/>	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="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Yardley	PA	19067
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.4571
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="0.35"/>
		<input type="text" value="3.77"/>	Interest

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3.77"/>
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 15 / 16

(check only one)

<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 checked="" type="checkbox"/> 16

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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 State Zip Code
Yardley PA 19067

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

4.11

Date of Receipt

MM / DD / YYYY
04 / 30 / 2009

Transaction ID: SA17.4575

Amount of Each Receipt this Period

0.34

Interest

B.

Full Name (Last, First, Middle Initial)

Merrill Lynch

Mailing Address 1040 Stoney Hill Road, Ste. 1050

City State Zip Code
Yardley PA 19067

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

4.44

Date of Receipt

MM / DD / YYYY
05 / 29 / 2009

Transaction ID: SA17.4576

Amount of Each Receipt this Period

0.33

Interest

C.

Full Name (Last, First, Middle Initial)

Merrill Lynch

Mailing Address 1040 Stoney Hill Road, Ste. 1050

City State Zip Code
Yardley PA 19067

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

4.91

Date of Receipt

MM / DD / YYYY
06 / 30 / 2009

Transaction ID: SA17.4578

Amount of Each Receipt this Period

0.47

Interest

SUBTOTAL of Receipts This Page (optional)

1.14

TOTAL This Period (last page this line number only)

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)

Comptroller of Maryland

Transaction ID: SB29.4581

Date of Disbursement

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

Mailing Address Revenue Administration Division

Amount of Each Disbursement this Period

24.00

City Annapolis State MD Zip Code 21411-0001

Purpose of Disbursement
State Tax Payment

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Internal Revenue Service

Transaction ID: SB29.4580

Date of Disbursement

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

Mailing Address Internal Revenue Service Center

Amount of Each Disbursement this Period

57.00

City Ogden State UT Zip Code 84201

Purpose of Disbursement
Federal Tax Payment

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

81.00

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

81.00