

# 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

Medical Professional Liability Association Political Action Committee

ADDRESS (number and street) 2275 Research Boulevard

Check if different than previously reported. (ACC) Ste. 250

Rockville MD 20850-6213

2. **FEC IDENTIFICATION NUMBER ▼** C00319319 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M / D D / Y Y Y Y Y Y in the State of  

(d) 30-Day **POST-Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period 04 / 01 / 2022 through 06 / 30 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Atchinson, Brian, K., Mr.,  
Type or Print Name of Treasurer

Signature of Treasurer Atchinson, Brian, K., Mr., *[Electronically Filed]* Date 07 / 14 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Medical Professional Liability Association 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="2022"/>		27393.34
(b) Cash on Hand at Beginning of Reporting Period.....	29191.62	
(c) Total Receipts (from Line 19) .....	14952.96	16805.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	44144.58	44198.58
7. Total Disbursements (from Line 31).....	411.75	465.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	43732.83	43732.83
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Medical Professional Liability Association 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).....	11450.00	13300.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11450.00	13300.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3500.00	3500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	14950.00	16800.00
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.).....	2.96	5.24
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)).....▶	14952.96	16805.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14952.96	16805.24

**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 .....	411.75	465.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	411.75	465.75
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 Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	411.75	465.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	411.75	465.75

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	14950.00	16800.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14950.00	16800.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	411.75	465.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	411.75	465.75

**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 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Medical Professional Liability Association Political Action Committee**

**A. Bournias, Nicholas, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43900 Garfield Rd  
 Ste 103  
 City Clinton Township State MI Zip Code 48038-1137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OMS National Insurance Co. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **04 / 06 / 2022**  
**Transaction ID : A1BF4480D993640D8B72**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

**B. Calianos, Theodore, A., Dr., II**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Financial Center  
 675 Atlantic Avenue  
 City Boston State MA Zip Code 02111-2621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coverys Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **05 / 11 / 2022**  
**Transaction ID : A724550E33CD2442ABAD**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Carland, James, F., Dr., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2602 E Thomas Rd  
 City Phoenix State AZ Zip Code 85016-8202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MICA Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **05 / 04 / 2022**  
**Transaction ID : A7D168F3C11A04A74B65**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<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)  
**Medical Professional Liability Association Political Action Committee**

**A. Crawford, Ryan, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7701 France Ave S

City Minneapolis	State MN	Zip Code 55435-5288
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Constellation	Occupation (for Individual) President & CEO
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2022

**Transaction ID : A064A2322871247C3A99**

Amount of Each Receipt this Period  
600.00

Memo Item

**B. Crockett, Eric, M., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Financial Center  
675 Atlantic Avenue

City Boston	State MA	Zip Code 02111-2621
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Coverys	Occupation (for Individual) SVP, Information Technology
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2022

**Transaction ID : AC750FB7C00AF43C3AF4**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Denison, Corrine, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5005 Maryland Way  
Ste 300

City Brentwood	State TN	Zip Code 37027-7538
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) State Volunteer Mutual Ins. Co.	Occupation (for Individual) Director of Human Resources
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2022

**Transaction ID : A9DA9B1C42DFB46BAB20**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
	<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)  
**Medical Professional Liability Association Political Action Committee**

**A. Dickens, Stephen, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5005 Maryland Way  
 Ste 300  
 City Brentwood State TN Zip Code 37027-7538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SVMIC Occupation (for Individual) Vice President, Medical Practice Servi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2022  
**Transaction ID : ACBDCC39A95DD4C12AC**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**B. Dorn, Ronald, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 E Idaho St  
 City Boise State ID Zip Code 83712-6267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Lukes Cancer Institute; MIEC Occupation (for Individual) Radiation Oncology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2022  
**Transaction ID : A39CB6A8C245C48FC881**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Driscoll, Michael, B., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Financial Center  
 675 Atlantic Avenue  
 City Boston State MA Zip Code 02111-2621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coverys Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2022  
**Transaction ID : AD541346704DF44389C7**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
<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)  
**Medical Professional Liability Association Political Action Committee**

**A. Edwards, Sherie, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5005 Maryland Way  
 Ste 300  
 City Brentwood State TN Zip Code 37027-7538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SVMIC Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 26 / 2022  
**Transaction ID : AAD267257901741519D6**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Francis, Hugh, , Dr., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3779 S Galloway Dr  
 City Memphis State TN Zip Code 38111-6813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Volunteer Mutual Ins. Co. Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 27 / 2022  
**Transaction ID : AEFEC0B7C7F974FF981E**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Jones, Robert, M., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 404 W Parkway Pl  
 City Ridgeland State MS Zip Code 39157-6010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical Assurance Co. of MS Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 04 / 2022  
**Transaction ID : A192CC68C56504016894**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 10 OF 20
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (check only one)
11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Medical Professional Liability Association Political Action Committee

A. Lavoie, Francis, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 15275
City Portland State ME Zip Code 04112-5275
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Medical Mutual Insurance Co. of ME Occupation (for Individual) President/CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 300.00

Date of Receipt 05 / 10 / 2022
Transaction ID : AEC3354D0EC1A422496F
Amount of Each Receipt this Period 300.00
Memo Item

B. Lebryk, Joe, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 5005 Maryland Way Ste 300
City Brentwood State TN Zip Code 37027-7538
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) State Volunteer Mutual Ins. Co. Occupation (for Individual) Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 600.00

Date of Receipt 04 / 29 / 2022
Transaction ID : AE9A2BBB39C004D74A6E
Amount of Each Receipt this Period 600.00
Memo Item

C. Lytle, John, O., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 5005 Maryland Way Ste 300
City Brentwood State TN Zip Code 37027-7538
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) SVMIC Occupation (for Individual) Surgeon
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 300.00

Date of Receipt 05 / 09 / 2022
Transaction ID : A66E32B0CEF2446CDA84
Amount of Each Receipt this Period 300.00
Memo Item

SUBTOTAL of Receipts This Page (optional)..... 1200.00
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 OF 20
<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)  
**Medical Professional Liability Association Political Action Committee**

**A. Malpiedi, Ronald, E., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2602 E Thomas Rd

City Phoenix	State AZ	Zip Code 85016-8202
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mutual Insurance Co. of AZ	Occupation (for Individual) Insurance Executive
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2022

**Transaction ID : A74F3D427C859443196D**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. Marley, Edward, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2602 E Thomas Rd

City Phoenix	State AZ	Zip Code 85016-8202
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mutual Insurance Company of Arizona	Occupation (for Individual) CFO
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2022

**Transaction ID : A95D0704548464A40912**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Mize, John, H., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5005 Maryland Way  
Ste 300

City Brentwood	State TN	Zip Code 37027-7538
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SVMIC	Occupation (for Individual) President & CEO
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2022

**Transaction ID : A8A4A7EFC20FE42BD8D3**

Amount of Each Receipt this Period  
600.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
	<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)  
**Medical Professional Liability Association Political Action Committee**

**A. Murphy, Joseph, G., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Financial Center  
 675 Atlantic Avenue  
 City Boston State MA Zip Code 02111-2621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coverys Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2022  
**Transaction ID : AE1E74210D3B2412E894**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Nielsen, Matt, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 425 N Martingale Rd  
 Ste 900  
 City Schaumburg State IL Zip Code 60173-2206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OMSNIC Occupation (for Individual) VP, Claims and UW  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2022  
**Transaction ID : AE227C1BCA0954DCF9EB**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Obrentz, Dana, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Financial Center  
 675 Atlantic Avenue  
 City Boston State MA Zip Code 02111-2621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coverys Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2022  
**Transaction ID : A3C883F9166B24D3C81D**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 20
	<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

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NAME OF COMMITTEE (In Full)  
**Medical Professional Liability Association Political Action Committee**

**A. Ricciardelli, Michael, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5005 Maryland Way  
Ste 300

City Brentwood State TN Zip Code 37027-7538

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

Name of Employer (for Individual) State Volunteer Mutual Insurance Compa Occupation (for Individual) CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt 05 / 06 / 2022  
**Transaction ID : A028CF4A0D8EB456CA78**

Amount of Each Receipt this Period 150.00

Memo Item

**B. Rucker, Ken, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5005 Maryland Way  
Ste 300

City Brentwood State TN Zip Code 37027-7538

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

Name of Employer (for Individual) SVMIC Occupation (for Individual) VP, Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt 05 / 05 / 2022  
**Transaction ID : AA09E206D012F460CB68**

Amount of Each Receipt this Period 150.00

Memo Item

**C. Scher, Sarah, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 333 S Hope St  
FI 8

City Los Angeles State CA Zip Code 90071-3001

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

Name of Employer (for Individual) Cooperative of American Physicians/Mut Occupation (for Individual) CEO

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A359378C1F48C4508B2B**

Amount of Each Receipt this Period 300.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Medical Professional Liability Association Political Action Committee**

**A. Shrode, Charmy, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5005 Maryland Way  
 Ste 300  
 City Brentwood State TN Zip Code 37027-7538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Volunteer Mutual Ins. Co. Occupation (for Individual) VP, Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **04 / 28 / 2022**  
**Transaction ID : A48B64762AB6D42BDB61**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

**B. Spina, Anthony, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 425 N Martingale Rd  
 Ste 900  
 City Schaumburg State IL Zip Code 60173-2206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OMS National Insurance Co. Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **05 / 12 / 2022**  
**Transaction ID : A025D1BE319434F058A2**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

**C. Stevens, Owen, Robert, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29 Harborview Dr  
 City Rye State NH Zip Code 03870-6119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical Mutual of Maine Occupation (for Individual) Board Chair  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **05 / 02 / 2022**  
**Transaction ID : A18E0C44D811A4D20882**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <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)  
**Medical Professional Liability Association Political Action Committee**

**A. Swift, James, Q., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29 Cooper Cir  
 City Minneapolis State MN Zip Code 55436-1316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OMSNIC Occupation (for Individual) Chair of Board  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **04 / 13 / 2022**  
**Transaction ID : A2D59DF58D9984D128A7**  
 Amount of Each Receipt this Period 600.00  
 Memo Item Contribution

**B. Zarlengo, Gerald, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2542 Taft Ct  
 City Lakewood State CO Zip Code 80215-1100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COPIC Insurance Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 01 / 2022**  
**Transaction ID : AC992FFE851274A91B9B**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	11450.00

**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 16 OF 20
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**Medical Professional Liability Association Political Action Committee**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**The Doctors Company Federal PAC (DOCPAC)**

Mailing Address 185 Greenwood Road

City Napa	State CA	Zip Code 94558-6270
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00300376

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	01	/	2022

**Transaction ID : A3C34093A1DEC40579F6**

Amount of Each Receipt this Period  
3500.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3500.00



**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 17 OF 20
<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)  
**Medical Professional Liability Association Political Action Committee**

**A. Capital One**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7933 Preston Rd

City Plano	State TX	Zip Code 75024-2302
---------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

3.08

Date of Receipt

**04 / 29 / 2022**

**Transaction ID : A0E8BC0C21D724296BC1**

Amount of Each Receipt this Period

0.80

Memo Item  
Interest on deposit acct

**B. Capital One**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7933 Preston Rd

City Plano	State TX	Zip Code 75024-2302
---------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

4.03

Date of Receipt

**05 / 31 / 2022**

**Transaction ID : A27665FEED6904F20AF4**

Amount of Each Receipt this Period

0.95

Memo Item  
Interest on bank acct

**C. Capital One**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7933 Preston Rd

City Plano	State TX	Zip Code 75024-2302
---------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

5.24

Date of Receipt

**06 / 30 / 2022**

**Transaction ID : A70EB2E04707448DCAC3**

Amount of Each Receipt this Period

1.21

Memo Item  
Interest from bank acct

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2.96
<b>TOTAL</b> This Period (last page this line number only).....	2.96

**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"/> 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)

**Medical Professional Liability Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Aristotle**

Mailing Address 205 Pennsylvania Ave SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

**Transaction ID : B3AC623B45**

Amount of Each Disbursement this Period

27.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle**

Mailing Address 205 Pennsylvania Ave SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	2

FEC Identification Number

**C**

**Transaction ID : B0160699BD1**

Amount of Each Disbursement this Period

40.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle**

Mailing Address 205 Pennsylvania Ave SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	2	2

FEC Identification Number

**C**

**Transaction ID : BD4DFE7697**

Amount of Each Disbursement this Period

128.25

Memo Item

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

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

195.75

**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"/> 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)

**Medical Professional Liability Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Aristotle**

Mailing Address 205 Pennsylvania Ave SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	2	2

FEC Identification Number

**C** [Redacted]

**Transaction ID : B03EE2B69C**

Amount of Each Disbursement this Period

[Redacted] 20.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle**

Mailing Address 205 Pennsylvania Ave SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	2	2

FEC Identification Number

**C** [Redacted]

**Transaction ID : B462D420118**

Amount of Each Disbursement this Period

[Redacted] 114.75

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle**

Mailing Address 205 Pennsylvania Ave SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** [Redacted]

**Transaction ID : BD88192FCE**

Amount of Each Disbursement this Period

[Redacted] 27.00

Memo Item

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

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

[Redacted] 162.00

[Redacted]

**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"/> 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)

**Medical Professional Liability Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Aristotle**

Mailing Address 205 Pennsylvania Ave SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2022

FEC Identification Number

C [ ]

Transaction ID : BFA798E68E

Amount of Each Disbursement this Period

[ ] 54.00 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ] [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ] [ ]

Memo Item

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

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

[ ] 54.00 [ ]

[ ] 411.75 [ ]