

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Physician Insurers Association of America Political Action Committee (PIAAPAC)

ADDRESS (number and street)

2275 Research Blvd

(Check if address is changed)

Suite 250

Rockville

MD

20850

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

seastman@piaa.us

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

06 / 09 / 2008

3. FEC IDENTIFICATION NUMBER

C C00319319

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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

05 / 09 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 12/2007)

5. TYPE OF COMMITTEE (Check One)

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____	FEC ID number	<b>C</b> _____
2. _____	FEC ID number	<b>C</b> _____
3. _____	FEC ID number	<b>C</b> _____
4. _____	FEC ID number	<b>C</b> _____
5. _____	FEC ID number	<b>C</b> _____

Write or Type Committee Name

**Physician Insurers Association of America Political Action Committee (PIAAPAC)**

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

**Physician Insurers Association of America**

Mailing Address **2275 Research Blvd., Ste. 250**

**Rockville** **MD** **20850**

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship:

Connected Organization  Affiliated Committee  Leadership PAC Sponsor  Joint Fundraising Representative

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Sheryl Eastman**

Mailing Address **2275 Research Blvd, Ste. 250**

**Rockville** **MD** **20850**

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼ **Administrative Asst.** Telephone number **301** - **947** - **9000**

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Mr. Lawrence E. Smarr**

Mailing Address **14600 Poplar Hill Rock**

**Germantown** **MD** **20874**

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼ **President** Telephone number **301** - **947** - **9000**

Full Name of Designated Agent

Mr. Mike Stinson

Mailing Address

3006 Bryan St.

Alexandria

VA

22302

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

301

947

9000

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Merrill Lynch

Mailing Address

1040 Stoney Hill Road, Ste. 1050

Yardley

PA

19067

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE